

M2.1: Registration of Spouse, Partner or Children

To be completed when a member wishes to register a spouse, partner or child subsequent to the member's initial registration (Form M2.1a to be completed and attached for all registrations except a child under 3 months old)

SECTION A – MEMBER'S DETAILS			
SURNAME			
FIRST NAMES			
ID NUMBER		OPERATION	
POLICY NUMBER			

SECTION B – REGISTRATION OF SPOUSE OR PARTNER			
SPOUSE OR PARTNER 1			
SURNAME			
FIRST NAMES			
MAIDEN SURNAME			
PREVIOUS SURNAME (IF DIVORCED)			
ID NUMBER		DATE OF BIRTH	
RESIDENTIAL ADDRESS			
DATE FROM WHICH REGISTRATION IS REQUIRED			
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY	<input type="checkbox"/>	RELIGIOUS CEREMONY
	AFRICAN LAW AND CUSTOM	<input type="checkbox"/>	COMMON LAW OR LIFE PARTNER
SPOUSE OR PARTNER 2			
SURNAME			
FIRST NAMES			
MAIDEN SURNAME			
PREVIOUS SURNAME (IF DIVORCED)			
ID NUMBER		DATE OF BIRTH	
RESIDENTIAL ADDRESS			
DATE FROM WHICH REGISTRATION IS REQUIRED			
TYPE OF MARRIAGE (TICK)	CIVIL CEREMONY	<input type="checkbox"/>	RELIGIOUS CEREMONY
	AFRICAN LAW AND CUSTOM	<input type="checkbox"/>	COMMON LAW OR LIFE PARTNER

SECTION C – REGISTRATION OF CHILD			
CHILD 1			
SURNAME			
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD	<input type="checkbox"/>	FOSTER CHILD
	OTHER (SPECIFY)		
FIRST NAMES			
GENDER (TICK)	MALE	<input type="checkbox"/>	FEMALE
ID NUMBER		DATE OF BIRTH	
RESIDENTIAL ADDRESS			
PROVIDE REASONS IF RESIDENTIAL ADDRESS IS DIFFERENT FROM THAT OF THE MEMBER			
DATE FROM WHICH REGISTRATION IS REQUIRED			

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CHILD 2						
SURNAME						
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD	<input type="checkbox"/>	FOSTER CHILD	<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			
RESIDENTIAL ADDRESS						
PROVIDE REASONS IF RESIDENTIAL ADDRESS IS DIFFERENT FROM THAT OF THE MEMBER						
DATE FROM WHICH REGISTRATION IS REQUIRED						
CHILD 3						
SURNAME						
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD	<input type="checkbox"/>	FOSTER CHILD	<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			
RESIDENTIAL ADDRESS						
PROVIDE REASONS IF RESIDENTIAL ADDRESS IS DIFFERENT FROM THAT OF THE MEMBER						
DATE FROM WHICH REGISTRATION IS REQUIRED						
CHILD 4						
SURNAME						
REASON FOR DIFFERENT SURNAME, IF APPLICABLE	STEPCHILD	<input type="checkbox"/>	FOSTER CHILD	<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			
RESIDENTIAL ADDRESS						
PROVIDE REASONS IF RESIDENTIAL ADDRESS IS DIFFERENT FROM THAT OF THE MEMBER						
DATE FROM WHICH REGISTRATION IS REQUIRED						

SECTION D – PREVIOUS MEDICAL SCHEMES					
(WHERE A SPOUSE, PARTNER OR CHILD HAS BEEN A MEMBER OF ANOTHER MEDICAL AID SCHEME) PLEASE ATTACH CERTIFICATE					
NOTE: Waiting periods may be imposed, unless a certificate of membership is attached proving transferability					
MEMBER 1					
NAME OF MEMBER					
NAME OF SCHEME		MEMBERSHIP NUMBER			
POSTAL ADDRESS					
PERIOD OF MEMBERSHIP	FROM			TO	
MEMBER 2					
NAME OF MEMBER					
NAME OF SCHEME		MEMBERSHIP NUMBER			
POSTAL ADDRESS					
PERIOD OF MEMBERSHIP	FROM			TO	
MEMBER 3					
NAME OF MEMBER					
NAME OF SCHEME		MEMBERSHIP NUMBER			
POSTAL ADDRESS					
PERIOD OF MEMBERSHIP	FROM			TO	

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MEMBER 4			
NAME OF MEMBER			
NAME OF SCHEME		MEMBERSHIP NUMBER	
POSTAL ADDRESS			
PERIOD OF MEMBERSHIP	FROM		TO

Note:

1. The Society will advise the accepted registration date, **IN WRITING**, to the member and the employer.
2. Spouses and children registered 3 months after date of marriage or date of birth will only be entitled to benefits 3 months after their accepted registered date.
3. It is the responsibility of the member to notify the Society of the cancellation of registration of any dependants.
4. Certified copies of marriage certificates and ID's and where applicable, birth certificates, official adoption and/or foster papers must be attached to this form. Affidavit for life partner (where applicable)

EMPLOYEE SIGNATURE		
I	Print name here	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
	DATE	
	SIGNATURE	