

Declaration of medical scheme membership 2019



Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, 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, 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 partners): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za, 1 Discovery Place, Sandton, 2196.

Purpose of the form

Complete this form if you (or your dependants) are or have been a member of any other medical schemes.

These details are part of your application to join Discovery Health Medical Scheme. Information about you and those you apply for must be true, correct and complete. Make reference to the footnote that indicates the expiry date of the form. Download the latest version of all forms from www.discovery.co.za, under Medical Aid > Find a document

I, _____ (first name and surname), ID number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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declare that I am now or have been a member of the following medical schemes:

(As the main member, I also declare these details for any dependants I am applying for.)

Main member

1. Name of previous medical scheme	Membership number	Date joined								
_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
		Date ended								
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			

Main member

2. Name of previous medical scheme	Membership number	Date joined								
_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
		Date ended								
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			

Main member

3. Name of previous medical scheme	Membership number	Date joined								
_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
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Y	Y	Y	Y	M	M	D	D			

Spouse/partner

1. Name of previous medical scheme	Membership number	Date joined								
_____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
		Date ended								
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Y	Y	Y	Y	M	M	D	D			

Spouse/partner

2. Name of previous medical scheme	Membership number	Date joined								
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Y	Y	Y	Y	M	M	D	D			
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Y	Y	Y	Y	M	M	D	D			

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Spouse/partner _____

3. Name of previous medical scheme _____ Membership number _____ Date joined
[Y | Y | Y | Y | M | M | D | D]
Date ended
[Y | Y | Y | Y | M | M | D | D]

Adult dependant _____

1. Name of previous medical scheme _____ Membership number _____ Date joined
[Y | Y | Y | Y | M | M | D | D]
Date ended
[Y | Y | Y | Y | M | M | D | D]

Adult dependant _____

2. Name of previous medical scheme _____ Membership number _____ Date joined
[Y | Y | Y | Y | M | M | D | D]
Date ended
[Y | Y | Y | Y | M | M | D | D]

Adult dependant _____

3. Name of previous medical scheme _____ Membership number _____ Date joined
[Y | Y | Y | Y | M | M | D | D]
Date ended
[Y | Y | Y | Y | M | M | D | D]

If you have belonged to more than three medical schemes, please attach the details to this declaration.

Please answer the following questions:

1. Are you changing your medical scheme due to a change in employment? Yes No
2. Do you or any of your dependants have a waiting period? Yes No

(A waiting period is the time before you can claim for a medical condition.)

If yes, please provide the details:

Name of member or dependant	Condition	Effective date
_____	_____	[Y Y Y Y M M D D]
_____	_____	[Y Y Y Y M M D D]
_____	_____	[Y Y Y Y M M D D]

3. Do you currently have a late-joiner penalty? Yes No
If yes, please mark the late-joiner penalty applied: 5% 25% 50% 75%

4. Do any of your dependants currently have a late-joiner penalty? Yes No
If yes, please provide the name of the dependant and circle the late-joiner penalty applied:

Name of dependant	Late-joiner penalty			
_____	5%	25%	50%	75%
_____	5%	25%	50%	75%

I understand and agree that these details form part of my application for membership of Discovery Health Medical Scheme and that all the information is true, correct and complete.

Signed at (town or city) _____ on [Y | Y | Y | Y | M | M | D | D]

Signature of main applicant _____ **The main applicant must sign and date any changes.**

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

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 | Customer Care Centre: 0861 123 267
website: www.medicalschemes.com

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