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 E-mail: medihelp@medihelp.co.za
 Postal address: PO Box 26004, ARCADIA, 0007
 Website: www.medihelp.co.za

Registrar for Medical Schemes
 Enquiries: 086 1123 267 Website: www.medicalschemes.com

For use by corporate clients

Payroll number

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Employer's office stamp

CLASSIQUE MEDICAL AID CONSULTANTS
 AUTHORISED FSB 7761
 7 TORRENS ROAD WYNBERG, 7800
 Tel. (021) 797 8885 Fax (021) 7978856
 Website : www.classmed.co.za

registration of my new-born baby

How to complete this form:

1. Please complete in print using black ink, and e-mail, fax or post it to Medihelp.
2. Please complete all sections and sign the application form.
3. Never sign a blank application form.

MEDIHELP BROKER HOUSE: A0328
BROKER CODE: 0884

1. details of member

Membership number

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 Initials

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 Titel

| | | | |
|----|-----|----|-----------------|
| Mr | Mrs | Ms | Other (specify) |
|----|-----|----|-----------------|

First names

| | | | | | | | | | | | | | | | | | | | |
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Surname

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Cell No.

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 Tel

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Email

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2. date from which my new-born baby(ies) should be registered

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|---|---|---|---|---|---|---|---|
| y | y | y | y | m | m | d | d |
|---|---|---|---|---|---|---|---|

3. details of my new-born baby (babies)

In the case of dependants who are not South African citizens, a copy of their passport must be submitted with the completed application form.

Dependant

Surname

| | | | | | | | | | | | | | | | | | | | |
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First names in full

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Nickname

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ID/passport number

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 Gender

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|------|--------|
| Male | Female |
|------|--------|

Date of birth

| | | | | | | | |
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| y | y | y | y | m | m | d | d |
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Relationship to applicant

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Dependant

Surname

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First names in full

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Nickname

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ID/passport number

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 Gender

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| Male | Female |
|------|--------|

Date of birth

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| y | y | y | y | m | m | d | d |
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Relationship to applicant

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Unify only – choice of service provider: indicate practice number

| Surname | Nickname | General practitioner | Dentist | Optometrist |
|---------|----------|----------------------|-----------------|-----------------|
| | | Practice number | Practice number | Practice number |
| | | Practice number | Practice number | Practice number |

4. conditions of membership and declaration by member/dependant

Responsibilities of a member/dependant of Medihelp:

1. I will ensure that I know all the provisions of Medihelp's Rules and will read all the correspondence from Medihelp, such as newsletters and statements, and will study the benefit guide and familiarise myself with the coverage offered by the chosen benefit option.
2. I undertake to abide by the Rules, as amended from time to time, as available at www.medihelp.co.za, and not submit any fraudulent claims or commit any fraudulent acts. I understand that on approval of my application for the registration of my dependant(s), the Rules of Medihelp will be binding on my registered dependant(s), as the Rules are binding on me.
3. By signing this application I confirm that:
 - 3.1 I have the right to apply for registration of my dependant(s) and to act for those that I apply for, in any matter relating to this application.
4. I declare that the information provided in this application for registration is accurate and complete. I understand that any false declaration or omission of information may result in the termination of my membership and that of my registered dependant(s) or any other measures which Medihelp, in its sole discretion, may decide to take, subject to appeal procedures.
5. I undertake to notify Medihelp in writing should there be any future changes in my/my dependant(s) personal details and/or banking details.
6. I confirm that my dependant(s) will not be registered as dependant(s) of another registered medical scheme on the date on which I request registration for him/her/ them of Medihelp.
7. I am responsible for paying the monthly subscription fees due to Medihelp on the first day of every calendar month.
8. I confirm that I am responsible to give advance notice of deregistration, and that my dependant(s) will not be registered as dependant(s) of another registered medical scheme while still being dependant(s) of Medihelp.
9. Please note that the subscription of your dependant(s) will be payable as from the requested date(s) of enrolment, whether or not you have received the document containing the conditions of membership or proof of membership. Should your application for registration be cancelled, excess subscription recovered will be paid to you, if applicable.

Medihelp's rights as a medical scheme:

10. I am aware that Medihelp may restrict benefits to be granted and limit amounts/tariffs to be paid in respect of particular services, for example by enforcing co-payments and exclusions.
11. Medihelp's Rules may provide for various interventions designed to promote cost-effectiveness and appropriateness of services, such as pre-authorisation and the use of designated service providers.
12. Medihelp may also restrict interchanges between benefit options to the beginning of a year, and require a notice period as set out in the Rules.
13. Medihelp may refuse to pay a claim that is submitted after the period as prescribed in the Rules.
14. I am further aware that my and my dependant(s)' benefits may be suspended should I not pay the full contributions or debt for a period of a month, and that my and my dependant(s)' membership may be terminated should I be in arrears for a period of two (2) months, and that the account will be handed over for collection.
15. I am aware that Medihelp can increase its subscriptions annually at the beginning of the year.

Protection of information:

16. I hereby give permission that –
 - 16.1 Medihelp may enquire about the health status of my dependant(s) at any medical doctor or any person who is in possession of such information, and give permission to the doctor or person concerned to make such information available to Medihelp and its contracted third parties;
 - 16.2 Medihelp may disclose my dependant(s)' medical and personal information to medical service providers for the purpose of providing medical services to my dependant(s) and to pay for such services; and
 - 16.3 my dependant(s) may enquire about my personal and medical information and that of any of my dependant(s) at Medihelp's disposal.



Medihelp

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Registrar for Medical Schemes

Enquiries: 086 1123 267

Website: www.medicalschemes.com

Medihelp is an authorised financial services provider