

Declaration of previous medical scheme membership 2024

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, 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.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, www.discovery.co.za, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

Purpose of this form

This is a form to declare previous medical scheme membership history that you and your dependants being added previously belonged to. We will use this information to determine if we need to apply any late-joiner penalty fees. We may also use the information to determine if we can apply waiting periods.

What you must do

Complete this form if you (or your dependants) are or have been a member of any other medical schemes. These details are part of your application to join Discovery Health Medical Scheme. Information about you and those you apply for must be true, correct and complete. Make reference to the footnote that indicates the expiry date of the form. Download the latest version of all forms from www.discovery.co.za, under Medical Aid > Find documents and certificates.

I, (first name and surname),

ID or passport number

declare that I am now or have been a member of the following medical schemes: (As the main member, I also declare these details for any dependants I am applying for.)

Main member

1. Name of previous medical scheme	Membership number	Date joined	Date ended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Main member

2. Name of previous medical scheme	Membership number	Date joined	Date ended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Main member

3. Name of previous medical scheme	Membership number	Date joined	Date ended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Spouse/partner

1. Name of previous medical scheme	Membership number	Date joined	Date ended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Spouse/partner

2. Name of previous medical scheme	Membership number	Date joined	Date ended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Spouse/partner

3. Name of previous medical scheme Membership number Date joined Date ended

		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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Adult/child dependant

1. Name of previous medical scheme Membership number Date joined Date ended

		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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Adult dependant/child

2. Name of previous medical scheme Membership number Date joined Date ended

		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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Adult/child dependant

3. Name of previous medical scheme Membership number Date joined Date ended

		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
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If you have belonged to more than three medical schemes, please attach the details to this declaration.

Please answer the following questions:

1. Are you changing your medical scheme due to a change in employment? Yes No

2. Do you or any of your dependants have a waiting period? Yes No

A waiting period is the period in which the member cannot claim for healthcare services. The Medical Schemes Act 131 of 1998 (the Act) allows medical schemes to apply waiting periods. Waiting periods such as a three-month general waiting period and a 12-month condition-specific waiting period may apply. You can learn more about waiting periods [here](#).

If yes, please attach your most recent membership certificate.

If yes, please provide the name of the dependant and circle the late-joiner penalty applied:

Name of dependant	Late-joiner penalty			
	5%	25%	50%	75%
	5%	25%	50%	75%
	5%	25%	50%	75%

I understand and agree that these details form part of my membership of Discovery Health Medical Scheme and that all the information is true, correct and complete.

Signed at (town or city)

on

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



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