

Health declaration

This is a form to declare your health status.



Contact us

Tel: 0860 99 88 77, PO Box 784262, Sandton, 2146, www.discovery.co.za

What you must do

Please go through these two steps:

Step 1: Fill in the form

Step 2: Sign the form

When you sign this form, you confirm that the information you have given is true and correct.

How to complete this application form

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administrative delays, please ensure this form is completed in full.
- If you have any questions, please call **0860 99 88 77**.
- Please include a copy of each applicant's identity document. We also accept valid passports and birth certificates for children.

Declaration from main applicant

First names (as per identity document)

Surname

ID number

Membership number

I, _____ (first name and surname) declare that my dependants and I have not suffered any deterioration in health. We have not had any medical advice or treatment since my/our Discovery Health Medical Scheme membership ended. We do not intend seeking medical advice or treatment in the next eight weeks. This declaration forms part of my application to join the Discovery Health Medical Scheme and this information is true, correct and complete. I understand that any false statement or not disclosing information will make my membership invalid.

If you are unable to sign the declaration, please give complete details of any changes in your health.

Signed at (town or city) on 2 0 Y Y M M D D

Signature of main applicant

The main applicant must sign and date any changes