

# Declaration of medical scheme membership 2022



## Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are applying to become a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, 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, [www.discovery.co.za](http://www.discovery.co.za), PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

## What you must do

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](http://www.discovery.co.za), under Medical Aid > Find important documents and certificates.

I,  (first name and surname),

ID or passport number

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	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main member

2. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main member

3. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse/partner

1. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse/partner

2. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse/partner

3. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adult dependant

1. Name of previous medical scheme    Membership number    Date joined    Date ended

		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
--	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Adult dependant

2. Name of previous medical scheme    Membership number    Date joined    Date ended

		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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Adult dependant

3. Name of previous medical scheme    Membership number    Date joined    Date ended

		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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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
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y

3. Do you currently have a late-joiner penalty?     Yes     No

If yes, please mark the late-joiner penalty:     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%

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  -  -

Signature of main applicant

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