MEDICAL AID SCHEME

Administered by Discovery Health

Contact us

Tel: 0860 123 077 • PO Box 652509, Benmore, 2010 • www.tfgmedicalaidscheme.co.za

Transfer from active to retiree status

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, 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). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full.
3. To be completed and returned to your Human Resources department.
4. Please call TFG Medical Aid Scheme on 0860 123 077 for any queries.

1. Member information (main applicant)

Membership number (compulsory)

Start date Y Y Y Y M M D D

Employee number (compulsory)

Title Initials Surname

First name/s

Preferred name Sex M F Date of birth Y Y Y Y M M D D

Marital status Married ☐ Single ☐ Divorced ☐ Widowed ☐ Date of marriage Y Y Y Y M M D D

Previous/maiden name

ID or passport number

Country of issue

Telephone (H) (W)

Fax Cellphone

Email address

Postal address

Code

Residential address

Code

2. Banking details for your monthly contributions

What you must do
Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You can only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

Bank name Branch name

Account type Current ☐ Transmission ☐ Savings ☐ Branch code – –

Name of account holder

Account number

Signature of account holder

I _____ , hereby give Discovery Health (Pty) Ltd and/or

TFG Medical Aid Scheme permission to charge my bank account for my contributions to TFG Medical Aid Scheme.

3. Banking details for reimbursement of your claims

What you must do
Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

Same as above? Yes ☐ No ☐ (if "No", please complete below)

Bank name Branch name

Account type Current ☐ Transmission ☐ Savings ☐ Branch code – –

Name of account holder

Account number

Signature of account holder

4. Your legal declaration

It is my sole responsibility as a member to make sure TFG Medical Aid Scheme receives the monthly contributions. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise TFG Medical Aid Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with TFG Medical Aid Scheme.

Signed at on Y Y Y Y M M D D

Signature of applicant

Please do not sign an incomplete application form

5. Your employment details

If your employer is paying your full contribution or a part of it, please complete this section:

Name of employer

Employer / billing number

Employee number Date of employment Y Y Y Y M M D D

1. Employer contact person

Telephone

Email

Branch name

Department name

Date of promotion (if applicable) Y Y Y Y M M D D

2. Employer contact person

Telephone

Email

Branch number

Department number

Please ensure your employer completes this warranty.