

**Contact details**

Tel: 0860 002 107 • PO Box 652509, Benmore 2010 • www.bemas.co.za

## Application for registration of newborn baby 2024

Thank you for deciding to register your newborn baby on your BMW Employees Medical Aid Society membership. This document is an application form to register your newborn baby on your BMW Employees Medical Aid Society membership.

### Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

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 BEMAS.

### 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. Email the completed and signed form with any supporting documentation to [application@discovery.co.za](mailto:application@discovery.co.za) or fax it to 011 539 3000.
4. Please attach a copy of the birth certificate for your newborn baby.

**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 or your HR contact know. Once we have assessed your application, we will let you know if your newborn has been accepted and what will happen next.

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.

### Please note:

For us to accept your newborn baby without any conditions you must register your newborn baby within 90 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 90 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 Society. You will need to complete a different application called "Application to add a dependant to the BMW Employees Medical Aid Society".

### 1. Main member's details

Membership number	<input type="text"/>	Employee 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 First name/s	<input type="text"/>											
Surname	<input type="text"/>											
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	D	D	M	M	Y	Y	Y	Y	Gender	M	F	
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 required on race. The Society is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

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

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

BEMARN001

2.2 First name/s

Surname

ID Number

Date of birth 

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

 Gender 

M	F
---	---

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

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

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

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

2.3 First name/s

Surname

ID Number

Date of birth 

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

 Gender 

M	F
---	---

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

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

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

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

### 3. Parents' details

Parent one surname

Parent one first name

Parent two surname

Parent two first name

### 4. Declaration

I,  (first name and surname), the principal member, request that the newborn/s on this form be added to my membership 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 (time or city)  on 

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

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

Signature

Designation  Date 

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

Please register your newborn with the department of Home Affairs within 21 days from birth and give BMW Employees Medical Aid Society a copy of the birth certificate as soon as possible.