medihelp

Registration of my newborn baby

Enquiries: 086 0100 678
Email: newbusiness@medihelp.co.za
medihelp.co.za

For use by corporate clients
Payroll number

Employer's office stamp

How to apply

- For your convenience, you can also complete this form online via Member Zone at https://toolbox.medihelp.co.za/login. Online submissions receive immediate confirmation and are processed faster. If you use the printed form, please complete all sections in full using black ink, write clearly, and sign all relevant sections.

Important information that you should note before you complete and submit your form

- Read and make sure you understand the conditions of membership in section 4 before you sign the form.

1. Your information (member that registers dependant)

If you use your passport number, please attach a copy of your passport.

Membership number

ID/passport number

Title: Mr | Mrs | Ms | Other (specify)

Date of birth: y y y y m m d d

First names

Surname

Cell phone number*

Alternative contact number

Personal email address*

*This information is compulsory and is required to communicate important information to you about your rights, benefits, and duties as a member. If it is not provided, your registration of newborn baby cannot be finalised.

Marital status: Married | Unmarried

Date of marriage: y y y y m m d d

Please indicate your race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.

Black | Coloured | Indian/Asian | White | Other

2. Date on which my newborn baby should be registered

y y y y m m d d

No person may be enrolled as a member/dependant of Medihelp while they are a member of another medical scheme. Refer to paragraph 11 of section 4 of this application form.

3. Details of my newborn baby

In the case of dependants who are not South African citizens, a copy of their passport must be submitted with the completed application form.

Dependants

	1	2
Title	Initials	Initials
Relationship to applicant		
Surname		
First names		
Preferred name		
ID/passport number		
Date of birth	Gender: Male / Female	Gender: Male / Female
Cell phone number*		
Personal email address*		
Visually impaired*	Yes / No	Yes / No
Hearing impaired*	Yes / No	Yes / No

Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.

Black | Coloured | Indian/Asian | White | Other

Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.

Black | Coloured | Indian/Asian | White | Other

Dependants (continued)

	3	4
Title	Initials	Initials
Relationship to applicant		
Surname		
First names		
Preferred name		
ID/passport number		
Date of birth	y y y y m m d d Gender Male Female	y y y y m m d d Gender Male Female
Cell phone number*		
Personal email address*		
Visually impaired*	Yes No	Yes No
Hearing impaired*	Yes No	Yes No

Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.

Black Coloured Indian/Asian White Other

Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.

Black Coloured Indian/Asian White Other

*This information is compulsory and is required to communicate important information to your dependant if they are 18 years or older.

4. Conditions of membership, declaration by member, and consent for Medihelp to process personal information

Medihelp confirms the following:

1. Your and your registered dependants' personal and medical information will be treated confidentially and will not be sold to a third party or used for commercial or related purposes.
2. Security measures have been implemented to protect your data and Medihelp employees and contracted parties have access to your data to process and pay claims, among other things. All employees and contracted parties who have access to your data for these purposes have signed a confidentiality agreement not to disclose your personal information to any unauthorised parties.
3. Your personal information will only be used for purposes such as processing your application for registration of new born, paying your medical claims, determining whether you are entitled to benefits, managing risks, and for any communication purposes or marketing initiatives undertaken by Medihelp.
4. The Scheme will accept liability for any breach of confidence and will manage such occurrences in accordance with its internal policy.
5. If you make use of a Medihelp-contracted brokerage's services, relevant membership information will be made available to the appointed brokerage in order to render a service to you, and any authorised person at the brokerage may instruct Medihelp to change any of your personal information except your banking details, unless you instruct Medihelp otherwise.

Your responsibilities as a member of Medihelp

6. I will ensure that I know all the provisions of the Rules of Medihelp and will read all the correspondence from Medihelp, such as newsletters and statements. I will also study my plan guide and familiarise myself with the cover offered by the plan I have chosen.
7. I will abide by the Rules of Medihelp, as amended from time to time and available at medihelp.co.za on the self-service platform for members and not submit any fraudulent claims or commit any fraudulent acts. I understand that on approval of my application for the registration of my newborn baby, the Rules of Medihelp will be binding on my registered dependants, as the Rules are binding on me.
8. By signing this application I confirm that I have the right to apply for the registration of my newborn baby and to act on behalf of those I apply for, in any matter relating to this application.
9. I declare that the information provided in this application to register my newborn baby is accurate and complete. I understand that any false declaration or omission of information may result in the termination of my membership and that of my registered dependants or any other measures which Medihelp, in its sole discretion, may decide to take, subject to appeal procedures. I understand that it is my responsibility to ensure that the details provided in this application are true and complete for me and my dependants, even if this application was completed by my financial adviser or any third party on my behalf. I will notify Medihelp in writing if there are any changes in my personal details, and/or banking details, and I understand that any non-adherence hereto may result in my membership being terminated in accordance with the provisions of the Medical Schemes Act 131 of 1998 and the registered Rules of Medihelp.
10. I understand that this application form is valid for a period of 30 days from the date of signature. The period may be further extended, subject to Medihelp's discretion, up to a maximum of 60 days, after which the application form will be cancelled and I will have to submit a new application form.
11. I confirm that my dependants will not be registered as beneficiaries of another registered medical scheme on the date on which I requested membership for them.
12. I take note that the monthly contribution fees will be due as per arrangement with Medihelp and thereafter on the same day of each subsequent calendar month. Should my employer/institution, as my authorised agent, undertakes to pay my contribution to Medihelp, I give permission to my employer/institution to deduct the amount payable to Medihelp from my salary and pay such amount over to Medihelp. I furthermore give permission that Medihelp may provide the following information to my employer/institution in order to pay contributions: my identity number, my tax certificate information, as well as my dependants' dates of birth, ages and relationship to me. I am also responsible for repaying any debt owed on my medical savings account, if applicable, should I terminate my membership of Medihelp.
13. I note that a third party paying the contribution on my behalf is not part of the contract with Medihelp and will not receive communication regarding changes in the monthly payable contribution. I undertake to inform the third party of any changes in my contribution and accept that I remain responsible for the payment thereof.
14. I confirm that I am responsible to give advance notice of termination of membership and that neither my dependants nor I will be registered as beneficiaries of any other registered medical scheme while still members of Medihelp.

Medihelp's rights as a medical scheme

15. I am also aware that Medihelp may restrict benefits to be granted and limit amounts/tariffs to be paid in respect of particular services, for example by enforcing co-payments and exclusions.
16. The Rules of Medihelp may provide for various interventions designed to promote cost-effectiveness and appropriateness of services, such as pre-authorisation and using designated service providers.
17. Medihelp may also restrict interchanges between plans to the beginning of a year and require a notice period as set out in the Rules.
18. Medihelp may refuse to pay a claim that is submitted after the period prescribed in the Rules.
19. I am further aware that my benefits may be suspended if I fail to pay my contribution or debt in full, that my membership may be terminated if any amount remains outstanding 30 days after the date of suspension, and that my account will be handed over for collection.
20. I am aware that Medihelp may increase its contribution annually at the beginning of the year. I also authorise Medihelp to adjust the contribution if necessary due to a change in my membership and to deduct the amended amount or any outstanding contribution amounts from me or the third-party payer/employer/institution I indicated as the authorised payer of my contribution.

Protection of information

21. I hereby give permission that:

21.1 Medihelp may enquire about the health status of my dependants at any medical doctor or any person who is in possession of such information, and give permission for the doctor or person concerned to make such information available to Medihelp and its contracted third parties for the administration of my health plan;

21.2 My dependants may enquire about my personal and medical information and that of any of my dependants at Medihelp's disposal;

21.3 Any adviser I appoint and whose appointment Medihelp accepts may have access to my personal and medical information and that of any of my registered dependants at Medihelp's disposal, and that such adviser or an authorised person at the brokerage may instruct Medihelp to change any of my personal information for the purpose of proper administration and underwriting, except for my banking details;

21.4 Medihelp may disclose my and my dependants' medical and personal information to healthcare providers for the purpose of delivering medical services to me and my dependants and to pay for such services; and

21.5 Medihelp may share my information for statistical analysis and academic research purposes.

22. I take note that Medihelp complies with the stipulations of the Protection of Personal Information Act 4 of 2013 (POPIA).
23. I agree that all my telephone conversations and/or that of my dependants with Medihelp and/or its contracted third parties may be recorded for quality control purposes, and to help detect and prevent fraud.
24. I agree that Medihelp may, for the purpose of considering my application for the registration of my newborn baby or conducting underwriting or risk assessments or considering a claim for medical expenses, request information about me and my dependants from medical practitioners, financial advisers, industry regulatory bodies or employers/institutions.
25. I further consent and declare that I have obtained the consent of my dependants and give consent that Medihelp may provide any credit bureau or credit providers' industry association with any information about my/my dependants' consumer credit record, including and not limited to information about my/my dependants' credit history, financial history, personal information (excluding medical information) and judgment or default history.
26. If you believe that Medihelp has used your personal information contrary to its Privacy Policy, you have the right, under the Protection of Personal Information Act, to lodge a complaint with the Information Regulator, but we encourage you to first follow our internal complaints process to resolve the matter. If, thereafter, you believe that we have not resolved the matter adequately, you can contact the Information Regulator at: The Information Regulator (South Africa), JD House, 27 Stiemens Street, Braamfontein 2017;

telephone number: 010 023 5207;
email: POPIAComplaints@inforegulator.org.za.

27. If you believe that Medihelp has not handled your enquiry satisfactorily, please first follow our internal complaints process to resolve the matter. If, thereafter, you believe that we have not resolved the matter adequately, you can contact the Council for Medical Schemes (CMS), as Medihelp is a registered medical scheme and regulated by the CMS. The contact details of the CMS are as follows:
Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion; Customer Care Centre: 0861 123 267;
email: complaints@medicalschemes.co.za;
website: www.medicalschemes.co.za.

Signature of member /legal appointee

Date y y y y m m d d

5. Undertaking and declaration by adviser

NB: If this section is not completed in full by the adviser, no commission will be paid. I declare that:

1. The applicant has appointed me as their adviser and is entitled to cancel my services at any time;
2. I have informed the applicant that I am not an agent of Medihelp, but that I am acting in my own capacity, for my own benefit and account, as mandated by the applicant.

I take note that the adviser/brokerage indemnifies Medihelp against any non-adherence to the legal requirements as quoted above.

Name of brokerage _____ Brokerage code A

Name and surname of adviser _____ Adviser code

Email address _____ Contact number

In the event of a dispute, the registered Rules of Medihelp and / or the provisions of Medihelp's independent adviser agreement, as the case may be, shall apply.

Signature of adviser

Date y y y y m m d d

Lead reference number

MHNN005 AUG 2026