

GUIDELINES WHEN COMPLETING THE FORM

1. **All personal details** must be provided and must be clear and legible.

2. **Confirm your current level of cover**

If you do not have cover on a registered medical aid as either the main member or spouse/partner, you will be registered on the Kaelo MyHealth Plus primary health care insurance as from 01 July 2019. Please complete all details and indicate if you wish to add your dependants.

If you do have cover on a registered medical aid scheme you have the option to remain on your current cover only. Thereby opting out of the **Kaelo MyHealth Plus** cover.

- Please indicate your decision on the form.
- It is compulsory to provide proof of cover on your medical aid scheme by way of a current Certificate of Membership. This may not be older than 30-days. You will be asked to provide proof of cover on an annual basis.

Should you wish to terminate your medical aid in order to join **Kaelo MyHealth Plus**, please consult with your financial advisor or, if your membership is with UCT Discovery Health, contact the on-site PSG consultant prior to terminating your medical aid cover.

• **If adding dependants the following supporting documents must be included with the application form (available on request).** Dependants may only be added within the first 60-days of this roll-out or in January each year.

- **Spouse/Partner dependant (maximum entry age of 60)**
 - ID copy;
 - Marriage certificate; or
 - Affidavit confirming cohabitation and relationship if unmarried.
- **Child dependants (under 21 years of age)**
 - ID copy; or
 - Unabridged birth certificate copy; and
 - Proof of legal guardianship if the dependant is adopted or fostered.
- **Child dependants (> 21 years of age) who have mental/physical disabilities** and are financially dependent on the Principal member may remain on the Principal members’ policy as an Adult Dependent at the Principal’s members’ premium (i.e. 100% of Premium).
 - ID copy / unabridged birth certificate copy; or
 - Proof of legal guardianship if the dependant is adopted or fostered.
 - Confirmation of dependency.

HEALTHCARE OFFICE ASSISTANCE

Deadline date for return of forms: Monday, 10 June 2019

Return of Forms	Room 114, Bremner Building Lower Campus	Gaynor.May@uct.ac.za	Fax 021 650-2968 Tel: 021 650-3519
Enquiries	Room 113.1, Bremner Building, Lower Campus	Debra.DeGouveia-Meyer@uct.ac.za	Fax 021 650-2968 Tel: 021 650-4001

CONTACT DETAILS

STAFF NO		ID / PASSPORT NO		PAYCLASS		PERMANENT / T2	
SURNAME			FIRST NAMES			TITLE	
CELL NO		EMAIL ADDRESS					
PHYSICAL ADDRESS (HOME)							
POSTAL CODE		TELEPHONE (H)		TELEPHONE (W)		LANGUAGE	

CONFIRMATION OF COVER

Statement	Confirmation Required	Additional info	Tick applicable line / box
I DO NOT HAVE COVER on a registered medical aid.	I confirm my compulsory membership with the UCT primary health care insurance, Kaelo MyHealth Plus effective 01 July 2019.	Kaelo MyHealth Plus membership for: <ul style="list-style-type: none"> • Main member only OR • Adding dependants 	<input type="checkbox"/> Main member only <input type="checkbox"/> Add dependants (complete application form & include supporting documents)
I HAVE COVER on a registered medical aid scheme.	<ul style="list-style-type: none"> • I am continuing this medical aid cover; • AND • I DO NOT wish to belong to the UCT Kaelo primary health care insurance. 	Medical Aid Scheme Membership number	<input type="checkbox"/> <p style="color: red;">Proof of cover: Current Certificate of Membership to be attached.</p>

NAME

SIGNATURE

DATE

Return to: Gaynor May, Rm 114, Bremner Building. Email: Gaynor.May@uct.ac.za. Fax: 021 650-2968

DEADLINE: 10/06/2019