

**M2.20 Registration of Additional Dependant**

To be completed when a member wishes to register or re-register an additional dependant (child over the age of 21 or an adult dependant)

**Form M2.1A to be completed and attached for all registrations, except in the case of continued membership of the Society**



| SECTION A – MEMBER’S DETAILS |  |  |  |  |  |  |  |  |                     |  |  |  |               |   |   |   |   |   |   |   |   |
|------------------------------|--|--|--|--|--|--|--|--|---------------------|--|--|--|---------------|---|---|---|---|---|---|---|---|
| SURNAME                      |  |  |  |  |  |  |  |  |                     |  |  |  |               |   |   |   |   |   |   |   |   |
| FIRST NAMES                  |  |  |  |  |  |  |  |  |                     |  |  |  |               |   |   |   |   |   |   |   |   |
| ID NUMBER                    |  |  |  |  |  |  |  |  |                     |  |  |  | DATE OF BIRTH | Y | Y | Y | Y | M | M | D | D |
| PASSPORT NUMBER IF AVAILABLE |  |  |  |  |  |  |  |  | COUNTRY OF ISSUE    |  |  |  |               |   |   |   |   |   |   |   |   |
| MEMBER NUMBER                |  |  |  |  |  |  |  |  | OPERATION / SECTION |  |  |  |               |   |   |   |   |   |   |   |   |

| SECTION B – DETAILS OF ADDITIONAL DEPENDANT TO BE REGISTERED OR RE-REGISTERED |                                    |   |   |                                  |                                   |   |  |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
|---|------------------------------------|---|---|----------------------------------|-----------------------------------|---|--|---|------------------|--|--|--------------------------------|---------------|---|---|---|---|---|---|---|---|
| SURNAME   |                                    |   |   |                                  |                                   |   |  |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
| REASON FOR DIFFERENT SURNAME, IF APPLICABLE                                   | STEPCHILD <input type="checkbox"/> |   |   |                                  | ADOPTION <input type="checkbox"/> |   |  |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
|   | OTHER (SPECIFY)                    |   |   |                                  |                                   |   |  |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
| FIRST NAMES   |                                    |   |   |                                  |                                   |   |  |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
| GENDER (TICK)   | MALE <input type="checkbox"/>      |   |   |                                  |                                   |   | FEMALE <input type="checkbox"/>        |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
| ID NUMBER   |                                    |   |   |                                  |                                   |   |  |   |                  |  |  |                                | DATE OF BIRTH | Y | Y | Y | Y | M | M | D | D |
| PASSPORT NUMBER IF AVAILABLE  |                                    |   |   |                                  |                                   |   |  |   | COUNTRY OF ISSUE |  |  |                                |               |   |   |   |   |   |   |   |   |
| ETHNIC ORIGIN   | AFRICAN <input type="checkbox"/>   |   |   | COLORED <input type="checkbox"/> |                                   |   | INDIAN /ASIAN <input type="checkbox"/> |   |                  | WHITE <input type="checkbox"/>                           |  | OTHER <input type="checkbox"/> |               |   |   |   |   |   |   |   |   |
| RESIDENTIAL ADDRESS   |                                    |   |   |                                  |                                   |   |  |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
| PROVIDE REASONS IF RESIDENTIAL ADDRESS IS DIFFERENT FROM THAT OF THE MEMBER   |                                    |   |   |                                  |                                   |   |  |   |                  |  |  |                                |               |   |   |   |   |   |   |   |   |
| DATE FROM WHICH REGISTRATION IS REQUIRED                                      | Y                                  | Y | Y | Y                                | M                                 | M | D                                      | D | M2.1A COMPLETED  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                |               |   |   |   |   |   |   |   |   |

| SECTION C – PREVIOUS MEDICAL SCHEMES  |             |                   |            |   |   |   |          |   |   |   |                      |   |   |   |                              |
|---|-------------|-------------------|------------|---|---|---|----------|---|---|---|----------------------|---|---|---|------------------------------|
| PLEASE GIVE THE DETAILS OF ALL REGISTERED SOUTH AFRICAN MEDICAL SCHEMES THAT YOU AND YOUR FAMILY BELONGED TO EITHER AS MEMBER OR DEPENDENT. ATTACH ALL CERTIFICATE’S OF MEMBERSHIP THAT REFLECT START AND END DATES OF ALL PREVIOUS MEDICAL AIDS. |             |                   |            |   |   |   |          |   |   |   |                      |   |   |   |                              |
| <b>NOTE: Waiting periods may be imposed, unless a certificate of membership is attached proving transferability</b>   |             |                   |            |   |   |   |          |   |   |   |                      |   |   |   |                              |
| MEMBER/ DEPENDANT NAME  | SCHEME NAME | MEMBERSHIP NUMBER | START DATE |   |   |   | END DATE |   |   |   | CERTIFICATE ATTACHED |   |   |   |                              |
|   |             |                   | Y          | Y | M | M | D        | D | Y | Y | M                    | M | D | D | Yes <input type="checkbox"/> |
|   |             |                   | Y          | Y | M | M | D        | D | Y | Y | M                    | M | D | D | Yes <input type="checkbox"/> |
|   |             |                   | Y          | Y | M | M | D        | D | Y | Y | M                    | M | D | D | Yes <input type="checkbox"/> |
|   |             |                   | Y          | Y | M | M | D        | D | Y | Y | M                    | M | D | D | Yes <input type="checkbox"/> |
|   |             |                   | Y          | Y | M | M | D        | D | Y | Y | M                    | M | D | D | Yes <input type="checkbox"/> |

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**SECTION C – SUPPORTING DOCUMENTATION REQUIRED**

**Child between ages 21 to 25:**

- M2.21 – Affidavit of Additional Dependant (Child to complete)
- M2.22 – Affidavit of Member Additional Dependant Child (Member to complete)
- M2.24 – Monthly income and expenditure of Additional Dependant (Child to complete)
- ID copy of dependant and or official adoption papers
- Proof of studies at institution
- Latest Payslip or instance of irregular income affidavit of income for last year preceding date of completion of form

**Adult:**

- M2.21 – Affidavit of Additional Dependant (Dependant to complete)
- M2.23 – Affidavit of Member Additional Dependant Adult (Member to complete)
- M2.24 – Monthly income and expenditure of Additional Dependant (Dependant to complete)
- ID copy of dependant
- Latest Payslip or instance of irregular income affidavit of income for last year preceding date of completion of form

**Important Notes:**

1. The initial registration date of the “additional dependant” will be the date on which the correctly completed documents are received at the Benefit Society’s offices. This registration date will be confirmed, in writing, to the member.
2. Waiting periods and late joiner penalties may apply.
3. It is the member’s responsibility to notify the Society of cancellation of registration of any additional dependant’s (e.g. upon death, commencing employment, no longer dependent) by giving 30-day’s written notice. **No refund of contributions will be made for late notifications.**
4. The contribution rate is the full rate (member plus company portion where applicable) and is payable monthly in advance before the 10<sup>th</sup> business day of each month.
5. Additional dependant’s are limited in terms of the rules of the Society to:
  - (a) the immediate family of a member for whom the member is liable for family care and support.
  - (b) dependant eligibility criteria as per Ruling 9.
6. A separate Form M2.20 must be completed for each person being registered.

**DECLARATION BY MEMBER AND COMMISSIONER OF OATHS**

|   |           |                        |   |
|---|-----------|------------------------|---|
| MEMBER  | I,        |                        | DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. |
|   |           | <b>Print name here</b> |   |
|   |           | DATE                   |   |
|   |           | SIGNATURE              |   |
| THE DEPENDANT ACKNOWLEDGES THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION. SWORN/AFFIRMED AND SIGNED BEFORE ME: |           |                        |   |
| COMMISSIONER OF OATHS   | NAME      |                        |   |
|   | ADDRESS   |                        |   |
|   | DATE      |                        |   |
|   | SIGNATURE |                        | <b>OFFICIAL STAMP</b>                                   |