Application for registration of newborn baby

LA Health
Powered by Discovery

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 non-profit organisation, registered with the Council for Medical Schemes. When completing this form, you are applying for a dependant to become a member of LA Health Medical Scheme. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registrationnumber 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. Please email the completed and signed form with any supporting documentation to application@discovery.co.za or fax it to 011 539 2331.
3. 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.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

Please note: All newborn babies must be registered with LA Health Medical Scheme within 60 days of birth. For us to accept your newborn baby without any conditions, you must register your newborn baby within 60 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 60 days from 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 with the Scheme. You will need to complete a different application form called an "LA Health additional dependant application form".

1. Main member's details

Membership number

Member's name

Member's surname

2. Newborn's details

First name(s)

Surname

ID Number

Date of birth D D - M M - Y Y Y Y

When do you want cover to start? D D - M M - Y Y Y Y

Gender M F

Race African Coloured Indian / Asian White Other

This information is required by the Council for Medical Scheme for statistical purposes. You are not compelled to provide this information.

Do not want to disclose

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

First name(s)

Surname

ID Number

Date of birth D D - M M - Y Y Y Y

When do you want cover to start? D D - M M - Y Y Y Y

Gender M F

Race African Coloured Indian / Asian White Other

This information is required by the Council for Medical Scheme for statistical purposes. You are not compelled to provide this information.

Do not want to disclose

HLHARN001

Please note that this form expires on 31/03/2023. Up to date forms are available on www.lahealth.co.za.

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

First name(s)

Surname

ID Number

Date of birth D D - M M - Y Y Y Y

When do you want cover to start? D D - M M - Y Y Y Y

Gender M ☐ F ☐

Race African ☐ Coloured ☐ Indian / Asian ☐ White ☐ Other ☐

This information is required by the Council for Medical Scheme for statistical purposes. You are not compelled to provide this information.

Do not want to disclose ☐

Is the newborn your biological child? Yes ☐ No ☐ or is the newborn adopted or fostered? Yes ☐ No ☐

3. Please select your general practitioner (GP)

Please select your GP if you have selected the LA KeyPlus Option

If you have selected the LA KeyPlus Option, you need to choose a GP for your newborn as it may be different from the GP(s) you or your dependants previously chose. Please fill in the details of the GP you have chosen for your newborn below.

Newborn name	GP name	Practice number	Second GP name*	Practice number

- If you live far away from where you work or you often need to work in different towns or provinces, you may need a second GP. Please only choose a second GP if this applies to you.

Please note: You can only access day-to-day cover and chronic benefits through the KeyCare general practitioner(s) you choose above.

4. Birth details

Type of delivery Normal vaginal delivery ☐ Caesarean section ☐ Vacuum delivery ☐ Forceps ☐

Did the baby sustain injuries or experience complications at birth? Yes ☐ No ☐

Was the baby born with birth defects or abnormalities? Yes ☐ No ☐

Is there any other information you feel we should be aware of? Yes ☐ No ☐

I,

(first name and surname) as the main member,request that the newborn/s applied for on this form be added to my Benefit Option as a dependant/s. I also confirm that all the information supplied here is true and correct.

Signed at (town or city)

Signature of main member

Date D D - M M - Y Y Y Y

Please do not sign an incomplete application form

HLHARN001

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5. Approval from employer

Name

Signature/ Employer stamp

Designation

Date D D - M M - Y Y Y Y

Please register your newborn with the department of Home Affairs within 21 days from birth and give LA Health Medical Scheme a copy of the birth certificate as soon as possible. A full birth certificate will take about six to eight weeks to issue.