

Application for registration of newborn baby 2025



Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

Thank you for deciding to register your newborn baby on your Malcor Medical Aid Scheme membership. This document is an application form to register your newborn baby on your Malcor Medical Aid Scheme membership. Please refer to the website to read and understand the rules of membership.

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is a non-profit organisation, registered with the Council for Medical Schemes. When completing this form, you are applying for a dependant to become a member of Malcor Medical Aid Scheme.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Please make sure the main applicant signs this application and dates any changes
3. Please email the completed and signed form with a copy of the birth certificate for your newborn baby to membership@totalmed.co.za.
4. Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

If you have any questions, please let us know. Once we have assessed your application, we will let you know if your newborn has been accepted and what will happen next.

Please note:

For us to accept your newborn baby without any conditions you must register your newborn baby within 60 days of his or her birth and cover must start from the date of birth. If you do not register your baby from the day he or she is born, you have to pay backdated contributions.

If you are applying after 60 days from birth of your newborn baby or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's membership with the Scheme. You will need to complete a different application called "Application to add a dependant to the Malcor Medical Aid Scheme".

1. Main member's details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

2. Newborn's details

2.1 Surname	<input type="text"/>
First name(s)	<input type="text"/>
ID Number	<input type="text"/>
Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth	<input type="text"/>
Race	African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian / Asian <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Do not want to disclose <input type="checkbox"/>

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to collect this data and it will be used for statistical purposes.

Is the newborn your biological child? Yes No or is the newborn fostered or adopted? Yes No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2.2 Surname

First name(s)

ID Number

Gender M F Date of birth

Race African Coloured Indian / Asian White Other Do not want to disclose

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to collect this data and it will be used for statistical purposes.

Is the newborn your biological child? Yes No or is the newborn fostered or adopted? Yes No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2.3 Surname

First name(s)

ID Number

Gender M F Date of birth

Race African Coloured Indian / Asian White Other Do not want to disclose

You are not compelled to provide the information on race. The Scheme is required, by the Council for Medical Schemes, to collect this data and it will be used for statistical purposes.

Is the newborn your biological child? Yes No or is the newborn fostered or adopted? Yes No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

3. Parents' details

Mother's surname

Mother's first name

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Father's surname

Father's first name

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

4. Declaration

I, (first name and surname), the main member, request that the newborn/s on this form be added to my health plan as a registered dependant/s. I also confirm that all the information given here is true to the best of my knowledge and belief.

Signed at (town or city) on

Signature of main member

**The main member must sign and date any changes
Please do not sign an incomplete application form
I confirm the information is accurate and complete**

5. Approval from employer (if applicable)

Name

COMPANY STAMP

Designation

Date

Y	Y	Y	Y	M	M	D	D
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Please register your newborn with the department of Home Affairs within 21 days from birth and give Discovery Health (Pty) Ltd a copy of the birth certificate as soon as possible.

6. Malcor Medical Aid Scheme – Privacy Statement – how we will process and disclose your Personal Information and communicate with you

When you engage with Malcor Medical Aid Scheme, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants and beneficiaries, where applicable. To view and read our Privacy Statement, please follow this link: <https://www.malcormedicalaid.co.za/wcm/medical-schemes/malcor/assets/malcor-privacy-statement.pdf>.

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
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