

PROF MED NEWBORN REGISTRATION FORM

Attention: Profmed Membership Department

Email: newbusiness@profmed.co.za

1 PRINCIPAL MEMBER DETAILS

Membership Number	<input type="text"/>	ID/Passport no.	<input type="text"/>
Title	<input type="text"/>	First names	<input type="text"/>
		Surname	<input type="text"/>
Telephone: Work	<input type="text"/>	Email address	<input type="text"/>
Home	<input type="text"/>	Cellphone no.	<input type="text"/>

2 DETAIL/S OF DEPENDANT TO BE ADDED

Dependant 1

Title	<input type="text"/>	First names	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport no.	<input type="text"/>	Date of birth	<input type="text"/>
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Relationship to principal member		<input type="text"/>	

Dependant 2

Title	<input type="text"/>	First names	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport no.	<input type="text"/>	Date of birth	<input type="text"/>
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Relationship to principal member		<input type="text"/>	

Dependant 3

Title	<input type="text"/>	First names	<input type="text"/>
Surname	<input type="text"/>		
ID/Passport no.	<input type="text"/>	Date of birth	<input type="text"/>
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Relationship to principal member		<input type="text"/>	
Date membership to commence		<input type="text"/>	

3 IMPORTANT NOTICE

- a. Please attach a hospital confirmation letter and/or birth certificate. In the case of an adopted child, please provide proof of adoption. If your child's surname differs from yours, please provide a sworn affidavit stating the reason for the difference.
- b. Application for registration of a newborn or newly-adopted child must be submitted to the Scheme within 30 days of the birth or adoption of your child. Contributions for your child will be due from the first day of the month following the month in which he/she was born or adopted.

4 DECLARATION OF PRINCIPAL MEMBER

I am applying for benefits from Profmed on behalf of my dependant(s) and warrant and declare that the information given and statements made herein, whether entered on the form by me or on my behalf, are correct and complete in every respect.

I declare that in the event of any amount being paid by the Scheme arising out of injuries which may involve a claim against any other party, I undertake to refund the Scheme the whole amount relevant to medical expenses incurred by the Scheme as may be recovered from any other source.

I hereby authorise any medical practitioner or other person and/or the administrator of Profmed, who may be in possession of or may acquire any information concerning the health of my dependant(s), to disclose the information to Profmed, and agree that compliance with this authorisation shall be a condition precedent to payment of any benefits by the Scheme.

I hereby consent to the disclosure by Profmed from time to time of any information including, without restriction, the generality thereof, personal, commercial, medical or general information provided by me to Profmed in respect of my dependant(s) from time to time and any information obtained pursuant to this application. Any disclosure shall only be made in fulfillment of the legal obligations of Profmed and its administrator, managed healthcare providers or any organisation acting on behalf of Profmed.

I grant permission on behalf of my dependant(s) to any medical practitioner, person or party who may be in possession of or obtain information concerning my dependant(s)' health status, treatment received or anticipated, as well as any other relevant health information, including my dependant(s)' HIV status, to divulge such information to Profmed or its representatives (e.g. third-party administrator, managed care organisation, etc.) on request, also after the death of my dependant(s). I understand that the health information may, and on occasion shall be used to evaluate the payment of benefits for certain diseases/medical conditions. I guarantee that, to the extent that it may be required by law, I have the necessary consent from my dependant(s) to provide this permission.

I agree that this declaration shall be the basis of the contract for my dependant(s) to receive benefits from Profmed and that their membership of Profmed is subject to the conditions, exclusions and limitations of benefits in accordance with the Medical Schemes Act and the rules of the Scheme. I also agree that should any information be incorrect, inexact or incomplete, the contract shall be null and void and all money paid to the Scheme shall be forfeited. I agree to abide by the rules of the Scheme, as amended from time to time.

Profmed may deal with me electronically and may treat electronic communication (e-mail, fax, telephone, etc.) as being the same as written authority and confirmation. I agree further that, where I choose to use electronic methods to transact with Profmed, I will carry the risk of such use.

Principal member's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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