

# Affidavit about the addition of a minor dependant 2019

(To be completed by the main member on Discover Health Medical Scheme)



## Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes.

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

## Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, [www.discovery.co.za](http://www.discovery.co.za), 1 Discovery Place, Sandton, 2196.

## Purpose of the form

This form is to apply for the addition of a minor as a dependant on your Discovery Health Medical Scheme membership.

## Main member declaration

I, \_\_\_\_\_  
(full name of main member)

I am a member of the Discovery Health Medical Scheme.

My membership number

ID number

On  I began formal proceedings to adopt a minor child.

The child's name is \_\_\_\_\_

and the child was born on

I am applying for the addition of this minor as a dependant on my Discovery Health Medical Scheme membership. The application form for the addition of this dependant to my membership is attached to this affidavit.

I accept that Discovery Health Medical Scheme is fully entitled, from time to time, to conduct the appropriate investigations to establish whether the adoption has been finalised. If at any time Discovery Health Medical Scheme, at its discretion, deems the adoption process flawed or establishes that it will not be finalised they can cancel the minor's membership. Discovery Health Medical Scheme will be entitled to ask for court documents as proof of adoption of the minor.

I accept that Discovery Health Medical Scheme may underwrite the child's membership in accordance with the stipulations of the Medical Schemes Act 131 of 1998 and the Scheme Rules.

Signature of main member \_\_\_\_\_

 Please only sign if information is true, complete and correct.

The deponent has acknowledged that he knows and understands the contents of this affidavit, which was signed and sworn before me at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 2018, the Regulations contained in Government Notice No R1258 of 21 July 1972 as amended, and Government Notice No R1648 of 19 August 1977, as amended, having been complied with.

Signature of Commissioner of oath \_\_\_\_\_

Commissioner of oath's stamp

Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS).

The CMS contact details are as follows: Email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com) | Customer Care Centre: 0861 123 267

website: [www.medicalschemes.com](http://www.medicalschemes.com).

Please note that this form expires on 2020/03/31. Up to date forms are always available on [www.discovery.co.za](http://www.discovery.co.za) under Medical Aid > Find a document

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