

Contact details

Tel: 0860 11 33 22, PO Box 652509, Benmore 2010, www.discovery.co.za

Application for registration of newborn baby

Please note: all newborn babies must be registered with the Scheme within 30 days of birth.

Who we are

The University of KwaZulu-Natal Medical Scheme (referred to as 'the Scheme'), registration number 1520, is a non-profit organisation, registered with the Council for Medical Schemes. When completing this form, you are applying for a dependant to become a member of University of KwaZulu-Natal Medical Scheme.

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

How to complete this form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- **When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.**
- Hand the completed and signed form to your employer contact.

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 do not register your baby from the day he or she is born, you have to pay backdated contributions.

If you are applying after 30 days from 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 with the Scheme. You will need to complete a different application called "UKZN Medical Scheme Application to add a dependant(s)".

1. Main member's details

Membership number

Member's name

Member's surname

2. Newborn's details

2.1 First name(s)

Surname

ID number

Date of birth Gender 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, please supply legal proof of adoption or foster care arrangement.

2.2 First name(s)

Surname

ID number

Date of birth Gender 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, please supply legal proof of adoption or foster care arrangement.

2.3 First name(s)

Surname

ID number

Date of birth Gender 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, please supply legal proof of adoption or foster care arrangement.

3. Parents' details

Parent 1 surname

Parent 1 first name

Parent 2 surname

Parent 2 first name

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?

I, _____ (first name and surname) as the main member, request that the newborn(s) applied for on this form be added to my health plan as (a) dependant(s). I also confirm that all the information supplied here is true and correct.

Signed at (town or city) on

Signature of main member **Please do not sign an incomplete application form
I confirm the information is accurate and complete**

5. 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

Signature/
Employer stamp

Designation Date