

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)	<input type="text"/>	Start date	<input type="text"/>
Employee number (compulsory)	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name/s	<input type="text"/>		
Preferred name	<input type="text"/>	Sex	<input type="text"/>
Date of birth	<input type="text"/>		
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
Widowed	<input type="checkbox"/>		
Date of marriage	<input type="text"/>		
Previous/maiden name	<input type="text"/>		
ID or passport number	<input type="text"/>		
Country of issue	<input type="text"/>		
Telephone (H)	<input type="text"/>	(W)	<input type="text"/>
Fax	<input type="text"/>	Cellphone	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
Residential address	<input type="text"/>		
Code	<input type="text"/>		
Code	<input type="text"/>		

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 way as it does for our other employees with the Scheme.

Authorised signatory

Name/s

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Designation

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Employer stamp