

Application for registration of newborn baby

remedi

Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

Thank you for deciding to register your newborn baby on your Remedi Medical Aid Scheme membership. Please make sure you read and understand the terms and conditions for membership.

Who we are

Remedi is the medical scheme, registration number 1430, which is 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 of Remedi.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please make sure the main applicant signs this application and dates any changes.
3. Hand the completed and signed form to your employer contact.
4. Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.
5. Please attach a copy of your newborn baby's birth certificate.

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

If you have any questions, please let us know. Once we have assessed the application, we will let you know if your baby has been accepted and what will happen next.

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 have to pay backdated contributions.

If you are applying after 30 days from the birth of your newborn baby or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership on Remedi Medical Aid Scheme. You will need to complete a different application called "Application to add a dependant to Remedi Medical Aid Scheme".

1. Main member's details

Membership number	
ID or passport number	
Member surname	
Member name	

2. Newborn's details

2.1 Surname	
First name(s)	
ID Number	
Gender	M ☐ F ☐
Date of birth	
Race	African ☐ Coloured ☐ Indian / Asian ☐ White ☐ Other ☐ Do not want to disclose ☐

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to collect this data and it will be used for statistical purposes.

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.

2.2 Surname

First name(s)

ID Number

Gender M ☐ F ☐ Date of birth

Race African ☐ Coloured ☐ Indian / Asian ☐ White ☐ Other ☐ Do not want to disclose ☐

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to collect this data and it will be used for statistical purposes.

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.

2.3 Surname

First name(s)

ID Number

Gender M ☐ F ☐ Date of birth

Race African ☐ Coloured ☐ Indian / Asian ☐ White ☐ Other ☐ Do not want to disclose ☐

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to collect this data and it will be used for statistical purposes.

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.

3. Choosing your dependant/s healthcare professional

Please complete this if you have selected Remedi Standard as your chosen benefit option. Please select a GP on the Scheme GP Network for yourself as well as each of your dependants. You also need to allocate a Second GP as per the Footnote inserted below the table indicated. You may find the list of GPs to choose from by calling our Contact Centre on **0860 116 116**. If you experience any difficulties in making a selection, you may also reach out to your employer office for further assistance and/or guidance.

	Name	GP name	Practice number	Second GP name*	Practice number
Dependant 1**					
Dependant 2**					
Dependant 3**					
Dependant 4**					
Dependant 5**					

*If you live far away from where you work or you often need to work in different towns or provinces, your dependant/s may need a second GP.

Please only choose a second GP if this applies to you.

**Please make sure that the dependant information you give above is the same as the dependant information in section 3 of this form. If you have more than 5 dependants registered with the Scheme we will need you to contact us on 0860 116 116 to receive an additional form to complete.

4. Parents' details

Parent one surname

Parent one first name

Parent two surname

Parent two first name

5. Birth details

1. Type of delivery? Normal vaginal delivery ☐ Caesarean section ☐ Vacuum delivery ☐ Forceps ☐

2. Did the baby sustain injuries or experience complications at birth?

3. Was the baby born with birth defects or abnormalities?

4. Is there any other information you feel we should be aware of?

6. Signature

I, (first name and surname),

the main member, request that the newborn/s on this form be added to my benefit option as a registered dependant/s. I also confirm that all the information given here is true 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 main member

**The main applicant must sign and date any changes
Please do not sign an incomplete application form
I confirm the information is accurate and complete**

7. Note to member

Please register your newborn with the Department of Home Affairs within 21 days from birth and give us a copy of the birth certificate as soon as possible.

Approval from employer (if applicable)

Name

COMPANY STAMP

Signature

Designation

Date

D	D	M	M	Y	Y	Y	Y
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8. Declaration

I hereby acknowledge that these changes to my membership will take effect as per the registered rules of Remedi. Any authorisations for procedures and treatment will be subject to the benefits available as per my revised membership details. I have read the Scheme's Benefit Brochure(s) and available communications on the Scheme website at www.yourremedi.co.za and familiarised myself with the benefits available to me and my family as per my chosen benefit option and understand that my membership is subject to the registered rules of Remedi which is also available on the Scheme website. I understand that any change in contributions will be payable and due to Remedi in line with the registered rules of Remedi.

If you can't physically sign this form, you must sign it digitally. We accept digital signatures from the following digital signature providers:

- SigniFlow
- DocuSign
- Quickly Sign
- Hellosign
- Santamflow
- Smart Advise signatures
- Adobe Sign with certificate