

APPLICATION FOR REGISTRATION OF NEW BORN BABY

A. MAIN MEMBER INFORMATION:

Member's names		Membership number	
I.D number		Employer/Shaft/Branch details	
SARS tax number			

B. CHANGES TO CONTACT INFORMATION:

Cell number		Tel. number (W)		Tel. number (H)	
E-mail address	E-mail remittance statement (Please tick)			Yes	No
New postal address			New residential address		
	Postal code			Postal code	

C. NEW BORN BABY INFORMATION:

Baby's first names	Baby's surname
I.D number	
Inception date for baby	

D. MEDICAL QUESTIONNAIRE:

1. Type of delivery (Please tick)	Normal			Cesarean section		
2. Any injuries or complications during the birth of the baby	Yes	No	Details			
3. Are there any abnormalities/congenital deformities for the baby	Yes	No	Details			
4. Is the baby diagnosed with any medical condition	Yes	No	Details			
5. Pre-mature birth	Yes	No	Baby weight		Weeks	

E. BIOLOGICAL PARENT INFORMATION:

Biological father's name and surname		Date of birth	
Biological mother's name and surname		Date of birth	

I declare that the information given is true and correct and I am aware that any false statement will render my membership of the scheme null and void.

Please attach one of the information following documents with the application form: Clinic card, Hospital notification birth or Birth certificates. Ensure authorisation is obtained from your employer with regards to the addition of dependents. Kindly e-mail all documents to membership@thebemed.co.za

NB: ALL REGISTRATION MUST BE DONE WITHIN 30 DAYS OF BABY BEING BORN, TO ENSURE BENEFITS PAYABLE FROM DATE OF BIRTH.

SIGNATURE OF MEMBER:

DATE: