



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 Surname

First name(s)

ID Number                 Date of birth

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### 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.

	Name	GP name	Practice number
Main applicant			
Spouse or partner			
Dependant 1**			
Dependant 2**			
Dependant 3**			

### 4. Parents' details

Mother's surname

Mother's first name

Father's surname

TFGARN001

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

D	D	M	M	Y	Y	Y	Y
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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

D	D	M	M	Y	Y	Y	Y
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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
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