



Application for registration of newborn baby 2024

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. This is a not-for-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

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. Please return the completed and signed form to Fuse by logging a Service Request on Synergy.tfg.co.za.
5. Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.

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 do not register your baby from the day he or she is born, you have to pay backdated contributions.

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. You will need to complete a different application called "Application to add a dependant to TFG Medical Aid 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	D	D	M	M	Y	Y	Y	Y

Gender M F

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

When do you want your cover to start?

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 Date of birth

Gender M F

Race African Coloured Indian/Asian White Other Do not want to disclose

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2.3 First name(s)

Surname

ID Number Date of birth

Gender M F

Race African Coloured Indian/Asian White Other Do not want to disclose

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When do you want your cover to start?

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse or partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 1**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 2**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 3**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 benefit 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 TFG Medical Aid Scheme a copy of the birth certificate as soon as possible.

COMPANY STAMP