



Contact details

Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

Declaration of medical scheme membership

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, 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.

Complete this form if you (or your dependants) are or have been a member of any other medical schemes. These details are part of your application to join the Anglovaal Group Medical Scheme.

I, (first and last name)
ID Number

declare that all my dependants and I previously/currently were/are members of the following medical schemes:

Main member

1. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main member

2. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main member

3. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse/partner

1. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse/partner

2. Name of previous medical scheme	Membership number	Date joined	Date ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse/partner

3. Name of previous medical scheme	Membership number	Date joined	Date ended
		D D M M Y Y Y Y	D D M M Y Y Y Y

Adult dependant

1. Name of previous medical scheme	Membership number	Date joined	Date ended
		D D M M Y Y Y Y	D D M M Y Y Y Y

Adult dependant

2. Name of previous medical scheme	Membership number	Date joined	Date ended
		D D M M Y Y Y Y	D D M M Y Y Y Y

Adult dependant

3. Name of previous medical scheme	Membership number	Date joined	Date ended
		D D M M Y Y Y Y	D D M M Y Y Y Y

If you have belonged to more than three medical schemes, please attach the details to this declaration.
Please answer the following questions:

1. Are you changing your medical scheme due to a change in employment? Yes No
2. Do you or any of your dependants have a waiting period? Yes No

(A waiting period is the time before you can claim for a medical condition.)

If yes, please provide the details:

Name of member of dependant	Condition	Effective dates

3. Do you currently have a late-joiner penalty? Yes No

(A late-joiner penalty is an extra contribution because you joined a medical scheme for the first time after age 35.)

If yes, please mark the late-joiner penalty applied: 5% 25% 50% 75%

4. Do any of your dependants currently have a late-joiner penalty? Yes No

Name of dependant	Late-joiner penalty
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5% 25% 50% 75%
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5% 25% 50% 75%

I understand and agree that the details above form part of my application for membership of the the Anglovaal Group Medical Scheme. All the information is true, correct and complete.

Signed at (town or city) on

Y	Y	Y	Y	M	M	D	D
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Signature of main applicant

The main applicant must sign and date any changes