ENGEN Medical Benefit Fund

Administered by Discovery Health

Contact details

Tel: 0800 001 615 • PO Box 652509, Benmore 2010 • www.engenmed.co.za

Transfer from active to retiree status

Who we are

Engen Medical Benefit Fund (referred to as 'EMBF'), registration number 1572, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form is for main members who are retiring from active employment with the Employer who will be making direct contribution payments to Engen Medical Benefit Fund.
3. To avoid administration delays, please ensure this application is completed in full.
4. Once completed, please return this form to your Human Resources department.
5. Please call Engen Medical Benefit Fund on 0800 001 615 for any queries.

1. Details of Principal member

Membership number (compulsory) | Start date D D M M Y Y Y Y

Employee number (compulsory)

Title | Initials | Surname

First name(s)

Preferred name | Gender M F | Date of birth D D M M Y Y Y Y

Marital status: Married | Single | Divorced | Widowed | Date of marriage D D M M Y Y Y Y

Previous/maiden name

ID or passport number

Country of issue

Telephone (H) | (W)

Fax | Cellphone

Email address

Postal address

Code

Residential address

Code

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

EMBTRS001

Account type Current [ ] transmission [ ] Savings [ ] Branch code

Name of accountholder

Account Number

Signature of account holder

I, ______________________, hereby give Discovery Health (Pty) Ltd and/or r Engen Medical Benefit Fund permission to charge my bank account for my contributions to Engen Medical Benefit Fund.

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

Same as above? Yes [ ] No [ ] (if "No" please complete below)

Bank name Branch name

Account type Cheque [ ] Savings [ ] Branch code

Name of account holder

Account number

Signature of accountholder

4. Your legal declaration

It is my sole responsibility as a member to ensure Engen Medical Benefit Fund receives the monthly premium. Should contributions be 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 Engen Medical Benefit Fund in writing of any change in details that may occur between the date of this application form and the activation of my membership with Engen Medical Benefit Fund.

Signed at on D D M M Y Y Y Y

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, please complete this section:

Name of employer

Employer / billing number

Employee number Date of employment D D M M Y Y Y Y

1.Employer contact person	2.Employer contact person
Telephone	Telephone
Email	Email
Branch name	Branch name
Department name	Department number
Date of promotion (if applicable) D D M M Y Y Y Y	

Please ensure your employer completes this warranty.