

D. Dependant Information

For relationship, please state husband, wife, partner, son, daughter or other.

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Relationship to Applicant	<input type="text"/>		
ID no. /Passport no. (Please include copy of passport)	<input type="text"/>		
Date of Birth / Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Relationship to Applicant	<input type="text"/>		
ID no. /Passport no. (Please include copy of passport)	<input type="text"/>		
Date of Birth / Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Relationship to Applicant	<input type="text"/>		
ID no. /Passport no. (Please include copy of passport)	<input type="text"/>		
Date of Birth / Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Relationship to Applicant	<input type="text"/>		
ID no. /Passport no. (Please include copy of passport)	<input type="text"/>		
Date of Birth / Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Previous Medical Scheme Membership

Please complete the following table of prior Medical Scheme membership.

Name of Main Member and Adult Dep.	Name of Scheme	Membership Number	Join Date	Current/End Date
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Insufficient prior membership may lead to the imposition of Late Joiner Penalties.

F. Medical History

To be completed by the Applicant in person in respect of himself/herself and all nominated dependants. It is important to note that if you do not provide full and complete answers your membership of the Scheme may be declared null and void. Please answer every question with an "X" in the appropriate box.

Have you, your spouse or any other of your dependants experienced any of the following conditions or sought or obtained any medical advice, treatment or counselling in respect thereof?

1. Raised blood fats e.g. cholesterol, stroke, high blood pressure, heart murmur, angina, heart attack or any other cardiac or blood disorder? Y N
2. Nephritis, kidney stone, congenital kidney disorders or any other urinary or kidney disorder? Y N
3. Difficulty with breathing, persistent cough, tuberculosis, asthma, bronchitis, croup, or any other disorders/conditions of the ear, nose or throat including recurrent sore throat and/or tonsillitis? Y N
4. Conditions of the joints, limbs and spine including rheumatism, arthritis, neck or back disorders or any physical disability? Y N
5. Diabetes, raised blood sugar, sugar in the urine, glandular disorder, or any endocrine disorder? Y N
6. Any lumps or growths (benign or malignant) or any other types of cancer, such as lymphomas (including Hodgkin's disease) and leukaemia, skin cancer, etc. Y N
7. Epilepsy, migraine or any other neurological disorder? Y N
8. Gastric or duodenal ulcers, hiatus hernia, gall bladder or liver disorders or any other digestive system disorder? Y N

9. Any dental, chiropractic, optical or gynaecological treatment, advice, consultations, tests or hospitalisation? Y N

10. Advice, counselling, treatment or therapy for alcoholism, drug dependence, mental or emotional disorders including depression, bipolar mood disorder or psychosis? Y N

11. Medical advice, counselling or treatment in connection with HIV/AIDS or any sexually transmitted disease, e.g. hepatitis B, gonorrhoea, syphilis or treatment for HIV/AIDS? Y N

12. Are you or any of your dependants pregnant? If so, what is the expected date of delivery? Y N

13. Other than for routine treatment, do you, your spouse or any of your dependants expect to seek medical advice or treatment in the next 6 months? Y N

14. The above questions are prompts and are not exhaustive. Should you or any of your nominated dependants have any condition or symptom which is not directly covered in these questions, you are nonetheless obligated to disclose it. Are you aware of any such conditions? Y N

If you answered "YES" to any questions above, please supply full details below.
If the space provided is not sufficient, please attach additional information to this application.

Question no.	Name of Patient	Diagnosis	Date First Diagnosed	Currently on treatment for this condition YES/NO	Date of last consultation, hospitalisation or medication taken for this disorder	Treating practitioner's name and telephone number

G. Debit Order Authorisation

Name of Financial Institution:

Type of account: Cheque Savings

Branch: Branch code:

Name of account holder:

Account number:

Month of first deduction: Signature of account holder:

I, by virtue of my signature that appears above, hereby authorise and request GENESIS MEDICAL SCHEME ("Genesis") to draw against my account (wherever it may be conducted) in accordance with its Debit Order System which is operated in conjunction with the Financial Institution and I authorise the Financial Institution to pay and debit my account with all such debts as if each one had been signed by me personally. This request applies to all amounts that may be due by me to Genesis in terms of the Rules of Genesis. I understand that either I or Genesis can terminate this request by written notification to the other party at any time, but that the termination will have no effect on withdrawals already made by the Financial Institution and credited to Genesis. I further understand and undertake that Genesis will receive all payments, in terms of this request, without prejudice to its rights. Should the Financial Institution for any reason reclaim from Genesis any amounts paid in terms of this request, I undertake to refund such amounts to Genesis immediately upon demand. I personally undertake to advise Genesis of any changes which occur in the Financial Institution information shown above. In circumstances where I completed this application form electronically and am consequently unable to physically append my signature hereunder, I undertake, once I am accepted for membership, to pay the first contribution due to Genesis directly to the Scheme which overt action shall constitute irrevocable acceptance by me of the terms and conditions of membership of Genesis as set out in this application form and the rules of Genesis, including the applicant's declaration per section I below. After the first contribution paid by me, Genesis may collect all further amounts owing by me by way of debit order.

H. Claim Reimbursement Details

Are the details for your debit order deduction and the account for claim reimbursements the same? Y N

If "NO", please complete the following section:

Name of Financial Institution:

Type of account: Cheque Savings Other (Confirm)

Branch: Branch code:

Name of account holder:

Account number:

Signature of account holder

I. Applicant's declaration

Were you introduced to membership of Genesis by a Broker (Intermediary)?

If "YES" kindly ensure that the Broker signs and completes the details required below.

Signature of Broker :

Genesis Broker code:

If "NO" then

I acknowledge and confirm that I have not received any advice or opinions of whatsoever nature (including, but not limited to, advice which would fall under the ambit of the Financial Advisory and Intermediary Services Act 37 of 2002) or in whatsoever form (whether verbally, in writing or otherwise) from Genesis Medical Scheme ("Genesis" or "the Scheme"), its employees, consultants, independent contractors or any other person relating to the Scheme in relation to this Application and that only factual information relating to the Scheme has been provided to me to assist me with this Application. This Application is therefore not based on, or directly or indirectly influenced by, any advice or opinions which were provided to me by the Scheme, its employees, consultants, independent contractors or any other person relating to the Scheme.

I, the undersigned, hereby make application to be admitted as a member of Genesis and if admitted, I agree to abide by the Rules of the Scheme. I declare that my answers and the information supplied by me in this application, whether in my own handwriting or not, are true, correct and complete in every respect. I understand that should this Application contain any false statement or fail to disclose any material information, the Board of Trustees of Genesis ("the Board") may, at its sole and absolute discretion, elect to regard my membership of Genesis *void ab initio*, as if it never happened. I understand that the consequence of this election on the part of the Board will be that I will be obliged to immediately repay to the Scheme all benefits received by or on behalf of me and that all or part of the contributions paid by me to the Scheme may be retained by the Scheme to offset any costs which the Scheme has incurred on my behalf. I understand that a further consequence of the election will be that the Rules of Genesis will be of no application to me and I will have no right of recourse against the Scheme in terms of its Rules.

I undertake to give notice to the Scheme to terminate my membership in accordance with the Rules of the Scheme. I understand that confirmation of acceptance of membership is subject to the approval by the Management of the Scheme.

I irrevocably authorise my doctor or any other person, who may be in possession of any information concerning my health or that of any of my nominated dependants to disclose, even after my or their death, such information to the Scheme.

I undertake to advise the Scheme of any change in my state of health or that of my dependants which occurs prior to commencement of my membership. I also agree that any amounts due by me may be set off against any amount due to me by the Scheme.

I authorise Genesis to communicate with me or to accept from me any document, instruction or communication by electronic means at the electronic address provided by me in this application form or as amended by me in writing from time to time.

I confirm that I am familiar with the conditions and benefits of the benefit option chosen and, in particular, the benefit exclusions set out in Annexure C to the Rules. Notwithstanding representation by any other party, I understand that my benefits and contributions are those contained in the Rules of the Scheme, as amended from time to time.

I furthermore declare and confirm that I know and understand the content and meaning of this declaration that is made of my own free will.

Signed at on the day of year

Signature of Applicant

J. For Scheme Use

Application for membership accepted subject to the following terms and conditions:

Signature:

Date: