

# Transfer from active to retiree status

**Contact details**

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

**This form is for main members who move onto retiree status, to make contributions or payments directly to LA Health Medical Scheme**

## 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). We take care of the administration of your membership for the Scheme.

## How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full.
3. To be completed and returned to your Human Resources department.
4. Please call LA Health Medical Scheme on **0860 103 933** for any queries.

### 1. Main member details

Membership number

ID or passport number

Member's name

Member's surname

### 2. Banking details for your monthly contributions

#### What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You may only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

Bank name

Branch name  Branch code  -  -

Account number

Name of account holder

Account type  Cheque  Transmission  Savings

Name of account holder

Signature of account holder

I, , hereby give Discovery Health (Pty) Ltd and/or LA Health Medical Scheme permission to charge my bank account for my contributions to LA Health Medical Scheme.

### 3. Banking details for reimbursement of your claims

#### What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank

Banking details: Same as above? Yes  No  (if "No" please complete below)

Bank name

Branch name  Branch code  -  -

LHTARS001

Account number

Name of account holder

Account type  Cheque  Transmission  Savings

Signature of account holder

#### 4. Your legal declaration

It is my sole responsibility as a member to make sure LA Health Medical Scheme receives the monthly contribution. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise LA Health Medical Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with LA Health Medical Scheme.

Signed at  on

Signature of applicant

Please do not sign an incomplete application form

#### 5. Your employment details

If your employer is paying your full contribution or a part of it and we need to debit their account, please complete this section:

Name of employer  Employer of billing number

Employee number  Date of employment

1. Employer contact person  2. Employer contact person

Telephone       Telephone

Email

Branch name  Branch number  -  -

Department name  Department number

Date of promotion (if applicable)

Please ensure your employer completes this warranty

#### Employer warranty

1. We warrant that the main applicant detailed in section 1 is an employee of our organisation
2. The Scheme may bill us for the amount due for this member in the same way as it does for our other employees with the Scheme.

Authorised signatory

Name/s

Designation

Employer stamp