



## Previous medical scheme information / Vorige mediese fonds inligting

Should additional space be required, copy this section and attach it to this application.  
Indien nog spasie benodig word, dupliseer hierdie bladsy en heg dit aan hierdie aansoek.

Please list previous medical scheme details for spouse and adult dependants separately if different to the principal member.  
Lys asseblief vorige mediese skema inligting vir eggenoot en volwasse afhanklikes apart indien verskillend as die hooflid.

Name of member Naam van lid	Name of Scheme Naam van Skema	Member number Lidnommer	Date joined Datum aangesluit	Date terminated Datum beëindig

Are you changing your medical scheme due to a change in your employment?  
Verander jy van mediese skema as gevolg van verandering van werkgewer?

Yes  No   
Ja  Nee

Have you, your spouse or any of your dependants ever had a waiting period, pre-existing condition, exclusions or a late joiner penalty? If yes, please attach previous membership certificate (if available).  
Het jy, jou eggenoot of enige van jou afhanklikes ooit 'n wagperiode, bestaande toestand, uitsluitings of laat aansluitingsboete gehad? Indien ja, heg asseblief jou lidmaatskap sertifikaat aan (indien beskikbaar).

Yes  No   
Ja  Nee

### VERY IMPORTANT

Registered surname to be indicated in the case of step-children.  
Please attach copies of birth and marriage certificates, ID documents and membership certificates of previous medical schemes.

### BAIE BELANGRIK

Stiefkinders se geregistreerde familienaam (van) moet aangedui word.  
Bewys van geboorte- en huweliksertifikate, ID dokumente en lidmaatskap sertifikate van vorige mediese skemas moet aangeheg word.

## APPLICATION AND DECLARATION / AANSOEK EN VERKLARING

I herewith apply for:

Recognition of my abovementioned spouse and dependants as beneficiary/ies of the Scheme on the grounds that, to the best of my knowledge:

- (i) the details in respect of them set out above are true and correct and that they qualify for enrolment as beneficiary(ies) in terms of the Scheme Rules;
- (ii) my aforementioned children are fully dependant on me, or, if they have an income, the income does not exceed the maximum basic social pension per annum and that they reside permanently with me; and
- (iii) my aforementioned spouse / dependants are in good health, both mentally and physically. Should an applicant be unable to sign the declaration as required in (ii) and (iii) on account of temporary absence of a dependant or on account of ill health or of a mental or physical disability of such a dependant, full details should be submitted to the Scheme for consideration.

I undertake on behalf of my spouse and the abovementioned dependants to abide by the Rules of the Scheme.

Ek doen hiermee aansoek om:

Erkenning van my bogenoemde gade en afhanklikes as begunstigde(s) van die Skema op grond daarvan dat na my wete:

- (i) die bogenoemde besonderhede betreffend haar/sy/hulle juis en korrek is en sy/hy/hulle vir inskrywing as begunstigde(s) kragtens die Reëls van die Skema kwalifiseer;
- (ii) my bogenoemde afhanklike kinders geheel en al van my afhanklik is, of as hulle 'n inkomste het, die inkomste nie die maksimum basiese maatskaplike pensioen per jaar oorskry nie en dat hulle permanent by my inwoon; en
- (iii) my bogenoemde gade en afhanklikes in goeie gesondheid verkeer, sowel geestelik as liggaamlik. Indien 'n applikant vanweë 'n tydelike afwesigheid van 'n afhanklike of vanweë swak gesondheid, of 'n liggaamlike of geestelike gebrek van sodanige afhanklike nie die verklaring soos by (ii) en (iii) kan verstrek nie, moet volledige besonderhede aan die Skema verstrek word vir oorweging.

Ek onderneem om myself namens my gade en bogenoemde afhanklikes te onderwerp aan die Reëls van die Skema.

Signature of principal member / Handtekening van hooflid

Date / Datum

# MEDICAL HISTORY OF DEPENDANT / MEDIESE GESKIEDENIS VAN AFHANKLIKE

Do any of your dependants suffer or have ever suffered from any of the following? If "Yes", state full details of each instance in the space provided at the end of the questionnaire. All questions must be answered with an X in the applicable block. Should any of your dependents have a sickness of which you are aware but which was not mentioned in your application be reviewed at a later stage, it will be excluded from benefits.

Ly enigeen van jou afhanklikes, of het jou afhanklikes ooit gely aan een van die volgende? Indien wel, verstrek volle besonderhede van elke geval in die ruimte wat aan die einde van die lys voorsien is. Alle vrae moet met 'n X in die toepaslike blok beantwoord word. Indien enige siekte van jou afhanklikes waarvan jy bewus is, maar wat nie in jou aansoek gemeld het nie, in 'n latere stadium bekend word, sal dit van voordele uitgesluit word.

## 1. General /Algemeen

A. Any disorder of the heart, e.g. rheumatic fever, heart murmur, coronary artery disease, chest pain, shortness of breath or palpitations? Enige verstoring van die hart, bv. rumatiekkoors, hartgeruis, kroonslagaarsiekte, borspyn, kortasemigheid of hartkloppings?	Yes/Ja	No/Nee
B. High blood pressure or disease of the blood vessels or circulatory disorder? Hoë bloeddruk of bloedsvatsiekte of verstoring van die bloedsomloop?	Yes/Ja	No/Nee
C. Any respiratory or lung trouble, e.g. asthma, bronchitis, persistent cough, tuberculosis? Enige asemhalings- of longprobleem, bv. asma, brongitis, aanhoudende hoes, tuberkulose?	Yes/Ja	No/Nee
D. Any disorder of the digestive system, gall bladder or liver, e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion or hiatus hernia? Enige verstoring van die spysverteringstelsel, galblaas of lewer, bv. werklike of vermoedelike maag- of duodenale ulkus, herhaalde indigestie of hiatusbreuk?	Yes/Ja	No/Nee
E. Disease or disorder of kidneys, bladder or reproductive organs, e.g. albumin in urine, stones, prostate or venereal disease? Siekte of verstoring van die lewer, blaas of voortplantingsorgane, bv. albumien in urine, stene, prostaat- of geslagsiekte?	Yes/Ja	No/Nee
F. Any nervous or mental complaint, e.g. epilepsy, blackouts, paralysis, anxiety state or depression? Enige senu- of geestesklagte, bv. epilepsie, sinkopee, verlamming, angstoestand of depressie?	Yes/Ja	No/Nee
G. Ear, eye, nose or throat disorder, e.g. defective vision? Oor-, oog-, neus- of keeltoestand, bv. swak sig?	Yes/Ja	No/Nee
H. Disorder or disease of muscles, bones, joints, limbs, spine, e.g. arthritis, gout, slipped disc or other back trouble? Verstoring of siekte van die spiere, gebeente, gewrigte, ruggraat, bv. artritis, jig, verskuifde werwel of ander rugprobleem?	Yes/Ja	No/Nee
I. Diabetes, sugar in urine, thyroid or other glandular or blood disorders? Diabetes, suiker in urine, tiroïed- of ander klier- of bloedoestande?	Yes/Ja	No/Nee
J. Cancer, growth or tumour of any kind? Kanker, groeïsele of gewas van enige aard?	Yes/Ja	No/Nee
K. Any tropical disease, e.g. bilharzia or malaria? Enige tropiese siekte, bv. bilharzia of malaria?	Yes/Ja	No/Nee
L. Any other illness, disorder, operation, disability or accident? Enige ander siekte, verstoring, operasie, ongeskiktheid of ongeluk?	Yes/Ja	No/Nee
M. Did any of your dependants consult any doctor or other person or did they attend a hospital, clinic or institution in connection with their health during the past five years? Het enigeen van jou afhanklikes in die afgelope 5 jaar enige dokter of ander persoon geraadpleeg of 'n hospitaal, kliniek of inrigting in verband met hul gesondheid besoek?	Yes/Ja	No/Nee
N. Are you aware of any medical problem which could result in medical treatment or surgery? Is jy van enige probleem bewus wat tot mediese behandeling of chirurgie aanleiding kan gee?	Yes/Ja	No/Nee

## 2. Female dependant / Vroulike afhanklike

A. Has your spouse ever had any disorder of the female organs (breast, ovaries, uterus) or any abnormality of pregnancy or confinement, e.g. caesarian section or miscarriage? If "yes", state full details including dates. Is jou gade tans of het sy ooit gely aan enige toestand van die vroue-organe (bors, eierstokke, baarmoeder) of aan enige swangerskap- of kraamabnormaliteit, byvoorbeeld keisersnee of miskraam?	Yes/Ja	No/Nee
B. Is your spouse currently pregnant? If "Yes", how many weeks? Is jou gade tans swanger? Indien wel, hoeveel weke?		Yes/Ja
C. When was your spouse's last child born? Wanneer is jou gade se laaste kind gebore?		

## 3. Orthopedic / Ortopedies

A. Have any dependant undergone any amputation procedure? Het enige afhanklike 'n amputasieprosedure ondergaan?	Yes/Ja	No/Nee
B. Do your dependants know of any bone suture after a fracture which may require further surgery? Weet jou afhanklikes van enige beenhegting na 'n breuk wat verdere chirurgie mag vereis?	Yes/Ja	No/Nee
C. Have your dependants recently undergone any major orthopaedic intervention which may possibly result in further intervention, e.g. removal of pins in back, plates and screws? Het jou afhanklikes onlangs enige groot ortopediese ingreep ondergaan wat moontlik tot verdere ingrepe kan lei, bv. verwydering van penne in die rug, plate of skroewe?	Yes/Ja	No/Nee
D. Have any of your dependants undergone any bone transplant procedures? Het jou afhanklikes enige beenoorplantingsprosedures ondergaan?	Yes/Ja	No/Nee
E. Do any of your dependants know of any complications which may have resulted from a reconstructive procedure or bonding of ligaments? Weet jou afhanklikes van enige komplikasies wat mag ontstaan het uit 'n rekonstruktiewe prosedure of binding van ligamente?	Yes/Ja	No/Nee

## 4. Mouth and teeth / Mond en tande

A. Do you know of any dental condition which may require para-orthodontic treatment or periodontal surgical procedures? Weet jy van enige tandheekkundige toestand wat para-ortodontiese behandeling of periodontiese chirurgiese prosedures mag vereis?	Yes/Ja	No/Nee
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## 5. Plastic surgery / Plastiese chirurgie

A. Have your dependants ever required plastic reconstructive surgery for an anomalous lesion, e.g. keloid formation or reconstructive procedure, e.g. sectional hernia? Het jou afhanklikes ooit plastiese rekonstruktiewe chirurgie nodig gehad vir 'n afwykende letsel, bv. keloïedformasie of rekonstruktiewe prosedure, bv. snitbreuk?	Yes/Ja	No/Nee
B. Do you know of the need for any possible reconstructive procedures regarding mammae (breasts), e.g. augmentation, reduction, wedge resection, nipple reconstruction, etc? Weet jy van 'n behoefte aan enige moontlike rekonstruktiewe prosedures ten opsigte van die bors, bv. vergroting, verkleining, wigseksie, tepelrekonstruksie, ens.?	Yes/Ja	No/Nee

## 6. Psychiatric treatment / Psigiatriese behandeling

A. Have any of your dependants previously been treated for overdose or any other insurmountable problem situation? Is jou afhanklikes voorheen behandel vir oordosering of enige ander onoorwonne probleme situasie?	Yes/Ja	No/Nee
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## 7. HIV status (optional) / MIV-status (opsioneel)

If any of your dependants are living with HIV/AIDS and would prefer not to disclose their HIV-status on this form for the sake of confidentiality, you may wait until you have received confirmation of their registration to do so. On confirmation of their registration, please call LifeSense at 0860 506 080 in order to register them on the HIV/AIDS Disease Management Programme. **In order to qualify for HIV/AIDS benefits, registration on this LifeSense programme is compulsory.** / Indien enigeen van jou afhanklikes met MIV/VIGS leef en ter wille van vertroulikheid verkies om dit nie op hierdie vorm aan te dui nie, kan jy wag totdat jou afhanklike/s geregistreer is voordat jy dit doen. Skakel LifeSense ter 0860 506 080 ter bevestiging van hul registrasie om vir die MIV/VIGS Siektebestuurprogram te registreer. **Ten einde te kwalifiseer vir MIV/VIGS voordele, is registrasie op hierdie LifeSense program verpligtend.**

## 8. Chronic medication / Chroniese medikasie

Do any of your dependants have a chronic condition requiring ongoing medication? Ly enigeen van jou afhanklikes aan 'n chroniese toestand wat voortdurende medikasie vereis?	Yes/Ja	No/Nee
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If any question were answered "yes", please supply full details below / Indien die antwoord op enige vraag "ja" is, verstrek asseblief volle besonderhede hieronder

Question Vraag	Name of patient Naam van pasiënt	Full details of condition, date of diagnosis, duration of treatment and full name, address and telephone number of treating doctor. Volle besonderhede van toestand, diagnose datum, behandelingsduur en naam, adres en telefoonnommer van behandelende dokter.	Last treatment date Laaste behandelingsdatum
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