



## APPLICATION FOR REGISTRATION OF NEWBORN BABY 2019

This document is an application form to register your newborn baby on your Anglo Medical Scheme membership. It also contains some rules for membership. Please make sure you read and understand the rules.

### How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Submit the signed and completed document to your HR department.
3. Please make sure the main applicant signs this application and dates any changes.
4. Please attach a copy of your newborn baby's birth certificate.

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

If you have any questions, please let us know by calling 0860 222 633. Once we have assessed your application, we will let you know if your newborn has been accepted and what will happen next.

### Please note:

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 can start from the date of birth.**

If you are applying after 30 days from birth of your 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 Scheme. You will need to complete a different application called "Application to add a dependant to Anglo Medical Scheme".

### 1. MAIN MEMBER'S DETAILS

Membership number

ID or passport number

Member's surname

Member's name

### 2. NEWBORN'S DETAILS

First name/s

Surname

ID number

Date of birth  Y Y Y Y M M D D Sex  M  F

If the newborn is adopted or fostered, please provide legal proof of adoption or fostering.

First name/s

Surname

ID number

Date of birth  Y Y Y Y M M D D Sex  M  F

Is the newborn adopted Yes  No

Is the newborn fostered Yes  No

AMSNB04

### 3. PARENTS' DETAILS

Parent 1 surname

Parent 1 name

Parent 2 surname

Parent 2 name

Please register your newborn with the department of Home Affairs within 21 days of the birth and give the Scheme a copy of the birth certificate as soon as possible.

### 4. DECLARATION

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

Signed at (town or city)  on  2 0  Y  Y  M  M  D  D

Signature of main member

**The main member must sign and date any changes**

### 5. APPROVAL FROM EMPLOYER

Name

Signature

Company stamp

Designation

Date  2 0  Y  Y  M  M  D  D

For administrative purposes

Online application process number