

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partners): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Purpose of the form

This form is to transfer a member from an employer group to their individual capacity.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally.
- You must physically sign all relevant sections, you cannot sign it digitally. The main applicant must sign and date any changes.
- To avoid administration delays, please make sure you complete this form in full.
- Once it is complete, please email it to administration@discovery.co.za
- You need to submit the following with this form:
 - Copy of ID or passport (of the main member and the accountholder if the main member is not the accountholder)
 - Bank statement or a letter of confirmation from the bank (not older than three months).

When you sign this application, you confirm that the information given is true and correct.

A financial adviser handled your medical scheme matters when you were at your previous employer. You will still use the same financial adviser to handle your matters on your new membership.

You can update your claims payment details by visiting www.discovery.co.za > Medical Aid > Update your details.

1. Main member details

Title _____ Initials _____ Surname _____

First names (according to ID) _____

ID or passport number

N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
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Membership number

N	N	N	N	N	N	N	N	N	N	N
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2. New account details for contribution collection or refunds — Accountholder details

Please note that we cannot accept credit card details.

When should we start using the new banking details?

Y	Y	Y	Y	M	M	D	D
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Bank name _____

Branch name _____ Branch code _____

Account number _____ Type of account Cheque Savings

Accountholder _____

3. New account details for claims payments (if we do not have claims payment banking details on system or if we need to update the claims payment banking details)

Tick here if we must use the same details as we have for contribution collection and refunds

When should we start using the new banking details?

Y	Y	Y	Y	M	M	D	D
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Please note that we cannot accept credit card details.

Bank name _____
Branch name _____ Branch code _____
Account number _____ Type of account Cheque Savings
Accountholder _____

We can only change your banking details if:

- 3.1. You have filled in all the relevant fields on this request form.
- 3.2. The main member has signed the request.
- 3.3. Documents needed in the "What you must do" section accompany this form.

I, _____ (first and last name), as the main member, give Discovery Health Medical Scheme permission to change my banking details.

Signed at (town or city) _____

On

Y	Y	Y	Y	M	M	D	D
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Signature of main member _____

 **Please only sign if information is true, complete and correct.**

Accountholder declaration (This section must be signed by the person whose bank account we will debit)

1. I confirm that I have the right to give Discovery Health Medical Scheme the authority to debit the account monthly, and that this bank account belongs to me. Furthermore, I will be liable for any claims, losses or damages of any nature arising out of debits Discovery Health Medical Scheme made from the account listed above. This is if this account has insufficient funds, is incorrect or if it is held in the name of any other person.
2. I hereby authorise Discovery Health Medical Scheme to verify the banking details as given above to set up the debit order.
3. I confirm that the account listed above is active and has not been de-activated due to non-compliance with verification procedures according to the Financial Intelligence Centre Act 38 of 2001 ("FICA"), as amended.

Signature of bank account holder _____

Y	Y	Y	Y	M	M	D	D
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 **Please only sign if information is true, complete and correct.**

Discovery Health Medical Scheme is a registered medical scheme and is regulated by the Council for Medical Schemes (CMS).
The CMS contact details are as follows: Email: complaints@medicalschemes.com | Customer Care Centre: 0861 123 267
website: www.medicalschemes.com.

Please note that this form expires on 2020/03/31. Up-to-date forms are always available on www.discovery.co.za under Medical Aid > Find a document

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