

## 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.

I,  (first name and surname) ID Number

declare that I am now or have been a member of the following medical schemes listed below.

As the Principal Member, I also declare these details for any dependants for whom I am applying.

**Principal Member**

1. Name of previous medical scheme	Membership number	Date joined
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date ended

2. Name of previous medical scheme	Membership number	Date joined
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date ended

3. Name of previous medical scheme	Membership number	Date joined
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date ended

**Spouse**

1. Name of previous medical scheme	Membership number	Date joined
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date ended

2. Name of previous medical scheme	Membership number	Date joined
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date ended



4. Do any of your dependants currently have a late-joiner penalty?

Yes  No

Name of dependant

Late-joiner penalty

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5%	25%	50%	75%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5%	25%	50%	75%

I understand and agree that these details form part of my application for membership to Bankmed Medical Scheme. All the information is true, correct and complete.

Signed at (town or city)

On

Signature of main applicant

The main applicant must sign and date any changes