



MEDICAL AID SCHEME



Contact details

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

Application for registration of newborn baby 2022

For TFG office use

Employee number, Cost centre code, Branch code

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is the medical scheme that you are applying to become a member of.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider

How to complete this form

Thank you for deciding to register your newborn baby on your TFG Medical Aid Scheme membership. This document is an application form to register your newborn baby on your TFG Medical Aid Scheme membership.

- 1. Please use one letter per block, complete in black ink and print clearly.
2. Please make sure the main applicant signs this application and dates any changes.
3. Please attach a copy of the birth certificate for your newborn baby.
4. Return to the Payroll Department, TFG Head Office, Parow.
5. Provision is made in this form for you and your dependants to provide information relating to your race.

When you sign this application, you confirm that you have read and understood the terms and conditions for membership and agree to them.

If you have any questions, please let us know. Once we have assessed your application, we will let you know what will happen next.

Please note:

For us to accept your newborn baby without any conditions, you must register your newborn baby within 90 days of his or her birth and cover must start from the date of birth.

If you are applying after 90 days from birth of your newborn baby or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the Scheme.

1. Main member's details

Membership number, Employee Number, ID or passport number, Member's surname, Member's name

2. Newborn's details

2.1 First name/s, Surname, ID Number, Date of birth

Gender M  F

Race African  Coloured  Indian/Asian  White  Other

This information is required by the Council for Medical Scheme for statistical purposes. You are not compelled to provide this information.

Do not want to disclose

When do you want your cover to start? 

D	D	M	M	Y	Y	Y	Y
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Is the newborn your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No

If the newborn is adopted or fostered, please supply proof of adoption or foster care arrangement.

2.2 First name/s

Surname

ID Number 

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 Date of birth 

D	D	M	M	Y	Y	Y	Y
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Gender M  F

Race African  Coloured  Indian/Asian  White  Other

This information is required by the Council for Medical Scheme for statistical purposes. You are not compelled to provide this information.

Do not want to disclose

When do you want your cover to start? 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Is the newborn your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No

If the newborn is adopted or fostered, please supply proof of adoption or foster care arrangement.

2.3 First name(s)

Surname

ID Number 

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 Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender M  F

Race African  Coloured  Indian/Asian  White  Other

This information is required by the Council for Medical Scheme for statistical purposes. You are not compelled to provide this information.

Do not want to disclose

When do you want your cover to start? 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Is the newborn your biological child? Yes  No  or is the newborn adopted or fostered? Yes  No

If the newborn is adopted or fostered, please supply proof of adoption or foster care arrangement.

### 3. Choosing your dependant/s healthcare professional

#### Choosing your dependant/s healthcare professional

If you are on TFG Health, you need to choose a GP from the KeyCare Network for your dependant/s. Please fill in the details of the GP you have chosen for your dependant/s.

\*If you live far away from where you work or you often need to work in different towns or provinces, your dependant/s may need a second GP.

	Name	GP name	Practice number	Second GP name*	Practice number																																				
Main applicant			<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Spouse or partner			<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				<table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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#### 4. Parents' details

Mother's surname

Mother's first name

Father's surname

Father's first name

#### 5. Birth details

1. Type of delivery? Normal vaginal delivery  Caesarean section  Vacuum delivery  Forceps

2. Did the baby sustain injuries or experience complications at birth?

3. Was the baby born with birth defects or abnormalities?

4. Is there any other information you feel we should be aware of?

#### 6. Declaration

I,

(first name and surname), the main member, request that the newborn/s on this form be added to my health plan as a registered dependant/s. I also confirm that all the information given here is true to the best of my knowledge and belief.

Signed at (town or city)

on

Signature of main member

**The main applicant must sign and date any changes  
Please do not sign an incomplete application form  
I confirm the information is accurate and complete**

#### 7. Approval from employer (if applicable)

Name

Signature

Designation

Date

Please register your newborn with the department of Home Affairs within 21 days of birth and give Discovery Health (Pty) Ltd a copy of the birth certificate as soon as possible.

COMPANY STAMP