



Registration of my new-born baby

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 www.medihelp.co.za

For use by corporate clients

Payroll number

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Employer's office stamp

How to complete this form:

1. Please complete in print using black ink and email, fax or post all pages of the form to Medihelp.
2. Please complete all sections in full and sign the application form.
3. Never sign a blank application form.

1. Details of member

Member number Initials _____ Title

Mr	Mrs	Ms	Other (specify)
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First names _____

Surname _____

Cell Number _____ Tel No. (W) Code _____ No. _____

Tel No. (H) Code _____ No. _____

Email address _____

2. Date on which my new-born baby(ies) should be registered

2	0	y	y	m	m	d	d
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3. Details of my new-born baby(ies)

In the case of dependants who are not South African citizens, a copy of their passport must be submitted with the completed application form.

Dependant

Surname _____

First names in full _____

Known as _____

ID/passport number Gender

Male	Female
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Date of birth

y	y	y	y	m	m	d	d
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Relationship to member _____

Dependant

Surname _____

First names in full _____

Known as _____

ID/passport number Gender

Male	Female
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Date of birth

y	y	y	y	m	m	d	d
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Relationship to member _____

4. Conditions of membership, declaration by member and consent for Medihelp to process personal information (continued)

11. I confirm that my dependant(s) will not be registered as beneficiaries of another registered medical scheme on the date on which I request their registration at Medihelp.
12. I take note that the monthly subscription fees will be due as per arrangement with Medihelp and thereafter on the same day of every subsequent calendar month. Should my employer/institution, as my authorised agent, undertake to pay my subscriptions to Medihelp, I give permission to my employer/institution to deduct the amount payable to Medihelp from my salary and pay such amount over to Medihelp. I furthermore give permission that Medihelp may provide the following information to my employer/institution in order to pay subscriptions: my identity number, my tax certificate information, as well as my dependants' dates of birth, ages and relationship. I am also responsible for repaying any debt outstanding on my medical savings account should I terminate my membership of Medihelp.
13. I confirm that I am responsible for giving advance notice of termination of membership, and that my dependant(s) will not be registered as beneficiaries of another registered medical scheme while still members of Medihelp.

Medihelp's rights as a medical scheme:

14. I am aware that Medihelp may restrict benefits to be granted and limit amounts/tariffs to be paid in respect of particular services, for example by enforcing co-payments and exclusions.
15. Medihelp's Rules may provide for various interventions designed to promote cost-effectiveness and appropriateness of services, such as pre-authorisation and designated service providers.
16. Medihelp may also restrict interchanges between benefit options to the beginning of a year, and require a notice period as set out in the Rules.
17. Medihelp may refuse to pay a claim that is submitted after the period as prescribed in the Rules.
18. I am further aware that my benefits may be suspended should I not pay my contributions or debt in full, that my membership may be terminated should any amount still be outstanding 30 days after the date of suspension, and that my account will be handed over for collection.
19. I am aware that Medihelp may increase its subscriptions annually at the beginning of the year.

Protection of information:

20. I hereby give permission that –
 - 20.1 Medihelp may enquire about the health status of my dependant(s) at any medical doctor or any person who is in possession of such information, and give permission for the doctor or person concerned to make such information available to Medihelp and its contracted third parties for the administration of my health plan;
 - 20.2 my dependant(s) may enquire about my personal and medical information and that of any of my dependants at Medihelp's disposal;
 - 20.3 an adviser in the service of a Medihelp-contracted brokerage, should I make such an appointment and use their services, may have access to my personal and medical information and that of any of my registered dependant(s) at Medihelp's disposal, and that such adviser or an authorised person at the brokerage may instruct Medihelp to change any of my personal information for the purpose of proper administration and underwriting, except for my banking details;
 - 20.4 Medihelp may disclose my and my dependant's(s') medical and personal information to medical service providers for the purpose of delivering medical services to me and my dependant(s) and to pay for such services; and
 - 20.5 Medihelp may share my information for statistical analysis and academic research purposes.
21. I understand that the information contemplated in paragraph 20 will only be used for the purposes as set out in Medihelp's confidentiality statement (on this application form) and that any deviation will be regarded as a breach of confidence. Should Medihelp wish to use the information for any other purpose, Medihelp must first obtain my approval.
22. I agree that all my telephone conversations and/or that of my dependant(s) with Medihelp and/or its contracted third parties may be recorded for quality control purposes and to help detect and prevent fraud.
23. I agree that Medihelp may, for the purpose of considering my application for the registration of my dependant(s) or conducting underwriting or risk assessments or considering a claim for medical expenses, request information about me and my dependant(s) from medical practitioners, financial advisers, industry regulatory bodies or employers.

4. Conditions of membership, declaration by member and consent for Medihelp to process personal information (continued)

24. I further consent, and declare that I have obtained the consent of all my dependant(s), that Medihelp may provide any credit bureau or credit providers industry association with any information about my/my dependant's(s') consumer credit record, including and not limited to information about my/my dependant's(s') credit history, financial history, personal information (excluding medical information) and judgment or default history.

Signature of member		Date	2	0	y	y	m	m	d	d
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Should you be applying on behalf of another person as guardian or curator, please complete the following:

In your capacity as Member Guardian Curator

ID/passport number Title Mr Mrs Ms Other (specify)

A copy of your passport/ID document, as well as the document confirming your appointment as guardian/curator, must accompany this application.

First name _____ Surname _____

Tel No. Code _____ No. _____ Fax No. Code _____ No. _____

Cell number _____

5. Undertaking and declaration by adviser

NB: If this section is not completed in full by the adviser, no commission will be paid.

I declare that –

1. the member has appointed me as his/her adviser and is entitled to cancel my services at any time;
2. I have signed a valid contract with my Medihelp-contracted brokerage; and
3. the member has signed the application in person.

I take note that the adviser/brokerage indemnifies Medihelp against any non-adherence to the legal requirements as quoted above.

Name of brokerage _____

Brokerage code A Adviser code

Name and surname of adviser _____

Tel No. Code _____ No. _____ Fax No. Code _____ No. _____

Email address _____

Signature of adviser		Date	2	0	y	y	m	m	d	d
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Lead reference number For office use only
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In case of a dispute, the registered Rules of Medihelp will apply.