



# newborn registration form

It is very important that you submit this form to Fedhealth within 30 days of your baby's date of birth. Failure to do this may result in underwriting being applied. Please note a newborn baby is defined as a child of the main member or spouse born into the Scheme.

Email completed form to newborn@fedhealth.co.za or fax to Fedhealth Membership (011) 671-3647

## SECTION 1 DETAILS OF PRINCIPAL MEMBER

First name/s: \_\_\_\_\_ Initials and surname: \_\_\_\_\_

Membership no: \_\_\_\_\_

## SECTION 2 REGISTRATION OF NEWBORN BABY

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Initials: \_\_\_\_\_ First name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

ID/passport number: \_\_\_\_\_

**A notification of birth (received from the hospital) or a copy of the birth certificate is required**

flexiFED 4<sup>GRID</sup>, flexiFED 4<sup>Elect</sup>, flexiFED 3, flexiFED 3<sup>GRID</sup>, flexiFED 3<sup>Elect</sup>, flexiFED 2, flexiFED 2<sup>GRID</sup>, flexiFED 2<sup>Elect</sup>, flexiFED 1, flexiFED 1<sup>Elect</sup> and myFED members are required to nominate up to two GPs (General Practitioners) from the Fedhealth network for themselves and their dependants. Please note that only visits to a nominated GP will be covered on these options. For a list of GPs on the Fedhealth network visit [www.fedhealth.co.za](http://www.fedhealth.co.za), click on member tools and you will find the GP locator button on the page. For a list of GPs on the myFED GP network, please contact the Customer Contact Centre on 0860 002 153.

NOMINATED GP DETAILS		
Name	Practice number	Contact details
1.	1.	1.
2.	2.	2.

flexiFED members, please refer to the MediVault benefit in your brochure regarding family size.

## SECTION 3 EMPLOYER INFORMATION

Name of employer: \_\_\_\_\_ Division code: \_\_\_\_\_

Dept. name: \_\_\_\_\_ Fedhealth paypoint code: \_\_\_\_\_

Employee number: \_\_\_\_\_ Dependants subsidised:  yes  no

The above details have been noted and contributions will be adjusted in terms of the scheme rules on

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed:



## SECTION 4 DECLARATION BY PRINCIPAL MEMBER

I declare that to the best of my knowledge the information provided above is true and correct. I consent with the permission of my dependants that the Scheme may collect, use, process, retain and share my and my dependants Personal Information (PI) for the purpose of providing Medical Scheme benefits and managed healthcare services. This includes the collecting and sharing of my personal information with the Scheme's partners and facilities who are essential to the administration and membership process.\*

\_\_\_\_\_

Signature of principal member

Date

\* You can access more details on the Protection of your Personal and Health Information on [www.fedhealth.co.za](http://www.fedhealth.co.za). When you accept these terms and conditions you will allow us to provide your family with the full range of our Medical Scheme services.

