

Broker House: Aon South Africa (Pty) Ltd

Tel No: 0860 100 404

Broker Code: AON001M17

newborn registration form

It is very important that you submit this form to Fedhealth within 30 days of your baby's date of birth. Failure to do this may result in underwriting being applied. Please note a newborn baby is defined as a child of the main member or spouse born into the Scheme.

Email completed form to newborn@fedhealth.co.za

SECTION 1 DETAILS OF PRINCIPAL MEMBER

First name/s: _____ Initials and surname: _____

Membership no: _____

SECTION 2 REGISTRATION OF NEWBORN BABY

Date of birth: _____ Gender: _____

Initials: _____ First name/s: _____ Surname: _____

ID/passport number: (Refer to the Birth Certificate) _____

A notification of birth (received from the hospital) or a copy of the birth certificate is required

flexiFED 4^{GRID}, flexiFED 4^{Elect}, flexiFED 3, flexiFED 3^{GRID}, flexiFED 3^{Elect}, flexiFED 2, flexiFED 2^{GRID}, flexiFED 2^{Elect}, flexiFED 1, flexiFED 1^{Elect} and myFED members are required to nominate up to two GPs (General Practitioners) from the Fedhealth network for themselves and their dependants. Please note that only visits to a nominated GP will be covered on these options. For a list of GPs on the Fedhealth network visit www.fedhealth.co.za, click on member tools and you will find the GP locator button on the page. For a list of GPs on the myFED GP network, please contact the Customer Contact Centre on 0860 002 153.

NOMINATED GP DETAILS		
Name	Practice number	Contact details
1.	1.	1.
2.	2.	2.

flexiFED members, please refer to the Fedhealth Savings in your brochure regarding family size.

SECTION 3 EMPLOYER INFORMATION

Name of employer: Transnet Division code: _____

Department name: _____ Fedhealth paypoint code: FDH002MMV

Employee number: _____ Dependants subsidised: ☐ yes ☐ no

The above details have been noted and contributions will be adjusted in terms of the scheme rules on

Designation: _____

Signature: _____ Date signed:

COMPANY STAMP

SECTION 4 DECLARATION BY PRINCIPAL MEMBER

I declare that to the best of my knowledge the information provided above is true and correct. I consent with the permission of my dependants that the Scheme may collect, use, process, retain and share my and my dependants Personal Information (PI) for the purpose of providing Medical Scheme benefits and managed healthcare services. This includes the collecting and sharing of my personal information with the Scheme's partners and facilities who are essential to the administration and membership process.*

* You can access more details on the Protection of your Personal and Health Information on www.fedhealth.co.za. When you accept these terms and conditions you will allow us to provide your family with the full range of our Medical Scheme services.

Signature of principal member

Date



FEDHEALTH

Sanlam healthcare partner