

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Purpose of the form

This is a form to declare your health status.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally by using Microsoft Word.
- All relevant sections must be physically signed by the main applicant and cannot be signed digitally. The main applicant must sign and date any changes.
- To avoid administrative delays, please ensure this form is completed in full.
- If you have any questions, please call **0860 99 88 77**.
- Please include a copy of each applicant's identity document. We also accept valid passports and birth certificates for children.
- Once it is complete, please email the form to **administration@discovery.co.za**

Declaration from main applicant

First names (as per identity document) _____

Surname _____

ID number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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Membership number

N	N	N	N	N	N	N	N	N	N
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I, _____ (first name and surname)

declare that my dependants and I have not suffered any deterioration in health. We have not had any medical advice or treatment since my/our Scheme membership ended. We do not intend seeking medical advice or treatment in the next eight weeks. This declaration forms part of my application to join the Scheme and this information is true, correct and complete. I understand that any false statement or not disclosing information will make my membership invalid.

If you are unable to sign the declaration, please give complete details of any changes in your health.

Signed at (town or city) _____

on

Y	Y	Y	Y	M	M	D	D
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Signature of main applicant _____

 **Please only sign if information is true, complete and correct.**