Bankmed

Contact us

Tel: 0800 226 5633 (0800 BANKMED) • Private Bag X2, Rivonia, 2128 • www.bankmed.co.za

Declaration of medical scheme membership

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is the medical scheme to whom you are applying to become a member. This 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.

Complete this form if you (or your dependants) are or have been a member of any other medical schemes. These details form part of your application to join Bankmed Medical Scheme.

I, _																				, (fir	rst n	name	e an	id su	ırna	me) ID	nu	mb	er												
de	declare that I am now or have been a member of the following medical schemes listed below.																																									
As	As the main member, I also declare these details for any dependants for whom I am applying.																																									
Ma	ain member																																									
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2. Name of previous medical scheme Date ended Y Y		Membership number		Date	y joined	M D D							
Adult dependant													
3. Name of previous medical scheme		Membership number		Date	Date joined								
				Y Y	Y Y M	M D D							
Date ended Y Y Y M M D D													
Should you have belonged to more than three medical	schemes, kindly atta	ich the details to this declaration.											
Please answer the following questions:													
1. Are you changing your medical scheme due to a cha	nge in employment	? Yes No											
2. Do you or any of your dependants have a waiting pe	riod?	Yes No											
(A waiting period is the time before you can claim for a medical condition.)													
If yes, please provide the details:													
Name of member or dependant	Condition		Effective dates										
3. Do you currently have a late-joiner penalty?		Yes No											
(A late-joiner penalty is an extra contribution becaus	e you joined a medi	cal scheme for the first time after	age 35.)										
If yes, please mark the late-joiner penalty applied:		5% 25%	50%	75%									
4. Do any of your dependants currently have a late-join	er penalty?	Yes No											
If yes, please provide the name of the dependant an	d circle the late-join	er penalty applied:											
Name of dependant			Late-joiner	penalty									
			5%	25%	50%	75%							
			5%	25%	50%	75%							
I understand and agree that these details form part of n complete.	ny application for m	embership to Bankmed Medical S	cheme. All the	information	is true, corre	ct and							
Signed at (town or city)				on 2	0 Y Y M	M D D							

Bankmed Medical Scheme is a registered medical scheme with the Council for Medical Schemes (CMS). The CMS contact details are as follows: e-mail complaints@medicalschemes.com / Customer Care Centre: 0861 123 267 / website www.medicalschemes.com

Signature of main applicant

The main applicant must sign and date any changes