

Application for registration of newborn baby 2020

This document is an application form to register your newborn baby on your Bankmed Medical Scheme membership.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, 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 for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Kindly attach a copy of your newborn baby's birth certificate.
3. Please submit completed application forms to application@bankmed.co.za

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

If you have any questions, please do inform us. Once we have assessed your application, we will let you know if your newborn has been accepted and the process that will follow.

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 will have to pay backdated contributions.

If you are applying after 30 days from the birth of your newborn baby or you require 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 "Application to add a dependant to the Bankmed Medical Scheme".

1. Principal Member's details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

2. Newborn's details

2.1 First name/s	<input type="text"/>											
Surname	<input type="text"/>											
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	D	D	M	M	Y	Y	Y	Y	Sex <input type="text"/> <input type="text"/>			
Is the newborn your biological child?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	or is the newborn fostered or adopted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

If your newborn is your grandchild, please complete both declarations in section four.

2.2 First name/s

Surname

ID Number

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Sex

M	F
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Is the newborn your biological child? Yes No or is the newborn fostered or adopted? Yes No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.
If your newborn is your grandchild, please complete both declarations in section four.

2.3 First name/s

Surname

ID Number

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Sex

M	F
---	---

Is the newborn your biological child? Yes No or is the newborn fostered or adopted? Yes No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.
If your newborn is your grandchild, please complete both declarations in section four.

3. Parents' details

Parent 1 surname

Parent 1 first name

Parent 2 surname

Parent 2 first name

4. Declaration

I, (first name and surname), the Principal Member, request that the newborn(s) on this form be added to my Plan type as a registered dependant(s). I also confirm that all the information given here is true and correct to the best of my knowledge and belief.

Signed at (town or city) on

D	D	M	M	Y	Y	Y	Y
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Signature of Principal Member

**The Principal Member must sign and date any changes.
Please do not sign incomplete forms.**

Grandchild declaration. Only to be completed if you are registering a grandchild who is dependent on you for family care and support.

I, (Principal Member name and surname) declare that any grandchild included in this application is financially dependent on me for family care and support.

Signature of Principal Member Date

D	D	M	M	Y	Y	Y	Y
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5. Approval from employer (if applicable) - members belonging to FRG, SBSA and ABSA employer are not required to complete this section

Name of employer

Personnel officer

Signature of Personnel Officer
Payroll Stamp

Designation

Date

D	D	M	M	Y	Y	Y	Y
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Please register your newborn with the department of Home Affairs within 21 days from birth and provide Bankmed Medical Scheme with a copy of the birth certificate as soon as possible.