



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

SECTION B – DETAILS OF ADDITIONAL DEPENDANT TO BE REGISTERED			
(FORM 2.1a TO BE COMPLETED AND ATTACHED HERETO, EXCEPT IN THE CASE OF CONTINUED MEMBERSHIP OF THE BENEFIT SOCIETY)			
NOTE: (WHERE AN ADDITIONAL DEPENDANT HAS BEEN A MEMBER OF ANOTHER MEDICAL AID SCHEME) PLEASE ATTACH CERTIFICATE			
SURNAME			
REASON FOR DIFFERENT SURNAME, IF APPLICABLE			
FIRST NAMES			
RELATIONSHIP TO MEMBER			
PREVIOUS MEDICAL SCHEME	YES		NO
NAME OF PREVIOUS MEDICAL SCHEME			
PERIOD OF MEMBERSHIP OF ABOVE SCHEME	FROM		TO
DATE FROM WHICH REGISTRATION IS REQUIRED			

SECTION C – SUPPORTING DOCUMENTATION REQUIRED
<p><u>Child over age of 21:</u></p> <ul style="list-style-type: none"> •M2.2a – Affidavit by Prospective dependant (completed by dependant); •M2.2b – Affidavit of Registration of child over the age of 21 (completed by member); •M2.2d – Monthly Income and Expenditure statement (completed by dependant) <p><u>Parent, brother or sister:</u></p> <ul style="list-style-type: none"> • ID copy of dependant • M2.2a – Affidavit by Prospective dependant (completed by dependant); • M2.2c – Affidavit of Registration of parent, brother or sister (completed by member); • M2.2d – Monthly Income and Expenditure statement (completed by dependant); • M2.2e – Statement of Assets and Liabilities (completed by dependant) <p><u>AACMED members (Accmed Specification):</u></p> <ul style="list-style-type: none"> •M2.2a – Affidavit by Prospective dependant (completed by dependant); •M2.2b – Affidavit of Registration of child over the age of 21 (completed by member) <p><u>Grandchild:</u></p> <ul style="list-style-type: none"> •Birth Certificate •M2.2f – Declaration by Member – Registration of Grandchild

<p>Important Notes:</p> <ol style="list-style-type: none"> 1. The initial registration date of the “additional dependant” will be the date that fully and correctly completed documents are received at the Benefit Society’s offices. This registration date will be confirmed, in writing, to the member. 2. In certain circumstances, the “additional dependant” may not be entitled to benefits for a period of 3 months after the date of registration. 3. It is the member’s responsibility to notify the Society of cancellation of registration of any additional dependants (e.g. upon death, commencing employment, no longer dependant). No refund of contributions will be made. 4. The contribution rate is the full rate (member plus company portions) as determined from time to time and is payable monthly in advance at the Society’s offices on or before the 3rd day of each month. When contributions have been unpaid for 60 days, membership will be terminated. 5. Additional dependants are limited in terms of the rules of the Society to: <ol style="list-style-type: none"> (a) the immediate family of a member for whom the member is liable for family care and support. (b) dependant is not in receipt of a regular remuneration of more than R 2 500 per month. 6. In the case of a first-time registration, certified copies of and ID’s and where applicable, birth certificates, official adoption and/or foster papers must be attached to this form. 7. A separate Form 2.2 must be completed for each person registered.
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DECLARATION BY MEMBER AND COMMISSIONER OF OATHS			
EMPLOYEE	I,	Print name here	DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
		DATE	
		SIGNATURE / THUMBPRINT	
THE DEPENDANT ACKNOWLEDGES THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION. SWORN/AFFIRMED AND SIGNED OR THUMB PRINTED BEFORE ME:			
COMMISSIONER OF OATHS		NAME	
		ADDRESS	
		DATE	
		SIGNATURE	OFFICIAL STAMP