

# Application for registration of newborn baby



## Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • [www.yourremedi.co.za](http://www.yourremedi.co.za)

Thank you for deciding to register your newborn baby on your Remedi Medical Aid Scheme membership. Please make sure you read and understand the terms and conditions for membership.

## Who we are

Remedi is the medical scheme, registration number 1430, which is registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as “the administrator”) is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Remedi.

## How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please make sure the main applicant signs this application and dates any changes.
3. Hand the completed and signed form to your employer contact.
4. 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 Scheme for statistical purposes only. You are not compelled to provide this information.
5. 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 terms and conditions for membership and agree to them.**

If you have any questions, please let us know. Once we have assessed the application, we will let you know if your baby 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 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 the 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 on Remedi Medical Aid Scheme. You will need to complete a different application called “Application to add a dependant to Remedi Medical Aid Scheme”.

## 1. Main member’s details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member surname	<input type="text"/>
Member name	<input type="text"/>

## 2. Newborn’s details

2.1 First name/s	<input type="text"/>
Surname	<input type="text"/>
ID number	<input type="text"/>
Date of birth	<input type="text"/>
Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Race	African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian/Asian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Do not want to disclose <input type="checkbox"/>

*You are not compelled to provide the information required on 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 your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2.2 First name/s

Surname

ID number

Date of birth         Gender M  F

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

*You are not compelled to provide the information required on 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 your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2.3 First name/s

Surname

ID number

Date of birth         Gender M  F

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

*You are not compelled to provide the information required on 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 your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

### 3. Choosing your dependant/s healthcare professional

Please complete this if you have selected the Standard Option

	Name	GP name	Practice number	Second GP name*	Practice number
Main applicant					
Spouse or partner					
Dependant 1**					
Dependant 2**					
Dependant 3**					

\*If you live far away from where you work or you often need to work in different towns or provinces, your dependant/s may need a second GP.

Please only choose a second GP if this applies to you.

\*\*Please make sure that the dependant information you give above is the same as the dependant information in section 3 of this form.

### 4. Parents' details

Parent one surname

Parent one first name

Parent two surname

Parent two first name

### 5. 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?

Empty text box for answer to question 3.

4. Is there any other information you feel we should be aware of?

Empty text box for answer to question 4.

**6. Declaration**

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

Signed at (town or city) [ ] on [D][D][M][M][Y][Y][Y][Y]

Signature of main member [ ]

**The main applicant must sign and date any changes  
Please do not sign an incomplete application form  
I confirm the information is accurate and complete**

**7. 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.

**Approval from employer (if applicable)**

Name [ ]

Signature [ ] Company stamp [ ]

Designation [ ] Date [D][D][M][M][Y][Y][Y][Y]