Affidavit: Previous Medical Scheme Membership

Sworn affidavit confirming membership with previous medical schemes for prospective or active beneficiaries.

gems
Government Employees Medical Scheme

Section 1: Main Member / Prospective Member Details

Please provide the details of all South African medical schemes that you and/or the dependants you wish to add were previously members of. This information will help us determine whether any late-joiner penalty fees are applicable. Additionally, we may use this information to determine if waiting periods should be applied.

I, the undersigned *(Applicant)*

ID / Passport Number Membership Number *(if applicable, leave blank if prospective member)*

hereby declare under oath that I *(Applicant/Dependant)* have been a member of previous medical aid schemes.

Provide the details of all the medical schemes you and/or your dependants belonged to:

Medical Scheme Name	Main Member/ Dependant	Start Date	End Date

I attempted to obtain membership certificates for the above-mentioned medical schemes without success (i.e. scheme no longer exists etc.).

Section 2: Declaration

Thus, signed before a commissioner of oaths at

I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

Thus declared on this day of 20 at *(Place)*

Signature of Main Member _____ Date D D M M Y Y Y Y

Section 3: Commissioner of Oaths

The above statement was made by the deponent, and the deponent knows and understands the contents of the statement. The statement was sworn by the deponent and his/her signature placed thereon in my presence on this date D D M M Y Y Y Y at *(Place)*

STAMP BY COMMISSIONER OF OATHS

Signature of Commissioner of Oaths _____