

## Application for registration of newborn baby

2024

### Important notes:

- Momentum Medical Scheme is a medical scheme registered under the Medical Schemes Act, 131 of 1998.
- Momentum Medical Scheme is administered by a separate company, Momentum Health Solutions (Pty) Ltd (Administrator), part of Momentum Metropolitan Holdings Limited.
- Please register your baby with Momentum Medical Scheme within 30 days of birth.
- Please attach a copy of the birth certificate. If it is not yet available, please email a copy to [membership@momentumhealth.co.za](mailto:membership@momentumhealth.co.za) as soon as you receive it.
- Please email the completed and signed form to us at [healthnewbusiness@momentumhealth.co.za](mailto:healthnewbusiness@momentumhealth.co.za).

### 1: Principal member's details

Membership number	<input type="text"/>
First name and surname	<input type="text"/>

### 2: Newborn's details

#### Newborn 1

First name	<input type="text"/>		
Surname	<input type="text"/>		
ID number (if available)	<input type="text"/>	Date of birth	<input type="text"/>
Gender	<input type="text"/> Male <input type="text"/>	<input type="text"/> Female <input type="text"/>	
Race	<input type="text"/> African <input type="text"/>	<input type="text"/> Coloured <input type="text"/>	<input type="text"/> Indian/Asian <input type="text"/>
	<input type="text"/> White <input type="text"/>	<input type="text"/> Other <input type="text"/>	
	<input type="text"/> I would prefer not to disclose my race <input type="text"/>		

We collect race information for statistical purposes for the Council for Medical Schemes.

#### Newborn 2

First name	<input type="text"/>		
Surname	<input type="text"/>		
ID number (if available)	<input type="text"/>	Date of birth	<input type="text"/>
Gender	<input type="text"/> Male <input type="text"/>	<input type="text"/> Female <input type="text"/>	
Race	<input type="text"/> African <input type="text"/>	<input type="text"/> Coloured <input type="text"/>	<input type="text"/> Indian/Asian <input type="text"/>
	<input type="text"/> White <input type="text"/>	<input type="text"/> Other <input type="text"/>	
	<input type="text"/> I would prefer not to disclose my race <input type="text"/>		

We collect race information for statistical purposes for the Council for Medical Schemes.

### 3: Details of parents

Mother's first name and surname	<input type="text"/>
Mother's ID/passport number	<input type="text"/>
Father's first name and surname	<input type="text"/>
Father's ID/passport number	<input type="text"/>

#### 4: Terms and conditions

1. I apply for my dependants to join Momentum Medical Scheme (the Scheme) administered by Momentum Health Solutions (Pty) Ltd (Administrator) and agree to familiarise myself with, and be bound by, the Rules of the Scheme (the Rules) if my application to add my dependants to my membership is accepted. I understand that I may request to inspect the Rules and that, in the event of a dispute, the Rules will be decisive.
2. I acknowledge that if my dependants and I do not disclose all the information that is relevant to the assessment of this application, it will make any contracts to which this application relates null and void. The Scheme may, at its discretion, recover any amounts paid to me or any service provider on my behalf.
3. I will notify the Scheme of any changes that take place, in any circumstances on which the Scheme based its assessment of its risk (including my dependants' health status), after the date of this application form and prior to my joining date. I acknowledge that failure to do so will result in the termination of my contract with the Scheme. In such event, the Scheme will have the right to reclaim any amounts that it may have paid to me or any person on my, or my dependants' behalf, under such contract.
4. I understand that this application form is valid for 30 days only from the date of signature.
5. I am aware that this application must be accompanied by proof of identification for my dependants in order for the application to be assessed.
6. It is my responsibility alone (as a member) to make sure that the Scheme receives the monthly contributions as well as any other amounts I owe to the Scheme.
  - Non-receipt of contributions will result in suspension of medical scheme benefits for my entire contract. This suspension will last until I have paid all outstanding contributions.
    - I understand that whilst my contract is suspended, the Scheme will not honour any claims related to services rendered for the period that the membership is suspended.
    - I understand that I will remain fully liable to pay contributions for the period of suspension.
  - Non-payment of more than one month's contribution will result in termination of my membership of the Scheme.
  - Failure to pay any debt due to the Scheme will result in suspension and eventually termination of membership and handover to a third party for debt collection.
7. If the employer is responsible to pay my medical scheme contributions, I authorise and instruct my employer to:
  - deduct from my remuneration (and any other sums due to me) any amounts that I may owe to the Scheme from time to time; and
  - pay such amounts to the Scheme.I also authorise and instruct any person (such as my employer, a pension fund or provident fund) who holds funds for my benefit after I cease employment, to pay and continue to pay the amounts referred to in the first sentence of this clause to the Scheme as and when it is due. Furthermore, I understand that I will be liable for any legal costs that may be incurred by any party in the recovery of any amount that I owe to the Scheme.
8. I will pay all sums that I owe to the Scheme on demand. Failure to pay any debt due to the Scheme will result in suspension and eventually termination of membership and handover to a third party for debt collection. Refer to point 6.
9. I realise that I must submit evidence of my dependants' health to the Scheme and that the Scheme may limit or exclude benefits for any particular ailment, disease, disorder, condition or disability that existed for a period of up to twelve (12) months prior to my application to join the Scheme.
10. I acknowledge that the Scheme has the right to apply a three-month general waiting period, a twelve-month exclusion on a pre-existing condition, and/or Late-joiner contribution penalty, where applicable.
11. I will notify the Scheme if any of my dependants are living with HIV/Aids within 14 days of activation of membership (See section 4, on pg 3).
12. I will notify the Scheme should any of my dependants require hospitalisation for a non-emergency event at least 48 hours before the event. I acknowledge that failure to do so will result in a co-payment being applied as contained in the Scheme Rules.
13. I undertake to give a calendar month's notice should I wish to terminate my membership and/or terminate the membership of my dependants.
14. I undertake to obtain the necessary consents from any of my dependants to whom these conditions may apply and hereby indemnify the Scheme and/or Administrator against any claim which may arise as a result of my failure to do so.
15. Words used in this application have the meaning that the Rules give them.
16. I consent to the recording of all conversations between me and the Scheme or the Administrator, and all information obtained through these conversations will form part of the Scheme's and the Administrator's records. I also consent to all these records remaining the sole property of the Scheme and the Administrator.
17. I acknowledge that my duly appointed financial adviser will have access to my membership information and that this access will stay in-force until I notify the Scheme of a change in financial adviser.
18. I understand that I need to provide full and complete information, even if I have already done so for other policies held with any of the subsidiaries of Momentum Metropolitan Holdings Limited, as Momentum Medical Scheme and Momentum Metropolitan Holdings Limited are separate entities.
19. **The answers that I have provided in this application are full, complete and true. I understand that if my dependants are accepted as members of the Scheme, the answers on this application will form the basis of our membership. I understand that it is my responsibility to ensure that the details provided in this application are true and complete for myself and my dependants, even if this application was completed by my financial adviser, or any other third party on my behalf.**
20. You can access the full terms and conditions relating to your baby's membership <https://momentummedicalscheme.co.za/terms-and-conditions/>.
21. You can access the full privacy policy at <https://momentummedicalscheme.co.za/privacy-policy/>.

Signed at

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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## 5: Employer warrantee for payment of contributions

To be signed by an employer representative if the company pays your contribution.

- Momentum Medical Scheme may bill us for the increased contributions due for this member in the same manner as for other members that our organisation employs.

Name	<input type="text"/>
Position in company	<input type="text"/>

  

<input type="text"/>	<input type="text"/>
<b>Stamp</b>	<b>Signature</b>
	<b>Date</b>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>