## Transfer from active to retiree status



Contact us

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

# This form is for main members who move onto retiree status, to make contributions or payments directly to LA Health Medical Scheme

#### 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.

#### How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. To avoid administration delays, please ensure this application is completed in full.
- 3. To be completed and returned to your Human Resources department.
- 4. Please call LA Health Medical Scheme on 0860 103 933 for any queries.

1. Member information (main applicant)																											
Membership number (compulsory)  Start date											Υ	Υ	Υ	М	M	D	D										
Employee number (compulsory)																											
Title Ini	itials		Su	ırname																							
First name/s																											
Preferred name													Sex	x	И	=	Dat	e of	birth	Υ	Υ	Υ	Υ	M	M	D	D
Marital status	Married		Single	e 🗌	Div	orce	d [	]	Wic	low	ed				Da	ate (	of n	narri	age	Υ	Υ	Υ	Υ	M	M	D	D
Previous/maiden name																											
ID or passport number																											
Country of issue																											
Telephone (H)														(	W)		[										
Fax														(	Cellp	pho	ne[										
Email address																											
Postal address																											
																						Cod	de [				
Residential address																											
																			Ī			Cod	de [	$\exists$	$\overline{\mathbb{I}}$		

## 2. Banking details for your monthly contributions What you must do Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank. These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You can only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member. Branch name Bank name Account type Current Transmission Savings L Branch code Name of account holder Account number Signature of account holder , hereby give Discovery Health (Pty) Ltd and/or LA Health Medical Scheme permission to charge my bank account for my contributions to LA Health Medical Scheme. 3. Banking details for reimbursement of your claims What you must do Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank. Banking details: Same as above? Yes No (if "No", please complete below) Bank name Branch name Transmission Branch code Account type Current \_\_\_ Savings Name of account holder Account number Signature of account holder 4. Your legal declaration It is my sole responsibility as a member to make sure LA Health Medical Scheme receives the monthly contribution. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims. I confirm the content of this application is true and complete. I agree to advise LA Health Medical Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with LA Health Medical Scheme. Signed at Signature of applicant Please do not sign an incomplete application form 5. Your employment details If your employer is paying your full contribution or a part of it, please complete this section: Employer/billing number Name of employer Employee number Date of employment 2. Employer contact person 1. Employer contact person Telephone Telephone **Email** Email Branch name Branch number

LA Health Medical Scheme, registration number 1145, is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

Department name

Date of promotion (if applicable)

Please ensure your employer completes this warranty.

Department number

## 5. Your employment details (continued)

### **Employer warranty**

1. We warrant that the main applicant detailed in section 1 is an employee of our organisation.

2.	The Scheme may bill us for the amount	due for this member in	the same v	vay as it does for our	r other employees with the Scher	ne.

Authorised signa	tory							
Name/s								
Designation								
Employer stamp								