Application for Registration of a newborn baby

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

Who we are

MEDiPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548, is a non-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 MEDiPOS.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please make sure the main member signs this application and dates any changes.
3. Hand the completed and signed form to your Human Resources department.
4. 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.
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 terms and conditions 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 the baby within 60 days of their 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 60 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. You will need to complete a different application called "Application to add a dependant to MEDiPOS Medical Scheme".

1. Main member details

Membership number	
ID or passport number	
Member's surname	
Member's name	

2. Newborn's details

2.1. Surname	
First name(s)	
ID or passport number	

Gender   M ☐   F ☐   Date of birth [D D M M Y Y Y Y]

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

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to request this information. It will be used for statistical purposes only.

Is the newborn your biological child?   Yes ☐   No ☐   Is the newborn adopted ?   Yes ☐   No ☐

If the newborn is adopted, please supply legal proof of adoption.

Please note that this form expires on 31/03/2027. Up to date forms are available on www.medipos.co.za.

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2.2. Surname

First name(s)

ID or passport number

Gender M ☐ F ☐ Date of birth D D M M Y Y Y Y

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

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to request this information. It will be used for statistical purposes only.

Is the newborn your biological child? Yes ☐ No ☐   Is the newborn adopted ? Yes ☐ No ☐

If the newborn is adopted, please supply legal proof of adoption.

2.3. Surname

First name(s)

ID or passport number

Gender M ☐ F ☐ Date of birth D D M M Y Y Y Y

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

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to request this information. It will be used for statistical purposes only.

Is the newborn your biological child? Yes ☐ No ☐   Is the newborn adopted ? Yes ☐ No ☐

If the newborn is adopted, please supply legal proof of adoption.

3. Parents' details

Mother's surname

Mother's first name

Father's surname

Father's 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?   Yes ☐ No ☐

3. Was the baby born with birth defects or abnormalities?   Yes ☐ No ☐

4. Is there any other information you feel we should be aware of?   Yes ☐ No ☐

5. Signature

I, _____ (first name and surname)

the main member, request that the newborn/s on this form be added to my option 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 D D M M Y Y Y Y

Signature of main member

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

Please note that this form expires on 31/03/2027. Up to date forms are available on www.medipos.co.za.

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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 (if applicable)

Name

COMPANY STAMP

Signature

Date | D | D | M | M | Y | Y | Y | Y |

7. Declaration

I hereby acknowledge that these changes to my membership will take effect as per the registered rules of MEDiPOS. Any authorisations for procedures and treatment will be subject to the benefits available as per my revised membership details. I have read the Scheme's Benefit guide(s) and available communications on the Scheme website at **www.medipos.co.za** and familiarised myself with the benefits available to me and my family as per my chosen option. I understand that my membership is subject to the registered rules of MEDiPOS, which are also available on the Scheme website. I understand that any change in contributions will be payable and due to the Scheme in line with the registered rules.

If you can't physically sign this form, you must sign it digitally. We accept digital signatures from the following digital signature providers:

- SigniFlow
- DocuSign
- Quickly Sign
- Hellosign
- Santamflow
- Smart Advise signatures
- Adobe Sign with certificate

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