

**Contact us**

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, [www.discovery.co.za](http://www.discovery.co.za)

## Declaration of medical scheme membership

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

I, \_\_\_\_\_, (first name and surname) ID number

declare that I am now or have been a member of the following medical schemes:

As the main member, I also declare these details for any dependants I am applying for.

**Main member**

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

**Main member**

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

**Main member**

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

**Spouse**

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

**Spouse**

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

**Spouse**

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

**Adult dependant**

1. Name of previous medical scheme  Membership number  Date joined

Date ended

**Adult dependant**

2. Name of previous medical scheme  Membership number  Date joined

Date ended

**Adult dependant**

3. Name of previous medical scheme  Membership number  Date joined

Date ended

If you have belonged to more than three medical schemes, please attach the details to this declaration.

Please answer the following questions:

1. Are you changing your medical scheme due to a change in employment? Yes  No
2. Do you or any of your dependants have a waiting period? 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 because you joined a medical 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-joiner penalty? Yes  No

If yes, please provide the name of the dependant and circle the late-joiner penalty applied:

Name of dependant	Late-joiner penalty			
	5%	25%	50%	75%

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

Signed at (town or city)  on **20**

Signature of main applicant  The main applicant must sign and date any changes