Application to transfer an existing member to another employer or another branch of the existing employer

Contact details
Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

This form may only be used if there is no break in cover between your current membership and joining your new employer, or transferring to a new branch of your existing employer.

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, 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). Discovery Health (Pty) Ltd administers your membership of the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly or complete digitally.
2. If you are an existing LA Health main member transferring to another employer, or moving to another branch within your existing employer, you need to complete this form.
3. To avoid administration delays, please ensure this application is completed in full and returned to your Human Resources department.
4. Read and understand the rules in section four.
5. The form must be signed by the main member.

1. Main member details

Membership number

ID or passport number

Member's name

Member's surname

2. Current employer details

Employer name

Date of employment D D M M Y Y Y Y

Employer number

Effective date of transfer D D M M Y Y Y Y

Branch name

Branch number

3. New employer details

Employer name

Date of employment D D M M Y Y Y Y

Employer number

Branch name

Branch number

4. Member's employer (be completed by the new employer of the member)

Employer name

Designation

Employer contact signature

Date D D M M Y Y Y Y

5. Rules for membership

When you sign this form, you confirm that you will abide by the Rules for membership and the conditions for transfer. For more information, please read the Rules on the website at **www.lahealth.co.za**.

Signed at (town or city) _____ on D D M M Y Y Y Y

Signature of main member _____

Please do not sign an incomplete application form
The main member must sign and date any changes