



Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

## Registration of newborn baby

### Who we are

Retail Medical Scheme (referred to as "the Scheme"), registration number 1176, is a not-for-profit organisation, registered with the Council for Medical Schemes. When completing this form, you are applying for a dependant to become a member of Retail 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). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

### How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
2. Submit the signed and completed document to your People Team Department.

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

Please note: All newborn babies must be registered with the Scheme within 30 days of birth. For us to accept your newborn baby without any conditions, you must register your newborn baby within 30 days of their birth and cover must start from the date of birth. If you do not register your baby from the day date of birth is born, you have to pay backdated contributions.

If you are applying after 30 days after the birth of your newborn baby, or you want the cover to start on any day after the date of birth, we may apply certain conditions to your baby's membership of the Scheme. You will need to complete the "Retail Medical Scheme Application for addition of dependant/s".

### 1. Main member's details

Membership number [grid] Employee number [grid]
Member's name [text]
Member's surname [text]
Cellphone [grid]
Email address [text]

### 2. Newborn's details

2.1 First name/s [text]
Surname [text]
ID number [grid]
Date of birth [grid] Gender M [checkbox] F [checkbox]
Race African [checkbox] Coloured [checkbox] Indian/Asian [checkbox] White [checkbox] Other [checkbox] Do not want to disclose [checkbox]
You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.
Is the newborn your biological child? Yes [checkbox] No [checkbox] or is the newborn adopted or fostered? Yes [checkbox] No [checkbox]
If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2.2 First name/s [text]
Surname [text]
ID number [grid]

Date of birth 

Y	Y	Y	Y	M	M	D	D
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 Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

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

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 of adoption or foster care arrangement.

2.3 First name/s

Surname

ID number 

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Date of birth 

Y	Y	Y	Y	M	M	D	D
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 Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

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

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 of adoption or foster care arrangement.

**3. Parents' details**

Mother's first name/s

Surname

Father's first name/s

Surname

I,  (first name and surname) as the main member, request that the newborn/s named on this form be registered as dependants on my Retail Medical Scheme membership. I also confirm that all the information supplied here is accurate and complete.

Please register your newborn with the department of Home Affairs within 21 days from birth. You can buy a shortened birth certificate from Home Affairs on the same day. You must give Retail Medical Scheme a copy of the birth certificate as soon as possible after the baby's birth.

Signed at (town or city)  Date 

D	D	M	M	Y	Y	Y	Y
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Signature of main member

**Please do not sign an incomplete application form**

**4. Approval from employer**

Name

Company stamp

Signature

Designation  Date 

Y	Y	Y	Y	M	M	D	D
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