

Resolution Health Medical Scheme

FOR OFFICE USE ONLY

Members Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Group Reference Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Commencement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2017 APPLICATION FOR THE DE-REGISTRATION OF DEPENDANTS

(Note: Please complete all sections in **BLACK** ink)

Tel: 0861 796 6400

Fax: 086 513 1438

Principal Member																					
ID Number									Membership Number												

A. REMARKS

The following information must also be furnished separately in writing:

1. A death certificate if de-registration follows as a result of death.

B. APPLICATION (Complete the appropriate paragraph(s))

I, the undersigned, principal member:

Surname																																					
First Name(s) (in full)																																					
Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							D	D	M	M	Y	Y	Y	Y	Date of Inception	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>													D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																														
D	D	M	M	Y	Y	Y	Y																														
Employer																																					
Telephone Number(s)	Home									Work																											
										Cell																											
Language																																					

hereby apply for:

1. The de-registration of the following person(s) as my dependant(s):

Surname																													
First Name(s) (in full)																													
Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							D	D	M	M	Y	Y	Y	Y	ID / Passport number													
D	D	M	M	Y	Y	Y	Y																						
Reason														Date of Change	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																						

Surname																													
First Name(s) (in full)																													
Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							D	D	M	M	Y	Y	Y	Y	ID / Passport number													
D	D	M	M	Y	Y	Y	Y																						
Reason														Date of Change	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																						

Surname																													
First Name(s) (in full)																													
Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							D	D	M	M	Y	Y	Y	Y	ID / Passport number													
D	D	M	M	Y	Y	Y	Y																						
Reason														Date of Change	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																						

Surname																											
First Name(s) (in full)																											
Date of Birth	D	D	M	M	Y	Y	Y	Y	ID / Passport number																		
Reason																	Date of Change	D	D	M	M	Y	Y	Y	Y		

Surname																											
First Name(s) (in full)																											
Date of Birth	D	D	M	M	Y	Y	Y	Y	ID / Passport number																		
Reason																	Date of Change	D	D	M	M	Y	Y	Y	Y		

2. Conditions at re-admission of dependant(s) withdrew on the member's own choice:
- 2.1 A medical certificate in support of the state of health of such dependant(s) must accompany the application of re-admission; and
 - 2.2 Such dependant(s) will be subjected to a waiting period of 12 (twelve) months in respect of a specific illness, disorder, disability or handicap existed at the time of re-admission.

I hereby confirm that cognisance has been taken of the contents of the above-mentioned conditions and that the information is true and correct.

SIGNATURE

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Member

C. APPLICABLE RULES OF RESOLUTION HEALTH MEDICAL SCHEME

7.2 De-registration of dependants

- 7.2.1 A member shall inform the Scheme one (1) calendar month notice of the occurrence of any event which results in any one of his dependants no longer satisfying the conditions in terms of which he may be a dependant;
- 7.2.2 When a dependant ceases to be eligible to be a dependant, he/she shall no longer be deemed to be registered as such for the purpose of these rules or entitled to receive any benefits, regardless of whether notice has been given in terms of these rules or otherwise;
Provided that:
The continued dependant status after the age of 25 years of person referred to above, shall be considered by the board on submission of supporting written proof of dependency on an annual basis.

8. Terms and conditions applicable to membership

8.2 No person may:

- 8.2.1 Be a member of more than one registered medical scheme;
- 8.2.2 Be admitted as a dependant of more than one member of particular registered medical Scheme or a member of different medical Schemes;
- 8.2.3 Claim or accept benefits in respect of himself/herself or any of his/her registered dependants from any medical Scheme other than the Scheme of which he/she is a member or a registered dependant member.

8.4 A general waiting period of three (3) months applies to a member and his dependants.

Provided that:

The waiting periods shall not be imposed on a member or a dependant of a member who has been a member or a dependant of the member of one or more medical schemes for a continuous period of two (2) years or more and **whose membership has been terminated because of change of employment** and applies for membership of the scheme within a period of three (3) months after termination of such previous membership.

Further subject to the proviso of rule 8.4, a condition specific waiting period of not more than twelve (12) months shall apply to a member and his dependants, from the date of admission, in respect of pre-existing sickness condition.