LAHealth
Powered by
Discovery

Contact details
Tel: 0860 103 933, PO Box 652509, Benmore 2010, www.lahealth.co.za

Applying to become a member of LA Health Medical Scheme

Thank you for deciding to apply to join LA Health Medical Scheme. This document is an application form for membership. It also contains some rules for membership. Please make sure you read and understand the rules.

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'we' 'us' and 'our' or 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.

What you must do

Please go through these steps:

Step 1: Fill in the form in black ink, using one letter per block and please print clearly.

Step 2: Read and understand the rules for membership (section 11).

Step 3: Sign section 6, 10 and section 11.

Step 4: Please make sure the main applicant signs and dates any changes.

Step 5: Fax the completed and signed form to **011 539 3000** or email it to **application@discovery.co.za**

Step 6: Please attach a copy of each applicant's identity document to this application form. We also accept valid passports and birth certificates for children.

When you sign this application, you confirm that you have read and understood the rules 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 if you have been accepted and what will happen next.

1. About yourself (main applicant)

When do you want your cover to start? 2 0 Y Y M M 0 1

Title ____ Initials ____ Surname ____

First name(s) (as per identity document) ____

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

Previous or maiden name ____

Preferred communication Email ☐ Post ☐ By choosing email, you will receive your communication quicker and there is less of an impact on the environment.

Preferred language English ☐ Afrikaans ☐

ID or passport number ____ Country of issue ____

Telephone (H) ____ (W) ____

Cellphone ____ Fax ____

Email ____

Postal address (Post collected from post box, suite or private bag)

☐ PO Box ☐ Private Bag Box number ____

☐ Suite ☐ Postnet Suite Number ____

Suburb ____ Postal code ____

If your post is delivered to your street address, please complete these details under physical address.

Physical address:

Suite/Unit number ____ Complex name ____

Street number ____ Street name ____

Suburb ____ Postal code ____

Occupation ____ Tax number ____

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

2. About your spouse or partner (if applying for cover)

Title Initials Surname

First name(s) (as per identity document)

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

Previous or maiden name

ID or passport number Country of issue

Telephone (H) (W)

Cellphone Tax number

Email

Partnership declaration

If you are not legally married and unable to produce a marriage certificate, you must complete the section below in full.
We hereby declare that we are in a long-term, committed relationship that is like a marriage and that we reside together. We understand that by signing this declaration we agree to inform the Scheme of any change to the status of our relationship or any change to our living arrangements, such as separation. We further understand that if the information we give about our relationship or residency is false in any way, the Scheme reserves the right to end both our memberships.
How long have you and your partner been in this relationship that is like a marriage Y Y M M

Signature of main applicant Signature of partner

Date Y Y Y Y M M D D Date Y Y Y Y M M D D

Should the above section not be signed by both parties, we will be unable to complete the application process to activate your membership until such time as this section of the form has been duly signed by both parties.

3. About your dependants (if applying for cover)

Dependant 1

Title Initials Surname

First name(s) (as per identity document)

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

Relationship to main member (for example, mother, child. If the child is not your biological child, please state relationship, for example adopted child, foster child. Please supply legal proof.)

ID or passport number Country of issue

If your dependant is 21 years and older, are they:

Married? Yes ☐ No ☐ Financially dependent on you? Yes ☐ No ☐ Disabled? Yes ☐ No ☐ A full-time student? Yes ☐ No ☐

Does your dependant earn an income? Yes ☐ No ☐ How much does your dependant earn each month? R

Dependant 2

Title Initials Surname

First name(s) (as per identity document)

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

Relationship to main member (for example, mother, child. If the child is not your biological child, please state relationship, for example adopted child, foster child. Please supply legal proof.)

ID or passport number Country of issue

If your dependant is 21 years and older, are they:

Married? Yes ☐ No ☐ Financially dependent on you? Yes ☐ No ☐ Disabled? Yes ☐ No ☐ A full-time student? Yes ☐ No ☐

Does your dependant earn an income? Yes ☐ No ☐ How much does your dependant earn each month? R

Dependant 3

Title Initials Surname

First name(s) (as per identity document)

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

Relationship to main member (for example, mother, child. If the child is not your biological child, please state relationship, for example adopted child, foster child. Please supply legal proof.)

ID or passport number Country of issue

If your dependant is 21 years and older, are they:

Married? Yes ☐ No ☐ Financially dependent on you? Yes ☐ No ☐ Disabled? Yes ☐ No ☐ A full-time student? Yes ☐ No ☐

Does your dependant earn an income? Yes ☐ No ☐ How much does your dependant earn each month? R

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

4. Please select your benefit option

You have the right to ask for help in selecting a benefit option that suits your needs. By signing this application you confirm that you are familiar with the conditions and benefits of the Option you select.

☐ LA KeyPlus ☐ LA Focus ☐ LA Active ☐ LA Core ☐ LA Comprehensive

*All the Benefit Options, except LA Key-plus, have Medical Savings Accounts. When your LA Health Medical Scheme membership is confirmed, any current Medical Savings Account balance in your previous scheme must be transferred to LA Health Medical Scheme (in terms of the Medical Schemes Act and its regulations).

How would you like us to refund claims from the Medical Savings Account if your option has one? Scheme Rate ☐ Cost ☐

Please complete this if you selected the LA KeyPlus Option:

Main member R ______ (total monthly cost to company)

Please complete this if you have selected the LA Health KeyPlus Option

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

If you live far away from where you work or often need to work in different towns or provinces, you may need a second GP. Please only choose a second GP if this applies.

Please make sure the dependant information you give in the table above is the same as the dependant information in section 3 of this form.

Please note: you and your dependants can only access day-to-day cover and chronic benefits through the KeyCare general practitioner(s) you chose above.

5. Your employment details

5.1 If your employer is paying your full contribution or a part of it and we need to debit their account, please complete this section:

Name of employer ______ Employer or billing number ______

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

Branch name ______ Branch number ______

Please ensure your employer completes this warranty if this application form is not submitted together with an employer application form:

Employer warranty

1. We warrant that the main applicant detailed in section 1 is an employee of our organisation.
2. The Scheme may bill us for the amount due for this member in the same way as it does for our other employees with the Scheme.

Authorised signatory(ies) 1. ______ 2. ______

Names ______ ______

Designations ______ ______

6. Your banking details

6.1 Your contributions

If you will be paying your contribution in full, please complete this section:

Please note: we cannot accept credit card account details

Bank name ______

Branch name ______

Branch code __ – __ – __ – __

Account number ______

Type of account Cheque ☐ Savings ☐

Accountholder ______

Please choose the date you would like us to debit your account:

1st ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐

If your application is captured after the date you chose above, your first debit order will go off on the first of the month and then on the chosen date after that.

Can we use this account to refund claims to you? Yes ☐ No ☐

If you want to use a different account for claim refunds or if the banking details completed above belong to someone else, please complete 6.2 to tell us which account to use for claim refunds.

Signature of accountholder ______

6.2 Your claim refunds

If you do not want to use the same banking details for your contribution and claim refunds, please give us the details you would like to use:

Please note: we cannot accept credit card account details

Bank name ______

Branch name ______

Branch code __ – __ – __ – __

Account number ______

Type of account Cheque ☐ Savings ☐

Accountholder ______

By signing below, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will not be responsible in any way for the amounts refunded.

Signature of accountholder ______

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

7. Previous medical scheme details

Please give us the details of all registered South African medical schemes that you previously belonged to. We will use this information to determine if we need to apply any waiting periods, late-joiner penalty fees, or both. Please give us proof in the form of a membership certificate.

Main applicant

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	

If all dependants were on the same medical scheme(s) as completed above, please tick here to confirm this. ☐
If any of your dependants applying for cover belonged to different medical schemes, please give us that information in the sections below.

Spouse or partner

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	

Dependant name

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	

Dependant name

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	

Dependant name

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	
		Y Y M M D D	Yes ☐ No ☐	Y Y M M D D	

8. Moving from another medical scheme

Please make sure that you have completed section 7.

If you answer no to any question in 8.1, you must complete all the medical questions in section 9.

8.1 I confirm that all people named on this application:

1. are currently or have been members of a South African medical scheme for at least the past 24 months, and — Yes ☐ No ☐
2. have not had a break in membership of more than 90 days since resigning from that South African medical scheme. — Yes ☐ No ☐

If you answered **yes** to the above questions, please answer the questions in **8.2.**

If you answered **no** in **8.1** you must complete **section 9**.

8.2 For any person named on this application form:

1. Have they been admitted to hospital in the 12 months before this application? — Yes ☐ No ☐
2. Are they currently taking regular, ongoing medicine for a medical condition? — Yes ☐ No ☐
3. Are they planning to or reasonably expecting to be hospitalised (including for pregnancy) or expecting to receive dental or medical treatment costing more than R2 000 in the next 12 months? — Yes ☐ No ☐

If you answered **no** to **all** questions in **8.2**, we will not apply any waiting periods and you **do not** have to complete section 9.

If you answered **yes** to **any** questions in **8.2**, we will apply a three-month general waiting period to your application and you **do not** have to complete Section 9. During these three months, we will only cover claims relating to Prescribed Minimum Benefits according to the Scheme's rules.

If you feel that a three-month general waiting period should not be applied and you want to give us more information, complete section 9.

9. Your health questions

Only the main applicant, spouse or partner and any adult dependant applying for cover need to complete section 9.

Main applicant

How tall are you? ☐ . ☐☐ metres How much do you weigh? ☐☐☐ kilograms

Do you drink alcohol? Yes ☐ No ☐ How many units of alcohol do you drink each week? ☐☐☐☐

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Your blood type ☐ Your allergies ☐

Do you smoke? Yes ☐ No ☐ Amount each day ☐☐☐

If **no**, have you smoked in the last 24 months? Yes ☐ No ☐ If **yes**, amount each day ☐☐☐

If you stopped smoking, what was your reason for stopping? ☐

Spouse or partner

How tall are you? ☐ . ☐☐ metres How much do you weigh? ☐☐☐ kilograms

Do you drink alcohol? Yes ☐ No ☐ How many units of alcohol do you drink each week? ☐☐☐☐

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Your blood type ☐ Your allergies ☐

Do you smoke? Yes ☐ No ☐ Amount each day ☐☐☐

If **no**, have you smoked in the last 24 months? Yes ☐ No ☐ If **yes**, amount each day ☐☐☐

If you stopped smoking, what was your reason for stopping? ☐

Adult 1 (any dependants 21 years and older)

How tall are you? ☐ . ☐☐ metres How much do you weigh? ☐☐☐ kilograms

Do you drink alcohol? Yes ☐ No ☐ How many units of alcohol do you drink each week? ☐☐☐☐

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Your blood type ☐ Your allergies ☐

Do you smoke? Yes ☐ No ☐ Amount each day ☐☐☐

If **no**, have you smoked in the last 24 months? Yes ☐ No ☐ If **yes**, amount each day ☐☐☐

If you stopped smoking, what was your reason for stopping? ☐

Adult 2 (any dependants 21 years and older)

How tall are you? ☐ . ☐☐ metres How much do you weigh? ☐☐☐ kilograms

Do you drink alcohol? Yes ☐ No ☐ How many units of alcohol do you drink each week? ☐☐☐☐

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Your blood type ☐ Your allergies ☐

Do you smoke? Yes ☐ No ☐ Amount each day ☐☐☐

If **no**, have you smoked in the last 24 months? Yes ☐ No ☐ If **yes**, amount each day ☐☐☐

If you stopped smoking, what was your reason for stopping? ☐

B. Have you or **any dependant** in this application ever experienced, been treated for, or are you currently suffering from any of the following symptoms, conditions or disorders?

9.1 Cancer Yes ☐ **No** ☐

Example: abnormal pap smear results, pre-cancerous skin lesions, breast disease, breast lump, abnormal PSA (prostate specific antigen) result.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

9. Your health questions *(continued)*

9.2 Heart and circulatory conditions **Yes** ☐ **No** ☐

Example: chest pain, palpitations, shortness of breath, coronary heart disease, angina, heart attack, arrhythmia, high blood pressure, cardiomyopathy, valvular heart disease or heart valve replacement, congenital heart disease, rheumatic fever, high cholesterol, previous heart surgery/stents/pacemaker.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.3 Gynaecological and obstetrics conditions **Yes** ☐ **No** ☐

Example: abnormal pap smear results, abnormal menstrual bleeding, endometriosis, polycystic ovarian syndrome, miscarriage.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.4 Are you or any of your dependants pregnant? **Yes** ☐ **No** ☐

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.5 Mental health **Yes** ☐ **No** ☐

Example: mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, personality disorders, sleeping disorders (like narcolepsy), eating disorders, Alzheimer's disease, autism, dementia, attention deficit-hyperactivity disorder.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.6 Metabolic or endocrine conditions **Yes** ☐ **No** ☐

Example: diabetes, thyroid disease, Addison's disease, Cushing's syndrome, metabolic syndrome, parathyroid disease, Paget's disease, osteoporosis, growth deficiency, metabolic disorders, Conn's syndrome.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

9. Your health questions *(continued)*

9.7 Liver and pancreas conditions **Yes** ☐ **No** ☐

Example: hepatitis, cirrhosis, portal hypertension, alcoholic liver disease, liver failure, haemochromatosis, pancreatitis, cystic fibrosis.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.8 Gastrointestinal conditions including temporary or permanent stoma **Yes** ☐ **No** ☐

Example: GORD (heartburn), oesophageal disease, hernias, atrophic gastritis, ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.9 Brain and nerve conditions **Yes** ☐ **No** ☐

Example: stroke, epilepsy, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia or quadriplegia, spinal cord injury, hydrocephalus.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.10 Respiratory conditions **Yes** ☐ **No** ☐

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.11 Musculoskeletal and connective tissue conditions including symptoms and treatment of back pain **Yes** ☐ **No** ☐

Example: arthritis (any form), ongoing back pain, ankylosing spondylitis, lupus, Sjögren's syndrome, scleroderma, polymyositis, dermatomyositis, polyarteritis nodosa, Wegener's granulomatosis, sarcoidosis, fibromyalgia, degenerative disc disease, scoliosis, kyphosis, spinal stenosis, gout.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

9.12 Kidney or urinary conditions including current or past dialysis Yes ☐ No ☐

Examples: kidney failure, kidney stones, recurrent urinary infections, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, urinary incontinence.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.13 Blood conditions Yes ☐ No ☐

Example: deep vein thrombosis, anaemia, ITP (platelet deficiency), polycythaemia vera, blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia and other bleeding disorders.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.14 Breast disease or any breast operations (male and female) Yes ☐ No ☐

Examples: fibrocystic breast disease, fibroadenoma, fibroadenosis, lump in breast, abnormal mammogram result.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.15 Eye conditions Yes ☐ No ☐

Example: cataract, keratoconus, corneal ulcer, uveritis, glaucoma, squint, ptosis, any abnormality of eyelids, retinopathy macular degeneration, cornea transplant, eye surgery.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.16 Ear, nose and throat (ENT) conditions Yes ☐ No ☐

Example: chronic otitis media (middle ear infection), chronic otitis externa, hearing problems, hearing aid, cochlear implant, tonsillitis, adenoiditis, vertigo.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

9. Your health questions *(continued)*

9.17 Male urogenital conditions Yes ☐ No ☐
Examples: prostate disorders, urogenital defects, varicocele, tumours, undescended testes, phymosis, urinary incontinence.

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.18 Are you or any of your dependants expecting surgery or planning hospitalisation or treatment in the next 12 months or have you been admitted to hospital in the last 12 months? Yes ☐ No ☐

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

9.19 Do you or any of your dependants have any symptoms, or have you received medical advice or treatment for symptoms not yet diagnosed by a medical professional for a symptom or condition not mentioned in questions above in the 12 months before this application? Yes ☐ No ☐

Patient name		
Medical diagnosis		
Date first diagnosed	Y Y Y Y M M D D	Y Y Y Y M M D D
Date of last symptoms, consultation and/or hospitalisation	Y Y Y Y M M D D	Y Y Y Y M M D D
Currently on treatment for this condition	Yes ☐ No ☐	Yes ☐ No ☐
Medicine used for this condition and dosage		
Date last taken	Y Y Y Y M M D D	Y Y Y Y M M D D

HIV and AIDS

You do not need to disclose the HIV status of you or your dependant(s) on this form if you do not feel comfortable doing so. However, if you, or one or more of your dependants are HIV-positive, you or they must call us on **0860 103 933** within seven working days from the date we activate your LA Health Medical Scheme membership. We treat this information in the strictest confidence. If you, or one or more of your dependants, are HIV-positive, it is in your interest to register on the HIV*Care* Programme. A 12-month condition specific waiting period may apply to this condition.

10. Permission to process and disclose information and to communicate with you

Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider administers the LA Health Medical Scheme, registration number 1145.

LA Health Medical Scheme and Discovery Health (Pty) Ltd will keep your information and the information about those you apply for confidential. You agree to LA Health Medical Scheme and Discovery Health (Pty) Ltd processing and disclosing your information in the following manner:

1. LA Health Medical Scheme and Discovery Health (Pty) Ltd may collect, collate, process, store and disclose your and all your dependants' personal information, as provided in this application and any information we get about you and your dependant(s):
   - for the administration of your benefit option,
   - for providing managed care services to you or any dependant(s) on your benefit option,
   - for providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant(s) on your benefit option; and
   - to profile and analyse risk.
2. LA Health Medical Scheme and Discovery Health (Pty) Ltd will only share your personal and health information or the information of any dependant(s) on your benefit option if it is requested by a third party who you have already given your consent to for the disclosure of this information.
3. We will provide your personal and health information to any other entity within the Discovery Group where you or your dependants already have a relationship with or where you or your dependant(s) have applied for a product or benefit. This information will be provided for the administration of your or your dependants' products or benefits.
4. If we want to share your information for any other reason, we will do so only with your permission.
5. When providing LA Health Medical Scheme and Discovery Health (Pty) Ltd with personal and health information about a dependant on your benefit option, you confirm that you have received appropriate permission to disclose this information to LA Health Medical Scheme and Discovery Health (Pty) Ltd.

10. Permission to process and disclose information and to communicate with you *(continued)*

6. LA Health Medical Scheme and Discovery Health (Pty) Ltd may provide any credit bureau or credit providers, industry association with any information about your consumer credit record, including and not limited to information about your credit history, financial history, personal information and judgement or default history.
7. LA Health Medical Scheme and Discovery Health (Pty) Ltd will communicate with you about any changes to your benefit option, and contributions or changes and enhancements to the benefits you are entitled to on the benefit options you have chosen.
8. LA Health Medical Scheme, Discovery Health (Pty) Ltd and any entity within the Discovery Group of companies will keep you updated on information about any offers or new products Discovery may make available at any time. Please contact us if you do not wish to receive any direct marketing information from us.

Signature of main applicant

11. LA Health Medical Scheme rules for membership

11.1 Rules for membership

Rules for membership are the rights and responsibilities for your membership of LA Health Medical Scheme. They may change from time to time. You may ask Discovery Health (Pty) Ltd for a copy at any time.

When you sign this application, you confirm that you have read and understood the Rules and you agree that you and those you apply for membership for will be bound by them.

Where applicable, you also acknowledge and confirm that the broker, or your employer contact person, may communicate with us on this application and your membership of LA Health Medical Scheme.

You give permission that LA Health Medical Scheme and Discovery Health (Pty) Ltd can share your medical information and other relevant personal information about you and your dependants with your chosen broker. The information will be shared so that he or she can help Discovery Health (Pty) Ltd, if necessary, while we process your membership application. Please speak to your broker or Discovery Health (Pty) Ltd if there is anything you do not understand.

11.2 Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application.
- you have received permission from your spouse and any dependants over 18 to act for them in any matter relating to this application.

11.3 Giving information

You must give true, correct and complete information.

To consider your application for membership, LA Health Medical Scheme must learn more about you and those you apply for. Information about you and those you apply for must be true, correct and complete.

This includes the details you give in this application form and in future dealings with Discovery Health (Pty) Ltd and the Scheme. It is important that you tell Discovery Health (Pty) Ltd about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. Discovery Health (Pty) Ltd may ask those you apply for who are 18 and older for information and it will be treated as if Discovery Health (Pty) Ltd had asked you in your role as main member.

Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

Discovery Health (Pty) Ltd and LA Health Medical Scheme may get information from other relevant sources

To consider an application for membership, or a claim for medical expenses, you agree that Discovery Health (Pty) Ltd and LA Health Medical Scheme can get information about you and those you apply for from other relevant sources, including any entity that is part of the Discovery group, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. Discovery Health (Pty) Ltd and LA Health Medical Scheme may verify on an ongoing basis, with the parties mentioned in this section, that the information you give on this application is true, correct and complete as long as your membership of LA Health Medical Scheme is active.

I give my permission that the LA Health Medical Scheme may get any information that is relevant to my application from my employer.

Tell Discovery Health (Pty) Ltd and LA Health Medical Scheme immediately if your information changes

You, your employer or your broker must tell LA Health Medical Scheme or Discovery Health (Pty) Ltd in writing if any of the information you gave, in your application for membership, changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any changes such as cancellation of membership, as we do not accept backdated changes.

When LA Health Medical Scheme may cancel

LA Health Medical Scheme may cancel any memberships immediately and keep any contributions paid, if you and those you apply for:

- do not give Discovery Health (Pty) Ltd and LA Health Medical Scheme information that later turns out to be relevant to this application.
- give Discovery Health (Pty) Ltd and LA Health Medical Scheme any information that is not true, correct and complete.
- do not tell Discovery Health (Pty) Ltd and LA Health Medical Scheme about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts

Discovery Health (Pty) Ltd and LA Health Medical Scheme may record calls

Discovery Health (Pty) Ltd and LA Health Medical Scheme may record telephone conversations with you and with those you apply for. The recordings and all information Discovery Health (Pty) Ltd gets during the recordings will be processed and kept as required by law.

Discovery Health (Pty) Ltd might not pay for certain expenses immediately after you become a member

LA Health Medical Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before LA Health Medical Scheme starts paying for any general or specific medical conditions. Please speak to Discovery Health (Pty) Ltd to find out if waiting periods apply to you or any of your dependants' memberships.

Resign from current medical schemes when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from LA Health Medical Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time

As the main member of LA Health Medical Scheme, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits.

11.4 Repaying savings account if you leave

LA Health Medical Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you if there is any amount that you owe to the Scheme.

You must repay any medical savings owing if you leave LA Health Medical Scheme

When you become a member, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the Medical Savings Account. If you leave the Scheme before the year is up, you must repay the portion of the Medical Savings Account you have used that is more than you have paid back to the Scheme over the year.

By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you.

Date Y Y Y Y M M D D

Signature of main applicant

The main applicant must sign and date any changes.

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

12. What happens after sending your application to us

Once you send Discovery Health (Pty) Ltd your application form, here is what will happen:

- Discovery Health (Pty) Ltd will capture and check your details.
- If any details are missing or if we need more information for underwriting purposes, Discovery Health (Pty) Ltd will contact you.
- Discovery Health (Pty) Ltd will send you or your broker a letter, SMS or an email to let you know when your application is considered to have been fully and completely made. This date may differ from the date on which you sign the application form.
- After accepting your application to join LA Health Medical Scheme, we will send you or your broker an SMS and an email letter confirming acceptance.The SMS and email will advise you of when your membership will commence. Depending on your circumstances, it may also indicate any conditions applicable to your membership such as waiting periods or late joiner penalties.
- You will be required to sign this letter at the appropriate place and return it to Discovery Health (Pty) Ltd. When you do so, you confirm your start date and acceptance of any conditions applicable to your membership.
- You will then get a pack in the post. This will contain details about your benefit option and all you need to get started.

If you do not hear from Discovery Health (Pty) Ltd seven days after sending us your application form, please contact Discovery Health (Pty) Ltd on **0860 100 345** or your financial adviser.

13. Your broker details

Broker

Code

Principal

Broker house

Code

Broker's contact details:

Tel (W)

Cellphone

Signature of intermediary(ies)

Commissioner of oath stamp

LA Health Medical Scheme, registration number 1145. Administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. An authorised financial services provider.

WAL_044DLA LA HEALTH_V2_10/1/14