# Partnership declaration

**Contact details**
Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

**Who we are**

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-profit organisation, 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). We take care of the administration of your membership for the Scheme.

Please make sure this completed form is returned to your employer or broker with your application for membership and all supporting documents.

## 1. About yourself (main member)

Title | Initials | Surname

ID number

LA Health membership number (if existing member)

## 2. About your spouse/partner (if applying for cover)

When do you want your cover to start Y Y Y Y M M D D

Title | Initials | Surname

First name/s (as per identity document)

Preferred name | Sex M F | Date of birth Y Y Y Y M M D D

Marital status Married ☐ Single ☐ Divorced ☐ Widowed ☐

Previous/maiden name

ID or passport number

Country of issue

Telephone (Home) | (Work)

Cellphone | Fax

Email

Date of marriage to main applicant (where applicable). Please attach a copy of an official certificate. Y Y Y Y M M D D

## 3. Adding a spouse to an existing membership

- If you were married in the last 60 days, please send us a copy of your official marriage certificate to avoid underwriting.
- If your marriage ceremony took place more than 60 days ago, full underwriting will apply when considering this application.

## 4. Partnership declaration

If you are not legally married and you cannot give us a marriage certificate, you have to complete the following section in full.

We declare we are in a long-term, committed relationship that is akin to marriage and that we live together at the same residence. We understand that by signing this declaration, we agree to tell the Scheme about any change to the status of our relationship or any change to our living arrangements, such as separation. We further understand that if the information we give about our relationship or residency is false in any way, the Scheme reserves the right to end both our memberships. If both parties have not signed and dated the below section, we will halt the application process until we receive the section signed and dated by both parties.

Since when have you and your partner been in a relationship that is like a marriage? Y Y Y Y M M D D

Signature of main applicant | Signature of partner

**Please do not sign an incomplete application form**
**I confirm the information is accurate and complete**

Date Y Y Y Y M M D D | Date Y Y Y Y M M D D

If the above section is not signed by both parties, we cannot finalise this application.