

FOR OFFICE USE ONLY

Members Number

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Group Reference Number

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Date of Commencement

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ANNUAL RE-APPLICATION FOR THE REGISTRATION OF AN ADULT DEPENDANT

(The member must re-apply annually to register a dependant over the age of 21 years, who is dependant on the member for family care and support.)
(Rule 4.19.3 & 7.2.2)

Tel: 0861 796 6400

A. APPLICATION (Note: Please complete all sections in **BLACK** ink) (Please attach copy of SA ID document / Passport)

I, the undersigned, Principal Member:

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hereby re-apply for the registration of the following Adult Dependiant, who is over the age of 21 years, to be registered as my beneficiary:

(NB! A separate application must be filled out for each additional adult beneficiary, other than your spouse/partner.)

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B. DECLARATION

General:

1. I, the undersigned member:
 - 1.1 hereby re-apply for my dependant to be registered for a further period of 12 months on the Resolution Health Medical Scheme ("the Scheme") and agree to abide by and undertake to familiarize myself with the Rules of the Scheme;
 - 1.2 warrant that the contents of this application and any other documents which may be required in support thereof are true, correct and complete, whether recorded in writing by me or by any intermediary on my behalf;
 - 1.3 understand that the statement and answers provided form the basis of the contracts and any breach of my warranty or non disclosure of any information material to the assessment of this application shall render any contracts to which this application relates null and void and all contributions paid shall be forfeited;
 - 1.4 understand and accept that no benefit will be payable by the Scheme unless they are satisfied as to the validity of a claim and have received all requirements which they may deem necessary, including the results of such medical examinations and tests that they may require me or my dependants to undertake;
 - 1.5 consent to the Scheme addressing any requests for information, tests or examinations directly to any dependant of mine over the age of 21, with the same legal consequences as if the request had been addressed to me in my capacity as a principal member;
 - 1.6 acknowledge that it is my sole responsibility as a member to ensure that the monthly contribution is received by the Scheme in terms of the Rules of the Scheme;
 - 1.7 acknowledge and accept that the Scheme reserves the right to cancel membership of the Scheme if any contribution is not paid on the due date.
 - 1.8 I undertake to, in terms of the stipulations of Rules 7.2.1 & 7.2.2, which reads as follows, inform the Scheme within 30 days should the situation change:

"7.2.1 a member shall inform the Scheme within 30 days 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 an dependant ceases to be eligible to be a dependant, he 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 21 years of persons referred to above, shall be considered by the Board on submission of supporting written proof of dependency on an annual basis,"

Authority:

2. Accepting that I am curtailing my dependant's right to privacy, but in order to facilitate the assessment of the risks and the consideration of any claim, I irrevocably authorize the Scheme to obtain from any person whom I hereby so authorize and direct to give any information which the Scheme deems necessary

