

Application to transfer an existing member to an employer group 2025



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**, PO Box 784262, Sandton, 2146 www.discovery.co.za, 1 Discovery Place, Sandton, 2196.

Purpose of the form

If you are an existing Discovery Health Medical Scheme main member transferring to another employer, you need to complete this form. This form may only be used if you have had no break in cover between your current membership and joining your new employer. 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 your certificates.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally. You can view the list of approved digital signature providers on www.discovery.co.za under Medical Aid > Find documents and certificates > Application forms.
- The main applicant must sign and date any changes.
- Once completed, you can submit your documents on www.discovery.co.za under Medical Aid > Get Help > Submit a medical aid document and follow the guided steps through your VirtualAgent. If you are part of an employer group, please return this form to your human resources or salaries department.

1. Main policy holder details

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>	Employee number	<input type="text"/>
Current plan type	<input type="text"/>		
New plan type (if applicable)	<input type="text"/>		
ID or passport number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone (W)	<input type="text"/>	Cellphone	<input type="text"/>
Current email	<input type="text"/>		
New email (if applicable)	<input type="text"/>		

2. New employer details

Employer name	<input type="text"/>	Date of employment	<input type="text"/>
Employer number	<input type="text"/>	Effective date of transfer	<input type="text"/>
Branch name	<input type="text"/>	Branch number	<input type="text"/>

3. Employer warranty (employer contact person to complete)

I acknowledge the transfer of the policyholder to the employer group.

Employer contact name	<input type="text"/>		
Designation	<input type="text"/>		
Signature of employer contact	<input type="text"/>	Date	<input type="text"/>

4. Rules of membership

When you sign this document, you confirm that you have read and understood the rules of membership and you agree that all information provided on this form is correct. The full set of Scheme Rules is available on www.discovery.co.za/medical-aid/scheme-rules. You acknowledge and appoint the financial adviser contracted by your employer from time to time for all matters related to your membership.

Should you not want to appoint the financial adviser contracted by your employer, please contact your employer. The new employer will explain the terms of employment of their company.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of policy holder



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