

# Application for registration of newborn baby

## What you must do

Please go through these three steps:

**Step 1:** Fill in the form.

**Step 2:** Sign the application.

**Step 3:** Hand the form to your employer contact.

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

**Please note:** All newborn babies must be registered with the Fund within 30 days of birth. 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 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 with the Fund. You will need to complete a different application called "Naspers Medical Fund Application to add dependants".

## How to complete this form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.

### 1. Main member's details

Membership number

Member's name

Member's surname

### 2. Newborn's details

2.1 First name(s)

Surname

Date of birth  When do you want cover to start?

Is the newborn your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No  Gender

If the newborn is adopted or fostered, please supply proof.

2.2 First name(s)

Surname

Date of birth  When do you want cover to start?

Is the newborn your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No  Gender

If the newborn is adopted or fostered, please supply proof.

2.3 First name(s)

Surname

Date of birth  When do you want cover to start?

Is the newborn your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No  Gender

If the newborn is adopted or fostered, please supply proof.

### 3. Parents' details

Mother's first name(s)

Surname

Father's first name(s)

Surname

#### 4. 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?

I, \_\_\_\_\_ (first name and surname) as the main member, request that the newborn(s) registered on this form be added to my benefit option as a dependant(s). I also confirm that all the information supplied here is true to the best of my knowledge and belief.

Signed at (town or city)  on

Signature of main member

#### 5. 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. You can buy a shortened birth certificate from Home Affairs on the same day. A full birth certificate will take about six to eight weeks to issue.

#### Approval from employer

Name

Signature/  
Company stamp

Designation

Date