

Application for registration of newborn baby 2022



Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • www.netcaremedicalscheme.co.za

Thank you for deciding to register your newborn baby on your Netcare Medical Scheme membership. Please make sure you read and understand the rules for membership.

Who we are

Netcare Medical Scheme, registration number 1584, is the medical scheme that you are applying to become a member of. This 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), which takes care of the administration of your membership of Netcare Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Schemes for statistical purposes only. You are not compelled to provide this information.
3. Submit the signed and completed document to your HR department.
4. Please make sure the main applicant signs this application and dates any changes.
5. Please attach a copy of your newborn baby's birth certificate.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

If you have any questions, please let us know. Once we have assessed the application, we will let you know if your baby has been accepted and what will happen next.

Please note:

For us to accept your newborn baby without any conditions, you must register your newborn baby within 30 days of his or her birth and cover must start from the date of birth.

If you are applying after 30 days from the birth of your newborn baby or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership on Netcare Medical Scheme. You will need to complete a different application called "Application to add a dependant to Netcare Medical Scheme".

1. Main member's details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member surname	<input type="text"/>
Member name	<input type="text"/>

2. Newborn's details

2.1 First name/s	<input type="text"/>																
Surname	<input type="text"/>																
ID Number	<input type="text"/>																
Date of birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Gender	M <input type="checkbox"/> F <input type="checkbox"/>																
Race	African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian/Asian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/>																
<i>This information is required by the Council for Medical Schemes for statistical purposes. You are not compelled to provide this information.</i>																	
Do not want to disclose.	<input type="checkbox"/>																
When do you want cover to start?	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										

Is the newborn your biological child? Yes No or is the newborn adopted or fostered? Yes No

If the newborn is adopted or fostered, please supply legal proof or an affidavit confirming that you are responsible for family care and support of the dependant

2.2 First name/s

Surname

ID Number

Day of birth Gender M F

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose.

When do you want cover to start?

Is the newborn your biological child? Yes No or is the newborn adopted or fostered? Yes No

If the newborn is adopted or fostered, please supply legal proof or an affidavit confirming that you are responsible for family care and support of the dependant

2.3 First name(s)

Surname

ID Number

Date of birth Gender M F

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose.

When do you want cover to start?

Is the newborn your biological child? Yes No or is the newborn adopted or fostered? Yes No

If the newborn is adopted or fostered, please supply legal proof or an affidavit confirming that you are responsible for family care and support of the dependant.

3. Parents' details

Mother's surname

Mother's first name

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose.

Father's surname

Father's first name

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose.

4. Birth details

1. Type of delivery? Normal vaginal delivery Caesarean section Vacuum delivery Forceps
2. Did the baby sustain injuries or experience complications at birth?
3. Was the baby born with birth defects or abnormalities?
4. Is there any other information you feel we should be aware of?

5. Declaration

I,
(first name and surname), the main member, request that the newborn/s on this form be added to my membership as a registered dependant/s. I also confirm that all the information given here is true to the best of my knowledge and belief.

Signed at (town or city) on

Signature of main member

**The main applicant must sign and date any changes
Please do not sign an incomplete application form
I confirm the information is accurate and complete**

6. Note to member

Please register your newborn with the department of Home Affairs within 21 days from birth and give us a copy of the birth certificate as soon as possible.

Approval from Employer

Name

COMPANY STAMP

Signature

Designation

Date