

Application to transfer an existing member to an employer group

If you are an existing Discovery Health main member transferring to another employer, you need to complete this form.
This form may only be used if you have had no break in cover between your current membership and joining your new employer.

How to complete this form

- Fill in the form in black ink, using one letter per block. Please print clearly.
- Read and understand the rules.
- Main member to sign the form.
- Email the completed and signed form to healthinfo@discovery.co.za or fax to 011 539 2532.

When you sign this form, you confirm that you have read and understood the conditions for the transfer and agree to them.

1. Main member details

Membership number	<input type="text"/>	
ID or passport number	<input type="text"/>	Date of birth <input type="text"/>
Title <input type="text"/>	Initials <input type="text"/>	Surname <input type="text"/>
First name(s) (as per identity document) <input type="text"/>		
Telephone (W) <input type="text"/>	<input type="text"/>	Cellphone <input type="text"/>
Email address <input type="text"/>		

2. Employer details

Employer name <input type="text"/>	Date of employment <input type="text"/>
Employer number <input type="text"/>	Effective date of transfer <input type="text"/>
Branch name <input type="text"/>	Branch number <input type="text"/>

3. Employer's financial advisor

As an existing member of Discovery Health Medical Scheme I hereby appoint the intermediary contracted by my employer from time to time for all matters related to my membership of the Discovery Health Medical Scheme.

Signature of main applicant <input type="text"/>	Date <input type="text"/>
Employer contact name <input type="text"/>	
Designation <input type="text"/>	
Employer contact signature <input type="text"/>	Date <input type="text"/>

4. Rules for membership

When you sign this document, you confirm that you have read and understood the rules for membership, found on www.discovery.co.za/portal/rules and that you agree to them.

Signed at (town or city) on

Signature of main applicant **The main applicant must sign and date any changes**