



# APPLICATION FOR MEMBER REGISTRATION FORM FOR DEPENDANT(S)

**PLEASE NOTE:** It is compulsory to complete **ALL** sections of the application form, especially those marked with an asterisk (\*). If all compulsory sections are not completed, your application may not be processed.

## 1. DETAILS \*

Surname \_\_\_\_\_

First name (in full) \_\_\_\_\_

Membership number \_\_\_\_\_  Higher Plan  Lower Plan

## 2. REGISTRATION OF NEW DEPENDANTS

DEPENDANTS	DOCUMENTS REQUIRED
<b>Biological baby</b>	Copy of birth certificate
<b>Legally adopted child/children</b>	Copy of birth certificate Final adoption order
<b>Husband/wife</b> <ul style="list-style-type: none"> <li>The lawful spouse may be registered as a dependant</li> <li>The spouse's status of dependant is terminated on the date of divorce or on the date of cancellation of registration as a dependant as advised by the member in writing</li> <li>According to customary law, a member is permitted to have more than one wife and he may register additional wives as dependants, provided the member will be liable for their contributions</li> </ul>	Copy of ID Copy of marriage certificate Membership certificate from previous medical aid if applicable
<b>Member's partner</b> <ul style="list-style-type: none"> <li>Where a member and partner (whether heterosexual or not) have lived together before applying for membership and the member and partner are financially dependent on one another, the partner may register as a dependant</li> <li>The member must supply proof of the relationship after each 12-month period</li> <li>Such a partner cannot be a continuation member</li> </ul>	Copy of ID Three affidavits confirming co-habitation and financial dependency on member, partner and witness Membership certificate from previous medical aid if applicable
<b>Child/children born before or out of wedlock</b>	Copy of birth certificate Affidavit confirming member is the biological parent of child
<b>Stepchild</b>	Copy of birth certificate Official proof that the child is the biological child of the member's spouse
<b>Widow(er)</b> <ul style="list-style-type: none"> <li>Dependants of a deceased member, who were registered as his/her dependants at the time of the member's death, are entitled to POLMED membership without any new restrictions, limitations or waiting periods</li> <li>POLMED will inform the member of his/her right to membership and the contribution payable</li> <li>Such a member's membership terminates when he/she becomes a member or dependant of another medical scheme</li> <li>A widow/widower can re-marry, but will not be allowed to add new dependants</li> </ul>	Copy of ID Marriage certificate Death certificate of husband/wife Proof of income

DEPENDANTS	DOCUMENTS REQUIRED
<p><b>Orphan</b></p> <ul style="list-style-type: none"> <li>Children of a deceased member, who were registered as his/her dependants at the time of the member's death, are entitled to POLMED membership without any restrictions, limitations or waiting periods</li> <li>POLMED will inform the member of his/her right to membership and the contribution payable</li> <li>The youngest child will become the principal member and the other child(ren) will be the dependant(s)</li> </ul>	Copy of ID Copy of marriage certificate of parents Death certificate of parents Proof of income Information of guardian
<p><b>Disabled children</b></p> <ul style="list-style-type: none"> <li>A disabled child, including stepchild, adopted child or foster child over the age of 21 years, who is financially dependent on the principal member, may be registered as a dependant</li> <li>The principal member must annually furnish proof of the disability by means of an updated medical report</li> </ul>	Copy of ID Copy of birth certificate Annual proof of disability supplied by medical practitioner
<p><b>Biological parents</b></p> <ul style="list-style-type: none"> <li>A member may register his/her biological parents as dependants if they are financially dependent on the member</li> <li>Proof of dependency must be supplied</li> <li>Full contributions without the subsidy from the employer will apply</li> </ul>	Copy of ID Proof of monthly income Proof of financial dependency (affidavit) Membership certificate of previous medical aid is applicable
<p><b>Children between the ages of 21 and 25 years</b></p> <ul style="list-style-type: none"> <li>A dependant shall qualify for membership if he/she is studying full-time at a registered institution, unmarried and not a member of another medical scheme</li> <li>Adult dependant rates will apply</li> <li>Applications must be made every year, at the beginning of the year</li> </ul>	Copy of ID Proof of being a full-time student and proof of dependency

Dep	Surname*	Full first name*	ID Number*	Relationship*	Sex*		Date of Birth*															
1.					M	F	D	D	M	M	Y	Y	Y	Y								
2.					M	F	D	D	M	M	Y	Y	Y	Y								
3.					M	F	D	D	M	M	Y	Y	Y	Y								
4.					M	F	D	D	M	M	Y	Y	Y	Y								
5.					M	F	D	D	M	M	Y	Y	Y	Y								
6.					M	F	D	D	M	M	Y	Y	Y	Y								
7.					M	F	D	D	M	M	Y	Y	Y	Y								
8.					M	F	D	D	M	M	Y	Y	Y	Y								

## 2.1 STATE OF HEALTH OF DEPENDANTS (NOT PRINCIPAL MEMBER) \*

Please complete all the required information by ticking the relevant box.

### Has/have this/these dependant(s) experienced any of the following in the past 10 years?

- |  |  |
|--|--|
| 1. High cholesterol, stroke, high blood pressure, heart murmur, angina, heart attack or any other cardiac or blood disorder? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Nephritis, kidney stones, congenital kidney disorders or any other urinary or related kidney disorder?                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |



### 3. ADVICE OF CHANGE IN MARITAL STATUS

- 3.1  Please terminate my membership, as I will be registered as a dependant on my spouse's medical aid
- 3.2  Please change my marital status to the following:  Married  Divorced  Widowed
- 3.3  Please register my spouse as my dependant (Please supply a copy of your marriage certificate)  
(If spouse was a member of another medical scheme, a membership certificate is required)

### 4. DETAILS REQUIRED IF APPLICANT WAS A MEMBER OR DEPENDANT OF ANOTHER MEDICAL AID\*

Name of scheme \_\_\_\_\_ Period of membership: from \_\_\_\_\_ to \_\_\_\_\_

Name of scheme \_\_\_\_\_ Period of membership: from \_\_\_\_\_ to \_\_\_\_\_

Have you ever been a member of POLMED? If so, please state your membership number \_\_\_\_\_

**CERTIFICATE OF MEMBERSHIP OF PREVIOUS SCHEMES IS REQUIRED, NOTE: NOT MEMBERSHIP CARD.**

If you have been a member of more than two medical schemes, please attach extra details on a separate sheet of paper.

### 5. CONSENT\*

My dependant(s) and I hereby give permission for the medical practitioner and/or staff member of the hospital in whose care I am/my dependant(s) are to supply:

- i. Any information that POLMED and/or its agents need in order to settle any claim submitted by me or my dependant(s) to POLMED and/or its agents;
- ii. POLMED and/or its agents' case manager with any information the case manager needs in order to manage my case or that of my dependant(s);
- iii. The healthcare management team with any information, on an anonymous and untracable basis, that is required for administrative and statistical purposes.

**It is important to give POLMED and/or its agents your consent to negotiate with your doctor(s), hospital or any other healthcare provider in order to ensure that you receive optimal care.**

Signature of Principal Member \_\_\_\_\_ Date

#### Signature of all dependants over 14 years

\_\_\_\_\_  
Signature of dependant Initials and surname Date

\_\_\_\_\_  
Signature of dependant Initials and surname Date

\_\_\_\_\_  
Signature of dependant Initials and surname Date

\_\_\_\_\_  
Signature of dependant Initials and surname Date

### 6. DECLARATION\*

I declare that:

- i. The content of this form is true, correct and complete;
- ii. I have made my option choice on page one and that I have satisfied myself with the benefit structure under this option;
- iii. The mentioned particulars concerning my dependant(s) are correct and he/she/they qualify/ies for admission as beneficiaries in terms of the Rules of the Scheme;
- iv. My mentioned dependant children are fully dependent on me.

I undertake to submit myself and my dependant(s) to the POLMED Rules. I herewith irrevocably authorise my employer to recover from my salary any amount I may legally owe POLMED and to pay over to POLMED or its agent all amounts thus recovered.

Signature of Principal Member \_\_\_\_\_ Date