

FOR OFFICE USE ONLY

Members Number

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Group Reference Number

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Date of Commencement

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APPLICATION FOR THE REGISTRATION OF ADDITIONAL DEPENDANTS

(Note: Please complete all sections in **BLACK** ink and attach copy of SA ID document / Passport)

Tel: 0861 796 6400

ID Number

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Membership Number

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A. REMARKS

The following information must also be furnished separately in writing where application is made for the registration of dependants:

1. State of health, supported by a medical certificate; and/or
2. Membership certificate from previous medical scheme which the dependant(s) belonged to.
3. Copies of SA ID document / Passport

B. APPLICATION

I, the undersigned, principal member:

Surname	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																											
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hereby apply for:

1. The registration of the following person(s) as my beneficiary(ies):

1.1 The spouse/partner (Rule 4.42 & 4.32) **(NB - A copy of a marriage certificate and identity document of the dependant must be attached)**

Full name of spouse	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																													
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- 1.2 My dependant under the age of 21 years, who is dependant on the principal member for family care and support.

Registered names of all dependants under the age of 21 years to be registered as my beneficiary(ies). (If not your natural child, indicate relationship i.e. stepchild, adopted child, etc. (Rule 4.19.3)).

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Please attach copies for the following: 1) Copy of Birth certificate, 2) Adopted child – adoption order / Foster child – official proof that child is placed in your custody

1.3 A dependant over the age of 21 years, who is dependant on the member for family care and support. (Rule 4.20)

Registered name of dependant over the age of 21 years to be registered as my beneficiary. A separate application must be completed for each additional adult beneficiary, other than your spouse/partner.

1.3.1

Surname																										
First Name(s) (in full)																										
Date of Birth	D	D	M	M	Y	Y	Y	Y	Passport / ID Number																	
Relationship																										
Date of Adoption (if applicable)	D	D	M	M	Y	Y	Y	Y	Adoption order no (if applicable)																	

1.3.2 Details of previous membership (Kindly attach a membership certificate of previous medical scheme)

Name of the Scheme																										
From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y									
Name of the Scheme																										
From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y									

Has your dependant in paragraph 1.3 above ever been declined, loaded or exclusions applied by a medical scheme?

YES	NO
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If "YES" please provide details _____

1.3.3 Total Monthly Income

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C. SPECIFIC HEALTH QUESTIONS

State whether any of your dependants have ever been treated or are currently receiving treatment, or expect to receive treatment for any of the following illnesses including but not limited to:

1. Blood disorders, e.g. anaemia, bleeding disorders, haemophilia, leukaemia.	YES	NO								
2. Cancer, growths, abscess or tumours of any kind, whether benign or malignant.	YES	NO								
3. Cardiovascular (heart and blood vessels) disorders e.g. congenital heart conditions, chest pain, coronary artery disease/ischaemic heart disease, high blood pressure, valvular disease, arrhythmias, varicose veins, blood clots, poor circulation or arterial disease, rheumatic fever, shortness of breath, palpitations, angina, deep vein thrombosis.	YES	NO								
4. Ear, nose and throat disorders e.g. hearing/speech impairment, ear infections, sinus problems, nasal/throat surgery, ear discharge, hoarseness, mouth disorders, tonsils, adenoids, grommets, previous nasal injuries, upper airway infections, cleft lip/palate, epistaxis, hayfever.	YES	NO								
5. Endocrine disorders e.g. high cholesterol, diabetes, thyroid abnormalities, sugar in urine, nutritional disorders, metabolic syndrome, hypo/hyperglycaemic coma.	YES	NO								
6. Eye related disorders e.g. glaucoma, blindness, eye surgery, retinitis pigmentosa, cataracts, lens implants, infections, refractive and laser surgery, short or far sightedness, pterygium.	YES	NO								
7. Gastro-intestinal disorders e.g. recurrent indigestion, heartburn, reflux, ulcers, bowel disorders, gallbladder disorders, liver disorders and pancreas disorders, hiatus hernia, piles, anal fissures, rectal bleeding, ulcerative colitis or have you or any of your dependants ever had a gastroscopy or colonoscopy.	YES	NO								
8. a. Gynaecological and obstetrical disorders e.g. ectopic pregnancy, caesarian section, fibroids, endometriosis, menstrual irregularities, abnormal papsmear, receiving hormone treatment, vaginal bleeding, laparoscopic surgery, dilatation and curretage, miscarriages, pregnancy related problems, cysts, infertility.	YES	NO								
8. b. Pregnancy - expected date of delivery. <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	YES	NO
D	D	M	M	Y	Y	Y	Y			
9. Male genito-urinary system e.g. testes, prostate, abnormalities of the penis, scrotum, reproductive system.	YES	NO								
10. Musculo-skeletal disorders e.g. osteo-arthritis, rheumatoid arthritis, back problems, gout, osteoporosis, all joint problems e.g. knee, shoulder, bones, limbs, spine, fractures, carpel tunnel syndrome, bunion, spondylosis.	YES	NO								
11. Neurological disorders e.g. epilepsy, muscular weakness, stroke, brain or spinal cord disorders, chronic fatigue, headache, migraine, polio, paralysis, Guillian-Barre, meningitis, Parkinson's Disease.	YES	NO								
12. Psychological disorders e.g. insomnia, anxiety, depression, stress, panic attacks, alcohol or drug dependency, attention deficit disorder, post traumatic stress, schizophrenia, bi-polar disorders, mood swings, attempted suicide, anorexia/bulimia nervosa.	YES	NO								
13. Renal (kidney) disorders e.g. blood in the urine, kidney stones, recurrent infections, kidney failure, bladder problems, dialysis, Addisons Disease.	YES	NO								
14. Respiratory disorders e.g. asthma, allergic rhinitis, chronic bronchitis, emphysema or cigarette smoking related disorders, tuberculosis, persistant cough, allergies, chronic obstructive pulmonary disease.	YES	NO								
15. Skin disorders e.g. eczema, psoriasis, melanoma, skin cancer, burns, acne, scars, keloids, growths, warts.	YES	NO								
16. State whether you or any of your dependants have received medical advice or treatment for any infectious and tropical disease e.g. gonorrhoea, genital herpes, syphilis, TB, hepatitis, bilharzia, malaria, cholera.	YES	NO								
17. Do you or any of your dependants have any birth defects or hereditary disorders?	YES	NO								
18. Have you or any of your dependants ever sought counselling or treatment for HIV or AIDS related infections or ever tested positive for HIV or AIDS?	YES	NO								

19. Have you or any of your dependants ever been diagnosed and/or treated for an immune system problem?	YES	NO
20. Previous injuries and trauma including sports injuries?	YES	NO
21. Have you or any of your dependants ever been told to improve your adherence to medical treatment?	YES	NO
22. Have you ever required rehabilitation following an event i.e. stroke or motor vehicle accident?	YES	NO

If "yes" answered to any of the questions above, please supply full details below.

Question	Applicant	Date	Disorder	Treatment	Consulting Doctor	Current Condition

If the space provided is insufficient please complete addendum.

Addendum attached YES NO

SURGERY AND HOSPITAL ADMISSIONS

1. Please supply details of all surgical procedure(s) and ALL HOSPITAL ADMISSIONS that, the new dependant(s) have undergone in the past, and/or details of all planned surgical procedure(s) and ALL HOSPITAL ADMISSIONS they are expect to undergo in the future.

Applicant	Surgical Procedure/Hospital Admission	Date	Reason	Doctor	Current Condition

CHRONIC MEDICATION

1. Please supply details of any chronic medication (prescribed medicines used continuously for more than 3 (three) months) currently prescribed for any of your new dependants.

2. Do you or the dependants expect chronic medication to be prescribed in the next 12 months? YES NO

If so please supply details below.

Applicant	Prescribed Medication	Medical Condition	Date Started/To be Started

D. GENERAL HEALTH QUESTIONS

1. Do you or any of your dependants expect to receive any treatment in the next 12 months and do you or your dependants expect to be, or are currently hospitalised?	YES	NO
2. Has any close blood relative (excluding dependants named in this application form) ever been diagnosed with heart disease, high blood pressure, high cholesterol, diabetes or any other hereditary disease?	YES	NO
3. Do you or any of your dependants have incomplete dental treatment plans, dental implants, orthodontic treatment, dentures, wisdom teeth problems or do you or any of your dependants currently receive, or expect to receive dental treatment in the next 12 months?	YES	NO
4. Are you or any of your dependants currently involved in any third party claim or WCA claim that may include medical treatment? If so please provide below, FULL details of injuries, surgery, investigative procedures for which claims will be or have been lodged.	YES	NO
5. Do you or any of your dependants smoke, or did you or any of your dependants receive medical advice to reduce the quantity of tobacco used? If so, specify whether cigarettes, cigars or a pipe and how many are or were smoked per day.	YES	NO
6. Do you or any of your dependants consume alcohol? If so, specify what type of alcohol and quantity consumed per week.	YES	NO
7. Have you or any of your dependants ever received medical advice, counselling or treatment to reduce alcohol consumption for alcohol abuse or alcoholism?	YES	NO
8. Do you or any of your dependants use stimulants, any illegal drug substances, or ever been treated for illegal drug substance abuse or addiction?	YES	NO

9. Investigations and/or specialised treatment. In and out of hospital.		
a. Are you or any of your dependants currently undergoing, or expect to undergo investigations for any medical condition and/or symptoms not yet diagnosed?	YES	NO
b. Are you or any of your dependants currently receiving or expect to receive specialised treatment (i.e. chemotherapy, radiotherapy, bone marrow transplant, mechanical ventilation, oxygen therapy, dialysis, psychotherapy or counselling)?	YES	NO
10. In the past 2 years, have any of your new dependants had any x-rays, electrocardiogram or other examinations including genetic testing, or tumour markers, operations or been hospitalised?	YES	NO

If "yes" answered to any of the questions above, please supply full details below.

Question	Applicant	Full details (including details of disorder, date diagnosed, nature and duration of treatment and consulting doctor's details)

If the space provided is insufficient, please provide additional information to this application. - see page 6

HEIGHT AND WEIGHT

Dependant 1	Initials <input type="text"/>	Height <input type="text"/> cm	Weight <input type="text"/> kg
Dependant 2	Initials <input type="text"/>	Height <input type="text"/> cm	Weight <input type="text"/> kg
Dependant 3	Initials <input type="text"/>	Height <input type="text"/> cm	Weight <input type="text"/> kg

E. APPLICABLE RULES OF RESOLUTION HEALTH MEDICAL SCHEME WITH REGARDS TO "DEPENDANTS"

- 4.8 **"Child"**: a member's natural child, or stepchild or legally adopted child or a child in the process of being placed in foster care, or a child for whom the member has duty to support, or a child who has been placed in the custody of the member or his spouse or partner, and who is not a member or registered dependant of a member of this or any other registered Scheme.
- 4.19 **"Dependants"**,
- 4.19.1 a member's spouse or partner who is not a member or a registered dependant of a member of a medical scheme;
- 4.19.2 a member's child who is not a member or a registered dependant of a member of a medical scheme;
- 4.19.3 the immediate family of a member in respect of whom the member is liable for family care and support (Blood relative);
- 4.20 **"Dependants"**: in relation to a child, a child under the age of 21 who is not in receipt of a regular remuneration of more than the maximum social pension per month, or a child who, due to a mental or physical disability, is dependant upon the member, and if he is older than 21 and still dependant.
- 4.27 **"Late joiner"**: an applicant or adult dependant of an application who, at the date of application for membership, is 35 years of age or older and has not been a member, or a dependant of a member, of any medical scheme for a period of two (2) years immediately prior to applying for membership.
- 4.41 **"Social pension"**: the appropriate maximum basic social pension prescribed by regulations promulgated in terms of the Social Assistance Act, 1992 (Act No.59 of 1992)
- 4.42 **"Spouse"**: the spouse of a member to whom the member is married in terms of any law or custom.
- 7. Registration of dependants**
- 7.1.2 if a member applies to register a newborn or newly adopted child within 30 days of the date of birth or adoption of the child, such child shall thereupon be registered by the Scheme as a dependant. Increased contributions shall then be due from the first day of the following month following the month of birth or adoption and benefits will accrue as from the date of birth or adoption. No such child shall qualify for benefits until such time as the member qualifies for benefits. Documentary proof of birth, or of the adoption of the child and, where applicable, official proof that the child has been placed in your custody must accompany this registration;
- 7.1.3 if the member who marries subsequent to joining the Scheme, applies within 30 days of the date of such marriage to register his spouse as a dependant, his spouse shall thereupon be registered by the Scheme as a dependant. Increased contributions shall be due as from the first day of the following month of marriage and benefits will accrue as from the date of marriage. The spouse shall not qualify for benefits until such time as the member qualifies for benefits;
- 7.1.4 in the event of any person becoming eligible for registration as a dependant other than in the circumstances set out in Rule 7.1.1 to 7.1.3, the member may apply to the Scheme for the registration of such person as a dependant, whereupon the provision of Rule 8 shall apply mutatis mutandis;
Provided that:
no person in Rule 4.19.2 and 4.19.3 may be registered as a dependant of a member if such a person is self-supporting.
- 8. Terms and Conditions applicable to membership:**
- 8.2 No person may –
- 8.2.1 be a member of more than one registered medical scheme; or
- 8.2.2 be admitted as a dependant of more than one member of a particular registered medical scheme or a member of a different medical scheme; or
- 8.2.3 claim or accept benefits in respect of himself or any of his registered dependants from any medical scheme other than the Scheme of which he is a member or a registered dependant of a member.

8.4 A general waiting period of three (3) months applies to a member or dependants:

Provided that:

The waiting period shall not be imposed on a member or a dependant of a member who has been a member or a dependant of one or more medical schemes for a continuous period of 2 years or more and whose membership has been terminated because of change of employment and said person applies for membership of the Scheme within a period of three (3) months after termination of such previous membership.

8.6 Subject to the proviso in Rule 8.4, a condition-specific waiting period of not more than 12 months shall apply to a member and his dependants, from the date of admission, in respect of a pre-existing sickness condition.

- any person who is self supporting (i.e. earning more than the maximum social pension) will not be regarded as an adult dependant and will have to enroll as a member.
- any person over the age of 21 who is not physically or mentally disabled, not studying full-time and who is not self-supporting will automatically become an adult dependant.
- Therefore:- Only the following persons will be regarded as Child dependants:
 - 0-21 years of age and not self-supporting
 - Over 21 – only if mentally or physically disabled and not self-supporting (If he/she does not comply with this criteria such a person will be regarded as an “adult dependant”)

I/We the undersigned, confirm that I/we have read the Applicable Rules of Resolution Health Medical Scheme with regards to “dependants” and understand its implications.

Signed at _____

Date

D	D	M	M	Y	Y	Y	Y
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SIGNATURE

Signature of Principal Member

OFFICE USE ONLY

CATEGORY	A	B	C
COPY <input type="checkbox"/>		ORIGINAL	<input type="checkbox"/>
NO WAITING PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 MONTHS WAITING PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TWELVE MONTHS WAITING PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PMB PAYMENT YES <input type="checkbox"/>		NO	<input type="checkbox"/>
LATE JOINER PENALTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBERSHIP PACK TO UNDERWRITING			
<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> Signature			

