ANGLOVAAL GROUP MEDICAL SCHEME

Administered by Discovery Health

Contact details
Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

Transfer from active to retiree status

Who we are
The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is a not-for-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.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please complete this form and return it to your Human Resources Department.
3. This form is for main members who move onto retiree status, to make contributions or payments directly to Anglovaal Group Medical Scheme.
4. To avoid administration delays, please make sure this application is completed in full.
5. Please call Anglovaal Group Medical Scheme on 0860 100 693 for any queries.

1. Member information (main applicant)

Membership number (compulsory)

Start date D D M M Y Y Y Y

Employee number (compulsory)

Title

Initials

Surname

First name(s)

Preferred name

Sex M F

Date of birth D D M M Y Y Y Y

Marital status Married Single Divorced Windowed

Date of marriage D D M M Y Y Y Y

Previous/maiden name

ID or passport number

Country of issue

Telephone (H)

(W)

Fax

Cellphone

Email address

Postal address

Code

Residential address

Code

2. Banking details for your monthly contributions

What you must do
Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You may only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

AGMTAR001

Please note that this form expires on 31/03/2023. Up to date forms are available on www.avgms.co.za.

Bank name | Branch name

Account type | Current | Transmission | Savings | Branch code

Name of account holder

Account number

Signature of account holder

I, , hereby give Discovery Health (Pty) Ltd and/or Anglovaal Group Medical Scheme permission to charge my bank account for my contributions to Anglovaal Group Medical Scheme.

3. Banking details for reimbursement of your claims

What you must do
Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

Same as above? Yes | No (if "No" please complete below)

Bank name | Branch name

Account type | Current | Transmission | Savings | Branch code

Name of account holder

Account Number

Signature of account holder

4. Your legal declaration

It is my sole responsibility as a member to make sure Anglovaal Group Medical Scheme receives the monthly premium. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.
I confirm the content of this application is true and complete.
I agree to advise Anglovaal Group Medical Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with Anglovaal Group Medical Scheme.

Signed at | on D D M M Y Y Y Y

Signature of applicant

Please do not sign an incomplete application form

5. Your employment details

Name of employer

Employer / billing number

Employee number | Date of employment D D M M Y Y Y Y

1.Employer contact person	2.Employer contact person
Telephone	Telephone
Email	Email
Branch name	Branch name
Department name	Department number

Please ensure your employer completes this warranty.