

# Partnership declaration

## Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • [www.lahealth.co.za](http://www.lahealth.co.za)

## Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, 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). Discovery Health (Pty) Ltd takes care of the administration of your membership for the Scheme.

Please make sure this completed form is returned to your employer or broker with your application for membership and all supporting documents.

### 1. About yourself (main member)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
ID number	<input type="text"/>				
LA Health membership number (if existing member)	<input type="text"/>				
Cellphone	<input type="text"/>				
Personal email address	<input type="text"/>				

### 2. About your partner (if applying for cover)

When do you want your cover to start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>							
First name(s) (as per identity document)	<input type="text"/>											
Preferred name	<input type="text"/>				Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>			
Race	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian/Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>	Do not want to disclose	<input type="checkbox"/>
<i>This information is required by the Council for Medical Scheme for statistical purposes. You are not compelled to provide this information.</i>												
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous or maiden name	<input type="text"/>											
ID or passport number	<input type="text"/>											
Country of issue	<input type="text"/>											
Telephone (Home)	<input type="text"/>				(Work)	<input type="text"/>						
Cellphone	<input type="text"/>				Fax	<input type="text"/>						
Personal email	<input type="text"/>											

If you are not legally married and you cannot give us a marriage certificate, you have to complete the following section in full. If both parties have not signed and dated the below section, we will halt the application process until we receive the section signed and dated by both parties.

### 3. Partnership declaration

We declare we are in a long-term, committed relationship that is akin to marriage and that we live together at the same residence.

We understand that by signing this declaration, we agree to tell the Scheme should there in future be a 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.

Since when have you and your partner been in a relationship that is like a marriage?

D	D	M	M	Y	Y	Y	Y
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Signature of main applicant

I confirm the information is accurate and complete

Date

D	D	M	M	Y	Y	Y	Y
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Signature of partner

I confirm the information is accurate and complete

Date

D	D	M	M	Y	Y	Y	Y
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**Please do not sign an incomplete application form**