

## Health declaration

This is a form to declare your health status.

### 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. To avoid administrative delays, kindly ensure this form is completed in full and submitted to [administration@bankmed.co.za](mailto:administration@bankmed.co.za)
3. Should you have any questions, **contact us on 0800 BANKMED (0800 226 5633)**.

**When you sign this form, you confirm that the information you have provided is true and correct.**

### Declaration from main applicant

First names (as per identity document)	<input type="text"/>																				
Surname	<input type="text"/>																				
ID number / passport number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Reference number	<input type="text"/>																				

I,  (first name and surname)

declare that my dependants and I have not suffered any deterioration in health. We have not had any medical advice or treatment since my/our application to join Bankmed Medical Scheme. We do not intend seeking medical advice or treatment in the next eight weeks.

This declaration forms part of my application to join Bankmed Medical Scheme and this information is true, correct and complete. I understand that any false statement or not disclosing information will make my membership invalid.

Should you be unable to sign the declaration, kindly provide complete details of any changes in your health.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature of main applicant

Original hand signature required

**The main applicant must sign and date any changes**

Date 

Y	Y	Y	Y	M	M	D	D
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