

PLEASE USE BLACK OR BLUE INK WHEN COMPLETING THIS FORM. WHERE APPROPRIATE MARK YOUR SELECTION WITH AN "X"

### A. Personal Particulars - Member

Title: Mr:  Ms:  Mrs:  Other:  Initials:

Surname:

First names:

Date of birth:  **DDMMYYYY** Genesis membership number:

Residential address:  (Chosen domicilium citandi et executandi) Postal code:

Email address:

### B. Dependant Information

For relationship, please state spouse, partner, son, daughter or other.

Title:  Initials:

Surname:

First name(s):

Relationship to Applicant:

ID no. /Passport no.:  (Please include copy of passport)

Date of Birth / Gender:  **DDMMYYYY**  **M**  **F**

Family Doctor:

Telephone: Code:  Number:

### C. Previous Medical Scheme Membership

Please complete the following table of prior Medical Scheme membership in respect of your dependants.

Name of Dependants	Name of Scheme	Membership Numbers	Join Date	End Date

Insufficient prior membership may lead to the imposition of Late Joiner Penalties.

### D. Medical History

To be completed by the Applicant in person in respect of all nominated dependants. It is important to note that if you do not provide full and complete answers your membership of the Scheme may be declared null and void. Please answer every question with an "X" in the appropriate box.

Has your new dependant(s) experienced any of the following conditions or sought or obtained any medical advice, treatment or counselling in respect thereof?

1. Raised blood fats e.g. cholesterol, stroke, high blood pressure, heart murmur, angina, heart attack or any other cardiac or blood disorder?  Y  N
2. Nephritis, kidney stone, congenital kidney disorders or any other urinary or kidney disorder?  Y  N
3. Difficulty with breathing, persistent cough, tuberculosis, asthma, bronchitis, croup, or any other disorders/conditions of the ear, nose or throat including recurrent sore throat and/or tonsillitis?  Y  N
4. Conditions of the joints, limbs and spine including rheumatism, arthritis, neck or back disorders or any physical disability?  Y  N
5. Diabetes, raised blood sugar, sugar in the urine, glandular disorder, or any endocrine disorder?  Y  N

**Postal Address:** Genesis Medical Scheme, P.O. Box 5467, Cape Town, 8000  
**Physical Address:** 4th Floor, The Terraces, Black River Park, Fir Street, Observatory, 7925  
**Tel:** 0861JOINNOW (0861 564 6669) **Fax:** 021 447 4707 **Email:** genesis@genesismedical.co.za **Web:** www.genesismedical.co.za

6. Any lumps or growths (benign or malignant) or any other types of cancer, such as lymphomas (including Hodgkin's disease) and leukaemia, skin cancer, etc.  Y  N
7. Epilepsy, migraine or any other neurological disorder?  Y  N
8. Gastric or duodenal ulcers, hiatus hernia, gall bladder or liver disorders or any other digestive system disorder?  Y  N
9. Any dental, chiropractic, optical or gynaecological treatment, advice, consultations, tests or hospitalisation?  Y  N
10. Advice, counselling, treatment or therapy for alcoholism, drug dependence, mental or emotional disorders including depression, bipolar mood disorder or psychosis?  Y  N
11. Medical advice, counselling or treatment in connection with HIV/AIDS or any sexually transmitted disease, e.g. hepatitis B, gonorrhoea, syphilis or treatment for HIV/AIDS?  Y  N
12. Is your new dependant(s) pregnant? If so, what is the expected date of delivery? MMYYYYY  Y  N
13. Other than routine treatment, does your new dependant(s) expect to seek medical advice or treatment in the next 6 months?  Y  N
14. The above questions are prompts and are not exhaustive. Should your new dependant(s) have any condition(s) or symptom(s) which is not directly covered in these questions, you are nonetheless obligated to disclose it. Are you aware of any such conditions?  Y  N

If you answered "YES" to any questions above, please supply full details below.  
If the space provided is not sufficient, please attach additional information to this application.

Question no.	Name of Patient	Diagnosis	Date First Diagnosed	Currently on treatment for this condition YES/NO	Date of last consultation, hospitalisation or medication taken for this disorder	Treating practitioner's name and telephone number

**E. Member's declaration (MUST BE SIGNED BY THE MEMBER PERSONALLY)**

I, the undersigned principal member in good standing of Genesis Medical Scheme ("Genesis" or "the Scheme"), hereby make application to have the person/s referred to in this Application Form admitted to the Scheme as my dependant/s.

I declare that my answers and the information supplied by me in this Application, whether in my own handwriting or not, are true, correct and complete in every respect.

I undertake to advise the Scheme of any change in the state of health of my dependants which occurs prior to commencement of their membership.

I understand that should this Application contain any false statement or fail to disclose any material information, the Board of Trustees of Genesis ("the Board") may, as its sole and absolute discretion, elect to regard my membership and/or that of all or some of my dependants as *void ab initio*. (as if it never happened)

I understand that the consequence of this election on the part of the Board will be that I will be obliged to immediately repay to the Scheme all benefits received by or on behalf of me and/or the relevant dependant/s and that all or part of the contributions paid by me to the Scheme may be retained by the Scheme to offset any costs which the Scheme has incurred in this regard.

In every other respect I agree to be bound by the declaration signed by me when I applied to membership of Genesis, including but not limited to, the binding force of the Rules of Genesis.

**I acknowledge and confirm that I have not received any advice or opinions of whatsoever nature (including, but not limited to, advice which would fall under the ambit of the Financial Advisory and Intermediary Services Act 37 of 2002) or in whatsoever form (whether verbally, in writing or otherwise) from the Scheme, its employees, consultants, independent contractors or any other person relating to the Scheme in relation to this Application and that only factual information relating to the Scheme has been provided to me to assist me with this Application. This Application is therefore not based on, or directly or indirectly influenced by, any advice or opinions which were provided to me by the Scheme, its employees, consultants, independent contractors or any other person relating to the Scheme.**

Signed at  on the  day of  year

Signature of Member

**F. For Scheme Use**

Application for membership accepted subject to the following terms and conditions:

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\_\_\_\_\_

Signature: ..... Date: .....