



Application for registration of newborn baby

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

How to complete this form

1. Print this form and complete it clearly in black ink, or complete it electronically by typing into the fields below.
2. If you complete the form electronically, you will need to apply your signature with a digital certificate, through an approved digital signature provider. Learn more about the [approved list of digital signature providers we accept](#).
3. Submit the signed and completed document to your HR department.
4. Please make sure the main applicant signs this application and dates any changes.
5. Please attach a copy of your newborn baby's birth certificate.
6. Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Schemes for statistical purposes only. You are not compelled to provide this information.

When you sign this application, you confirm that you have read and understood the Rules for terms and conditions 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 90 days of the birth and **cover can start from the date of birth**.

If you are applying after 90 days from the 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 form called "Application to add dependants to Anglo Medical Scheme".

Please choose a date you want cover to start for the newborn baby you are applying for

D	D	M	M	Y	Y	Y	Y
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1. Main member's details

Membership number

First name(s)

Surname

2. Newborn's details

First name(s)

Surname

ID number

Gender M F Date of birth

D	D	M	M	Y	Y	Y	Y
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Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the above information relating to race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

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

First name(s)

Surname

ID number

Gender M F Date of birth

D	D	M	M	Y	Y	Y	Y
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Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the above information relating to race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Is the newborn adopted Yes No

Is the newborn fostered Yes No

3. Parents' details

Parent 1 surname	<input type="text"/>
Parent 1 name	<input type="text"/>
Parent 2 surname	<input type="text"/>
Parent 2 name	<input type="text"/>

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 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

D	D	M	M	Y	Y	Y	Y
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Signature of main member

The main member must sign and date any changes

Refer to our website <https://www.angloms.co.za/portal/ams/privacy> for the AMS Privacy Statement.

5. Approval from employer (if applicable)

Name	<input type="text"/>										
Branch number	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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