



# NEW BORN REGISTRATION

Email: [membership@medshield.co.za](mailto:membership@medshield.co.za)

This form needs to be completed for the registration of your newborn baby.

Please note that a newborn baby is defined as a biological child of the Principal Member or spouse born into the Scheme.

In order for your newborn baby to be registered from date of birth, you must register your newborn on the Scheme within 60 days from date of birth.

Please complete in black ink. All sections to be completed in full. Print clearly using capital letters. Only one character per block. Leave one block between words. Mark with an X where necessary.

**A COPY OF THE BIRTH CERTIFICATE FOR YOUR NEWBORN BABY MUST ACCOMPANY THIS FORM.**

Membership Number:

## SECTION A

### TO BE COMPLETED BY PRINCIPAL MEMBER

Member ID Number:

Member Name:

Member Surname:

## SECTION B

### NEWBORN'S DETAILS

#### Dependant 1

Name of Dependant:

Surname: (If Different to Principal Member)

ID Number:

Relationship to Principal Member:

Gender: (Mark with an X)

|   |   |                                 |   |   |
|---|---|---------------------------------|---|---|
| M | F | Adult Over 21: (Mark with an X) | Y | N |
|---|---|---------------------------------|---|---|

Please complete for statistical purposes. If you do not wish to disclose your dependant's race, please mark the relevant box with an X.

Race:

|         |                     |          |        |       |       |
|---------|---------------------|----------|--------|-------|-------|
| African | Caucasian/<br>White | Coloured | Indian | Asian | Other |
|---------|---------------------|----------|--------|-------|-------|

I do not wish to disclose:

☐

#### Dependant 2

Name of Dependant:

Surname: (If Different to Principal Member)

ID Number:

Relationship to Principal Member:

Gender: (Mark with an X)

|   |   |                                 |   |   |
|---|---|---------------------------------|---|---|
| M | F | Adult Over 21: (Mark with an X) | Y | N |
|---|---|---------------------------------|---|---|

Please complete for statistical purposes. If you do not wish to disclose your dependant's race, please mark the relevant box with an X.

Race:

|         |                     |          |        |       |       |
|---------|---------------------|----------|--------|-------|-------|
| African | Caucasian/<br>White | Coloured | Indian | Asian | Other |
|---------|---------------------|----------|--------|-------|-------|

I do not wish to disclose:

☐

## SECTION C

**MediPhila:** Each beneficiary MUST nominate only ONE (1) Family Practitioner from the MediPhila Family Practitioner Network to a maximum of two (2) Family Practitioners per family.

**MediCurve:** Each beneficiary must nominate only ONE (1) Family Practitioner from the MediCurve Family Practitioner (FP) Network.

**MediValue Compact and MediPlus Compact:** Each beneficiary MUST nominate ONE (1) Family Practitioner (FP) which MUST be from the Compact Family Practitioner (FP) Network.

**MediValue Prime and MediPlus Prime:** Voluntary - can nominate a FP which MUST be from the FP network to a MAXIMUM of two (2) FP's per beneficiary. Where a FP was nominated from the FP Network & Day-to-Day benefit is depleted the member will qualify for an additional 2 visits per FAMILY from OAL.

The registered networks per option are available on the website, please visit: [www.medshield.co.za](http://www.medshield.co.za)

| Beneficiary      | Beneficiary Name | Nominated Family Practitioner Name | Practice Number / Telephone |
|------------------|------------------|------------------------------------|-----------------------------|
| Principal Member |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |
| Dependant 1      |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |
| Dependant 2      |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |
| Dependant 3      |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |
| Dependant 4      |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |
| Dependant 5      |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |
| Dependant 6      |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |
| Dependant 7      |                  | 1                                  | 1                           |
|                  |                  | 2 PRIME OPTION ONLY                | 2 PRIME OPTION ONLY         |

## SECTION D

### EMPLOYER APPROVAL (Companies/Group members only)

|                       |  |  |  |
|-----------------------|--|--|--|
| Name of Employer:     |  |  |  |
| Paypoint Code:        |  |  |  |
| Employee Payroll No.: |  |  |  |
| Employment Date:      |  |  |  |

We confirm that the applicant is employed by us and commenced employment on the above date and all fields of Section D have been completed:

|  |                          |
|--|--------------------------|
| <b>COMPANY STAMP</b>   |                          |
| Tick this box if no Company Stamp is available                           | <input type="checkbox"/> |
| By selecting this box you confirm that the Employer has granted approval | <input type="checkbox"/> |

|  |  |
|--|--|
| Employer's Email Address:                    |  |
| Employer's Representative's Name:            |  |
| Employer's Representative's Designation:     |  |
| Date:  |  |
| Employer's Representative's Signature: _____ |  |

|           |                    |
|-----------|--------------------|
| SECTION E | MEMBER DECLARATION |
|-----------|--------------------|

I, \_\_\_\_\_ (Principal Member's full name) the undersigned, declare that: I understand that Medshield will rely upon the facts set out herein for the accurate loading of details. I understand and accept that should any details contained herein prove to be incorrect, or should I fail to inform Medshield of any subsequent change to the details, Medshield will not be held responsible.

|                                   |                   |
|-----------------------------------|-------------------|
| Principal Member Signature: _____ | Date: <div></div> |
|-----------------------------------|-------------------|



# Benefits of appointing Aon South Africa Healthcare as your intermediary

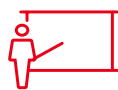
Across Aon, we are united in our passion to provide you with the insights and support to make Better Decisions around all aspects of your holistic wellbeing, medical scheme, gap cover and primary care insurance. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

## Our philosophy is to:



### Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



### Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



### Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

## Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to the following:
  - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
  - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
  - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Client Assistance Programme**
  - We are delighted to offer you access to a range of essential services at absolutely no charge. The Aon Client Wellbeing Programme is a telephonic, online, and structured e-mail support program (excluding in-person or video sessions). The following services are available through our third- party service provider, LifeAssist:
    - Structured Telephonic Counselling
    - Telephonic Trauma Support
    - Financial Wellbeing Coaching
    - Legal Advisory Services
    - Health and Wellness Services (professional advice from a dietician and a biokineticist)
- **General Updates:**
  - Ad-hoc updates pertaining to Medical schemes industry and providers specific updates.

## Cost of appointing Aon

We are pleased to inform you that there is no additional fee charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products, we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

## For more information, contact Aon South Africa:

0860 100 404 | [arc@aon.co.za](mailto:arc@aon.co.za) | [www.aon.co.za](http://www.aon.co.za)

## Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to [www.aon.co.za](http://www.aon.co.za)

<http://www.facebook.com/Aonhealthcare>  
Click "Like" on our page (Aon healthcare)

[http://twitter.com/Aon\\_SouthAfrica](http://twitter.com/Aon_SouthAfrica)  
Click "follow" on our profile

## Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at <http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

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## Disclaimer:

The Benefits and contributions are subject to approval by the council for medical schemes. Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

## POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.



Contact us on: 0860 100 404, P.O. Box 78367, Sandton, 2146, [www.aon.co.za](http://www.aon.co.za)  
FSP number: 20555; CMS number: ORG895  
Follow our [website link](#) for further information on Aon's processing of your personal information

## Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my medical scheme membership.

My ID: \_\_\_\_\_ and membership number: \_\_\_\_\_

Signed at (Town or City): \_\_\_\_\_ on yy/mm/dd: \_\_\_\_\_

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme. This monthly commission is 3% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus Value Added Tax (VAT).

**Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.**

I give consent for the disclosure of information about me.

Membership number: \_\_\_\_\_ ID or passport number: \_\_\_\_\_

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s) (as per identity document): \_\_\_\_\_

The following information should be made available to my appointed financial advisor as is necessary:

| Personal examples  | Benefit examples   | Financial examples  | Medical examples  |
|--|--|---|---|
| <ul style="list-style-type: none"><li>* Name and Surname</li><li>* Membership number</li><li>* Date of birth</li><li>* ID number</li><li>* Postal Address</li><li>* Physical address</li><li>* E-mail Address</li><li>* Telephone numbers</li><li>* Cellular Number</li><li>* Number of dependents</li></ul> | <ul style="list-style-type: none"><li>* Plan type</li><li>* Medical Savings Account (MSA)</li><li>* Balance Medical Scheme benefits</li><li>* Spent for the year Accumulated</li><li>* Medical scheme Savings Account</li><li>* Medical Savings Carry over from previous year</li><li>* MSA reimbursement, Scheme Rate or cost</li><li>* Self-payment Gap</li><li>* Above Threshold Benefit</li><li>* Waiting period details</li><li>* Late joiner penalty indicator</li><li>* Wellness benefits</li></ul> | <ul style="list-style-type: none"><li>* Total Contribution</li><li>* Contribution breakdown</li></ul> | <ul style="list-style-type: none"><li>* Chronic Indicator/confirmation (Yes/No)</li><li>* In Hospital Indicator/confirmation (Yes/No)</li><li>* Confirmation of claims paid and from what benefit</li><li>* Claims transaction history</li><li>* Procedures done in doctor's rooms paid from Hospital Benefit</li></ul> |



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): \_\_\_\_\_ on yy/mm/dd: \_\_\_\_\_

Signature: \_\_\_\_\_