

# Application to transfer an existing member to another employer or another branch of the existing employer

**Contact details**

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

**This form may only be used if there is no break in cover between your current membership and joining your new employer, or transferring to a new branch of your existing employer.**

**Who we are**

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-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 administers your membership of the Scheme.

**How to complete this form**

1. Please use one letter per block, complete in black ink and print clearly or complete digitally.
2. If you are an existing LA Health main member transferring to another employer, or moving to another branch within your existing employer, you need to complete this form.
3. To avoid administration delays, please ensure this application is completed in full and returned to your Human Resources Department.
4. Read and understand the rules in section four.
5. The form must be signed by the main member.

**1. Main member details**

Membership number

ID or passport number

Member's name

Member's surname

**2. Current employer details**

Employer name  Date of employment

Employer number  Effective date of transfer

Branch name  Branch number

**3. New employer details**

Employer name  Date of employment

Employer number

Branch name  Branch number

**4. Member's employer (To be completed by the new employer of the member)**

Employer name

Designation

Employer contact signature  Date

## 5. Rules for membership

When you sign this form, you confirm that you will abide by the Scheme Rules for membership and the conditions for transfer. For more information, please read the Scheme Rules on the website at [www.lahealth.co.za](http://www.lahealth.co.za).

Signed at (town or city)

on

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Signature of main member

**Please do not sign an incomplete application form  
The main member must sign and date any changes**