

Becoming an employer contact



Contact us

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Purpose of the form

This form must be completed when an employer contact needs to be loaded for MEDiPOS Medical Scheme.

Who we are

MEDiPOS Medical Scheme (referred to as "the Scheme"), registration number 1548, is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as "the Administrator"), registration number 1997/013480/07, is a separate company and an authorised financial services provider which takes care of the administration for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively complete electronically by typing in the fields below.
2. Please email the completed and signed form to medipos@discovery.co.za.
3. When you sign this form, you confirm that the information provided is true and correct.

1. Employer details

Employer name Employer number

Postal address (this is the postal address of your employer)

Suite Postnet suite Box number
 PO box Private bag Number

Suburb

City Postal code

Physical address (If your post is delivered to your street address, please complete these details under physical address)

Suite/unit number Complex/Building

Street number Street name

Suburb

City Postal code

2. Employer contact details

Is this a new employer contact? Yes No

Is this a replacement employer contact? Yes No

If yes to replacement of employer contact, complete the below so that the employer contact that is being replaced can be removed.

(Complete this section with the updated details to replace the current contact person)

Title Initials

Surname

First name(s) (as per identity document)

ID or passport number Date of birth

3. Please complete this section for a new employer contact

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Preferred name	<input type="text"/>		
ID or passport number	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>
Job title	<input type="text"/>		
Telephone	<input type="text"/>	Cellphone	<input type="text"/>
Email	<input type="text"/>		
Signature of employer applicant	<input type="text"/>	Signature of direct report or manager	<input type="text"/>
Print name	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>