



Application for registration of newborn baby 2021

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

Please note: All newborn babies must be registered with the Scheme within 90 days of birth. For us to accept your newborn baby without any conditions you must register your newborn baby within 90 days of his or her birth and cover must start from the date of birth. If you do not register your baby from the day he or she is born, you have to pay backdated contributions.

If you are applying after 90 days from birth of your newborn baby or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the Scheme. You will need to complete a different application called "Anglovaal Group Medical Scheme Application for addition of dependant/s".

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Submit the signed and completed document to your HR department.
3. Please attach a copy of your newborn baby's birth certificate.
4. To avoid administration delays, please make sure this form is completed in full.

1. Main member's details

| | |
|-------------------|----------------------|
| Membership number | <input type="text"/> |
| Employee number | <input type="text"/> |
| Member's name | <input type="text"/> |
| Member's surname | <input type="text"/> |

2. Newborn's details

| | | | | | | | | | | | | |
|--|----------------------|--------------------------|----------------------|--------------------------|---|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|
| 2.1 First name/s | <input type="text"/> | | | | | | | | | | | |
| Surname | <input type="text"/> | | | | | | | | | | | |
| ID Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | D | D | M | M | Y | Y | Y | Y | Gender | M | F | |
| Is the new born your biological child? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | or is the new born fostered or adopted? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

| | | | | | | | | | | | | |
|--|----------------------|--------------------------|----------------------|--------------------------|---|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|
| 2.2 First name/s | <input type="text"/> | | | | | | | | | | | |
| Surname | <input type="text"/> | | | | | | | | | | | |
| ID Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Gender | M | F | |
| Is the new born your biological child? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | or is the new born fostered or adopted? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | |

If the newborn is adopted or fostered, please supply legal proof or foster care arrangement.

2.3 First name/s

Surname

ID Number

Date of birth Gender

Is the new born your biological child? Yes No or is the new born fostered or adopted? Yes No

If the newborn is adopted or fostered, please supply legal proof or foster care arrangement..

3. Parents' details

Parent 1 name

Parent 1 surname

Parent 2 name

Parent 2 surname

I,
 (first name and surname) as the main member, request that the newborn/s registered on this form be added to my health plan as a dependant/s. I also confirm that all the information supplied here is true to the best of my knowledge and belief.

Signed at (town or city) on

Signature of main member

**Please do not sign an incomplete application form
 I confirm the information is accurate and complete**

4. Approval from employer

Name



Signature

Designation Date

Please register your newborn with the department of Home Affairs within 21 days from birth and give Anglovaal Group Medical Scheme a copy of the birth certificate as soon as possible.