

**Contact details**

Tel: 0860 002 107 • PO Box 652509, Benmore 2010 • www.bemas.co.za

## Health declaration

### Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is a not- for -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 BEMAS.

### 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. Please email the completed form with a copy of each applicant's identity document to [application@discovery.co.za](mailto:application@discovery.co.za) or fax it to 011 539 3000.  
We also accept valid passports and birth certificates for children
4. If you have any questions, please call 0860 100 345.

When you sign this form, you confirm that the information you have given is true and correct.

### Declaration from main applicant

First names (as per identity document)

Surname

ID Number

Membership number

I,  (first name and surname)

declare that my dependants and I have not suffered any deterioration in health. I or We have not had any medical advice or treatment since my/our Application to join BMW Employees Medical Aid Society. I or We do not intend seeking medical advice or treatment in the next eight weeks. This declaration forms part of my application to join BMW Employees Medical Aid Society and this information is true, correct and complete. I understand that any false statement or not disclosing information will make my membership invalid.

If you are unable to sign the declaration, please give complete details of any changes in your health.


Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of main applicant

**The main applicant must sign and date any changes  
Please do not sign an incomplete application form  
I confirm the information is accurate and complete**