Declaration of medical scheme membership

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is the medical scheme to whom you are applying to become a member. This is a non-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) which takes 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 form part of your application to join Bankmed.

I, _____ (first name and surname) ID Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

declare that I am currently, or have been, a member of the following medical schemes listed below.

As the Principal Member, I also declare these details for any dependants for whom I am applying.

Principal Member

1. Name of previous medical scheme

Membership number

Date joined D D M M Y Y Y Y

Date ended D D M M Y Y Y Y

2. Name of previous medical scheme

Membership number

Date joined D D M M Y Y Y Y

Date ended D D M M Y Y Y Y

3. Name of previous medical scheme

Membership number

Date joined D D M M Y Y Y Y

Date ended D D M M Y Y Y Y

Spouse

1. Name of previous medical scheme

Membership number

Date joined D D M M Y Y Y Y

Date ended D D M M Y Y Y Y

2. Name of previous medical scheme

Membership number

Date joined D D M M Y Y Y Y

Date ended D D M M Y Y Y Y

Please note that this form expires on 31/03/2027. Up to date forms are available on www.bankmed.co.za.

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3. Name of previous medical scheme   Membership number   Date joined

|D|D|M|M|Y|Y|Y|Y|

Date ended

|D|D|M|M|Y|Y|Y|Y|

Adult dependant

1. Name of previous medical scheme   Membership number   Date joined

|D|D|M|M|Y|Y|Y|Y|

Date ended

|D|D|M|M|Y|Y|Y|Y|

Adult dependant

2. Name of previous medical scheme   Membership number   Date joined

|D|D|M|M|Y|Y|Y|Y|

Date ended

|D|D|M|M|Y|Y|Y|Y|

Adult dependant

3. Name of previous medical scheme   Membership number   Date joined

|D|D|M|M|Y|Y|Y|Y|

Date ended

|D|D|M|M|Y|Y|Y|Y|

Should you have belonged to more than three medical schemes, kindly 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 or 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% ☐

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

Name of dependant	Late-joiner penalty			
	5% ☐	25% ☐	50% ☐	75% ☐
	5% ☐	25% ☐	50% ☐	75% ☐

I understand and agree that these details form part of my application for membership to Bankmed. All the information is true, correct and complete.

Signed at (town or city) _____   on | D | D | M | M | Y | Y | Y | Y |

Signature of main applicant _____

The main applicant must sign and date any changes

Bankmed Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
E-mail: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park Estate, Centurion, 0157

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