

Application to transfer an existing member to an employer group

If you are an existing LA Health Medical Scheme main member transferring to another employer, you need to complete this form. This form may only be used if you have had no break in cover between your current membership and joining your new employer.

How to complete this application form

- Fill in the form in black ink, using one letter per block. Please print clearly.
- To be completed and returned to your Human Resources Department.
- Read and understand the rules.
- Main member to sign the form.

1. Main member details

Membership number

ID or passport number Date of birth

Titl Initials Surname

First name(s) (as per identity document)

Telephone (H) Cellphone

Email address

2. Employer details

Employer name Date of employment

Employer number Effective date of transfer

Branch name Branch number

3. Employer's broker

As an existing member of LA Health Medical Scheme, I hereby appoint the broker contracted by my employer from time to time for all matters related to my membership of the LA Health Medical Scheme.

Signature of main applicant Date

Employer name

Designation

Employer contract signature Date

4. Rules for membership

When you sign this form, you confirm that you have read and understood the rules for membership and the conditions for transfer and that you agree to them. You must make sure you are familiar with the LA Health Medical Scheme rules. For more information, please email us at compliance@discovery.co.za

Signed at (town or city) on

Signature of main applicant **The main applicant must sign and date any changes**