

Membership application form



Thank you for your application to join the Government Employees Medical Scheme. This document is an application form for membership. Please make sure that you read and understand the Terms and Conditions in this form.

Who we are

The Government Employees Medical Scheme (GEMS) [Registration Number 1598] is a restricted medical scheme registered in terms of the Medical Schemes Act 131 of 1998 (the Act), to provide qualifying public service employees and their families with equitable access to affordable and comprehensive healthcare benefits. GEMS offers six excellent healthcare benefit options: Sapphire, Beryl, Ruby, Emerald Value, Emerald and Onyx. For more information on how to join, please refer to the GEMS Marketing Brochure found on our website at www.gems.gov.za, GEMS Call Centre 0860 00 4367, or SMS "please call me" to 083 450 4367 and an agent will call you at a convenient time.

How to complete this application form

To enable GEMS to process your application form quickly and accurately, please ensure that it is completed in full. Clearly write one letter per block in black ink, mark selections with an X and sign and date where applicable.

If you are completing the form electronically follow these steps:

1. Complete the form and save it on your computer. Double check that all fields have been completed.
2. Once saved, print the form and initial or sign each page where indicated.
3. Scan the signed application form together with your supporting documents and email to enquiries@gems.gov.za; or
4. Fax the signed application form together with your supporting documents to 0861 00 4367.

Your quick guide to becoming a member of GEMS

1. Complete the membership application form in full.
2. Initial the bottom of each page (where applicable).
3. Sign in all places where your signature is required (Section: B2, D, E and F).
4. Ensure that the following supporting documents are also submitted together with the membership application form:
 - Your Identification Document (ID) and those of your dependants (if adding dependants)
 - Payslip or letter of appointment
 - Stamped bank statement
 - Membership certificate from your previous medical scheme
 - Affidavit(s), where required
5. Submit the completed and signed form together with your supporting documents via any of the following channels:
 - ✉ enquiries@gems.gov.za ☎ 0861 00 4367 ✉ GEMS, Private Bag X782, Cape Town 8000
 - 🏠 Regional offices' physical addresses can be found on page 16 of this application form

Please contact our Call Centre on **0860 00 4367** or email enquiries@gems.gov.za if you require any further assistance with the completion of your application form.

IMPORTANT NOTES

- GEMS will only consider your application if you have completed the form in full and included all the supporting documents.
- **"Cooling off"** period: GEMS allows new members to cancel their GEMS membership within 30 days after the joining date, provided they have not made any claims against their healthcare benefits.
- It is important that you read the terms and conditions in Section D and E (found on page 10 to 12) carefully as these contain important provisions about this application and membership of GEMS. Remember it is important to read the Rules of GEMS as, upon acceptance as a member, you and your registered dependants will be bound by them in accordance with the provisions of Section 32 of the Act. A free copy of the GEMS Rules is available on www.gems.gov.za under 'About Us'. You can also request a copy by calling us on 0860 00 4367.
- GEMS will impose underwriting on certain membership categories in the form of waiting periods.

Use this checklist to **re-check** that you have completed all the relevant sections.

- Section A1: Main member details
- Section A2: Benefit option plan
- Section A3: Current medical scheme details
- Section A4: Previous medical scheme details
- Section A5: Medical history and general health information
- Section A6: Employment history
- Section A7: Preferred method of communication and language
- Section A8: Personal Medical Savings Account beneficiary nomination
- Section B1: Payment of contributions
- Section B2: Your bank account details
- Section C: Details of dependant(s)
- Section D: Permission to disclose information to GEMS
- Section E: Terms and conditions (your responsibilities)
- Section F: GEMS policy on personal information
- Section G: Affidavit (only if applicable)
- Section H: Submitting your completed application form

Section A1: Main member details

Persal/employee or Pension number (these are available on your payslip):

Current employer's name:

Organisation code:

(the organisation code can be obtained from your payslip, if you are a civil servant)

Permanent Temporary Employee

Please indicate the date on which you started with your current employer

Please indicate your retirement date if you are a pensioner

Surname

Full first names

Maiden surname

Gender M F ID/Passport no. Date of birth

Marital status Married Single Divorced Widow/er Co-habiting

Income tax no.

Ethnic Group Black White Coloured Indian Asian Other, specify: _____

Postal address (post collected from post box, suite or private bag) - Tick appropriate option:

PO Box Private Bag X Number (complete the number)

Postnet Suite Apartment Number (complete the number)

Suburb

City Postal code

If postal address is the same as residential address - tick box

Residential address Unit/Apartment no. Complex/Building name

Street no. Street name

Suburb

City Postal code

Telephone (H) Telephone (W)

Mobile no.

Email address

Please note that the email address you provide will be used when the Scheme communicates with you.

In case of emergency please contact _____ (name and relationship)

Contact number (landline) Mobile no.

Please note that the emergency contact should be above the age of 18 years.

Name of nominated General Practitioner (GP)

GP address

Section A2: Benefit option plan

Please select only one benefit option from the list below and mark the applicable block with an **X**.

Sapphire Beryl Ruby Emerald Value Emerald Onyx

Please make your selection carefully, as you are not able to change your option during the course of the year without the approval of the GEMS Board of Trustees. You will be able to change your option at the end of each year with effect from the first day of the following year.

Please indicate the month from which you want your GEMS medical cover to start

Please note: Your admission date will always be on the 1st day of the next month, if all relevant documentation is received. If the last documents with your application are received after the Persal cut-off, you may be given the option to register either for the 1st of the following month with a double deduction, or the month thereafter with a single deduction. Check your membership certificate to see if any waiting periods apply.

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Section A5: Medical history and general health information

Failure to disclose pre-existing conditions could limit and/or exclude certain benefits or result in termination of your membership.

HIV/AIDS

Although you are not obliged to disclose the HIV status of yourself or your dependant(s) on this form, you are required, in line with the Scheme Rules and underwriting criteria, to contact our confidential HIV line on 0860 436 736 within seven working days from the date that you submit your membership application to GEMS, should you be receiving HIV-related treatment. We want to assure you that we treat this information with the strictest of confidence.

Was medical advice, diagnosis, treatment or care received or recommended in respect of yourself or any of your dependants (excluding newborns and/or newly-adopted children) as per this application form, in respect of any of the following, in the last 12 months? (Please supply the required information by marking the relevant box with a **X**.)

1.	Do you or any of your dependants use chronic medicine ?	YES	NO
2.	Disorders or problems with the heart or cardiovascular system , e.g. heart murmur, high blood pressure, high cholesterol, shortness of breath, palpitations, chest pain, angina, heart attack and/or any other cardiac or blood disorder.	YES	NO
3.	Respiratory or lung disorders , e.g. tuberculosis, asthma, persistent cough or other breathing problems, emphysema, coughing up blood, cystic fibrosis, sinusitis or allergic rhinitis.	YES	NO
4.	Disorders of the digestive system, stomach, gall bladder, pancreas or liver , e.g. gastric or duodenal ulcer, heartburn, hiatus hernia, rectal bleeding, Crohn's disease, ulcerative colitis, irritable bowel syndrome, hepatitis, cirrhosis, liver failure or have you ever had a gastroscopy or colonoscopy?	YES	NO
5.	Disease or disorders of the kidneys, bladder or reproductive organs , e.g. abnormal urine tests, kidney stones, nephritis, prostatitis, bladder infections or sexually transmitted diseases.	YES	NO
6.	Disorders of the nervous system or brain , e.g. epilepsy, stroke, multiple sclerosis, migraine, headaches, paralysis, Parkinson's disease or have you or any of your dependants been advised to have a MRI or CT scan?	YES	NO
7.	Mental disorders , e.g. depression, anxiety, panic attacks, schizophrenia, eating disorders, attention deficit hyperkinetic disorder (ADHD) or post-traumatic stress disorder.	YES	NO
8.	Ear, nose, throat or eye disorders , e.g. defective vision, cataracts, glaucoma, retinitis, disorders of the cornea, hearing loss, ear discharge, otitis media or allergies.	YES	NO
9.	Disorders or diseases of the skin, muscles, bones, joints, limbs or spine , e.g. any skin rash, arthritis, gout, fibromyalgia, any back/neck/hip/knee or other joint trouble, multiple sclerosis, any joint problems or replacements, acne, eczema or psoriasis?	YES	NO
10.	Diabetes, sugar in urine, thyroid or other glandular or blood disorders , e.g. anaemia, bleeding disorders, growth disorder, Cushing's disease or Addison's disease.	YES	NO
11.	Cancer, a growth or tumour of any kind including moles removed (malignant/benign).	YES	NO
12.	Are you or any of your dependants currently undergoing or anticipating any specialised dental/maxillofacial treatment ?	YES	NO
13.	Have you or any of your dependants had any accidents (including motor vehicle accidents)?	YES	NO
14.	Are you or any of your dependants taking ongoing medicine for any condition not listed in any other question?	YES	NO

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15.	Have you or any of your dependants had any surgical procedure ?	YES	NO
16.	Are you or any of your dependants awaiting or planning any operation or admission to any hospital in the next 12 months?	YES	NO
17.	Is there any other condition or symptom , which is not detailed in any other question, for which medical advice, diagnosis, care or treatment has already been recommended or received, or could potentially result in a medical claim within the next 12 months?	YES	NO
18.	Gynaecological disorders , e.g. abnormal pap smear or mammogram, endometriosis, ovarian cysts, fibroids, infertility, disorders of the cervix, menstrual disorders or any abnormality of pregnancy or confinement.	YES	NO
19.	Are you or any of your dependants pregnant ? If so, what is the expected date of delivery? Date: _____	YES	NO

If your answer was **Yes** to any of the above questions, please provide full particulars in the space below. Please use a separate sheet of paper if the space is not sufficient.

Name of person suffering from illness				
Question number				
Illness or condition				
Date on which illness began				
Date of last occurrence				
Name of treating doctor				
Doctor's contact details				
Treatment recommended (medicine, etc.)				
Treatment from (date)				
Treatment until (date)				

Section A6: Employment history

Provide the details of your previous employers in the table below from the year 2006 onwards:

Name of employer	Employment start date	Employment end date	Reason for leaving

Section A7: Preferred method of communication and language

1. Please indicate in which language you prefer to receive your communication? Please note that if you do not choose any language, your language preference will be registered as English.

- Afrikaans English isiNdebele Sepedi Sesotho SiSwati
 Setswana Tshivenda isiXhosa Xitsonga isiZulu

2. Please choose your preferred method of delivery for each item listed below:

- | | | |
|--|--------------------------------|-------------------------------|
| Newsletters | <input type="checkbox"/> Email | <input type="checkbox"/> Post |
| Annual benefit option change communication | <input type="checkbox"/> Email | <input type="checkbox"/> Post |
| Personalised letters | <input type="checkbox"/> Email | <input type="checkbox"/> Post |
| Contribution statement | <input type="checkbox"/> Email | <input type="checkbox"/> Post |
| Claim statement | <input type="checkbox"/> Email | <input type="checkbox"/> Post |

Translations of GEMS communication material are available on www.gems.gov.za

Section A8: Personal Medical Savings Account beneficiary nomination

(only complete if you select the Ruby option)

I hereby nominate the following person as a beneficiary of any credit balance in my Savings Account if, in the event of my death, none of my dependants continue as members of the Scheme.

Full names

ID/Passport no.

Contact no.

I acknowledge that, notwithstanding the above nomination, the Scheme may in its sole discretion pay any credit balance to the executor(s) of my estate instead.

Section B1: Payment of contributions

Active employees

Monthly contributions are deducted automatically from the main member's salary, where applicable. If your contributions are not deducted from your salary, you need to complete Section B2 in full, as we cannot register you as a member of GEMS if we do not have full details relating to the payment of contributions.

Payment of contributions applicable to Pensioner/Internship learners

Your membership will be activated upon your consent to pay 100% of your contribution via debit or cash until your subsidy has been confirmed by the Government Employees Pension Fund (GEPF).

Please choose only one payment method Debit order Cash EFT Stop order

Cash payment of contributions

If you choose to pay in cash, please use the following banking details when depositing your contribution:

Bank: First National Bank (FNB)

Account name: Government Employees Medical Scheme

Account no: 62094049593

Branch code: 204109

Reference: Your membership no.

If you do not provide your membership number as reference, we will not be able to allocate the payment correctly.

Section B2: Your bank account details

You need to complete this section in full, as we cannot register you as a member of GEMS if we do not have your **bank account details**, as well as a **copy of a bank statement** (*stamped bank statement, not older than 3 months*) or **letter from the bank**. We require these details to pay any money that may be due to you, to collect your medical scheme contributions (if applicable) or any money that you may owe GEMS.

Name of bank

Name of account holder

Bank account no.

Branch name

Branch code

Type of account Current Savings Transmission

Debit order reference: GEMSGOVMED Your Membership no. (e.g. GEMSGOVMED123456789)

I understand that the estimated monthly contributions (which are dependent on the value of any subsidy received) that I will be expected to pay if this application is accepted have also been explained to me prior to me making this application.

I hereby authorise you to issue and deliver payment instructions Monthly Annually to your Banker for collection against my above-mentioned bank account. Admission date upon successful completion of membership application.

Account holder's signature _____ Date of signature

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Section C: Details of dependant(s)

- It is compulsory to complete the details of the dependant(s) you intend registering as beneficiaries in this section of the application form. We will be unable to register them if this information is not provided.
- Adult dependant rates are payable for all eligible dependants over the age of 21. Child rates are, however, payable in respect of dependants under 28 years who are enrolled for any course(s) accepted by the GEMS Board of Trustees or undergoing supervised practical training, as well as disabled dependants.
- Please note that your adult dependant(s) will be subject to at least an annual eligibility review. Members must annually provide proof of dependency of all beneficiaries over the age of 21 and may be required to furnish proof of eligibility, for example proof of student registration.
- The following documentation is required when you apply to register a dependant:

Description of dependant	Documentation required
Spouse	<ul style="list-style-type: none"> • If it is a customary marriage, an affidavit from the member confirming the obligation towards his/her spouse. • A marriage certificate is required if married and the surname of the spouse differs from that of the main member. • A copy of the spouse's ID.
Ex-spouse	<ul style="list-style-type: none"> • Evidence (example: the Divorce Order) of a legal obligation to provide medical support per divorce settlement or court. • A copy of the ex-spouse's ID.
Partner	<ul style="list-style-type: none"> • A sworn affidavit, confirming that the dependant is the member's life partner (the affidavit is to be completed by both the main member and partner). • A copy of the partner's ID.
Child under the age of 21 (biological, adopted, step, foster child of the member or the member's spouse, or a child who depends on the main member for family care and support)	<ul style="list-style-type: none"> • A copy of the child's ID or birth certificate. • Note: If the child's surname differs from the main member's, an affidavit confirming the obligation towards the child and stating the reason for the difference is required (an affidavit is to be completed by the main member).
Child of 21 and older (biological, adopted, step, foster child of the member or the member's spouse, or a child who depends on the main member for family care and support)	<ul style="list-style-type: none"> • If the child is a student: <ul style="list-style-type: none"> - Proof of registration at a recognised tertiary institution; and - An affidavit from the main member confirming factual dependency on the main member. A factual dependant is dependent on the main member for family care and support. • If the child is totally dependent due to mental or physical disability: <ul style="list-style-type: none"> - Proof of disability from a medical practitioner (a medical assessment report is to be completed by a medical practitioner); and - An affidavit from the main member confirming factual dependency on the main member, and that the child is not in a state institution. • If the child is not a student or disabled, an affidavit from the main member confirming factual dependency on the main member. • A copy of the child's ID will be required in all cases.
Parents, step parents, parents-in-law, step-parents-in-law, grandparents or grandparents-in-law	<ul style="list-style-type: none"> • An affidavit from the main member confirming factual dependency of any such dependants. • A copy of the relevant dependant's ID.
Grandchild, great grandchild etc.	<ul style="list-style-type: none"> • An affidavit confirming factual dependency of the relevant grandchild on the main member Note: If the biological parent of the child is also registered as a dependant of the main member, only an affidavit from the main member, confirming factual dependency of the grandchild or great grandchild, is required. • A copy of the grandchild's ID.
Sibling, half sibling, step sibling and in-law sibling	<ul style="list-style-type: none"> • An affidavit confirming factual dependency of the sibling on the main member (the affidavit to be completed by the main member). Note: The sibling of a main member or of a main member's spouse may be registered as a dependant. • A copy of the relevant sibling's ID.
Children of sibling (nieces and nephews)	<ul style="list-style-type: none"> • An affidavit, confirming factual dependency of niece(s) and/or nephew(s) on the main member (an affidavit must be completed by the main member and sibling, where applicable). Note: The children of a sibling of a main member or the main member's spouse may be registered as a dependant. Note: If the parent of the child (the parent being a sibling of the main member) is also registered as a dependant, only an affidavit from the main member, confirming the factual dependency of the niece/nephew, is required. • A copy of the relevant niece's/nephew's ID.

Dependant 1

First name

Surname

ID/Passport no. Gender M F

Country in which passport was issued

Date of birth Mobile no.

Email address

Relationship with main member

Is the dependant factually dependent on main member? Yes No

Name of nominated GP

GP address

Dependant 2

First name

Surname

ID/Passport no. Gender M F

Country in which passport was issued

Date of birth Mobile no.

Email address

Relationship with main member

Is the dependant factually dependent on main member? Yes No

Name of nominated GP

GP address

Dependant 3

First name

Surname

ID/Passport no. Gender M F

Country in which passport was issued

Date of birth Mobile no.

Email address

Relationship with main member

Is the dependant factually dependent on main member? Yes No

Name of nominated GP

GP address

Dependant 4

First name

Surname

ID/Passport no. Gender M F

Country in which passport was issued

Date of birth Mobile no.

Email address

Relationship with main member

Is the dependant factually dependent on main member? Yes No

Name of nominated GP

GP address

8. If any of my dependants and/or I have failed to disclose relevant changes in circumstances or information, GEMS will have the right to claim back any amounts that it may have paid to me or any person on my or my dependants' behalf under such a contract.
9. I have been provided with a brochure summarising the benefits that my dependants and I will become entitled to if this application is accepted by GEMS. The benefits have also been explained to me and I have had an opportunity to question and consider them.
10. The estimated monthly contributions (which are dependent on the value of any subsidy received) that I will be expected to pay if this application is accepted have also been explained to me prior to me making this application. All subsidies will be confirmed with my employer. I have had an opportunity to question and consider the monthly contributions and understand that my and my dependants' benefits may be suspended, or our membership cancelled, if I fail to pay the monthly contributions. I give permission to GEMS and/or my employer to start deducting my monthly contributions immediately from my joining date.
11. It is my responsibility alone (as a member) to make sure that GEMS receives my monthly contribution.
12. I will pay all sums that I owe to GEMS on demand. I acknowledge and agree that failure to pay any debt due to GEMS may result in suspension of membership and/or handover to a third party for debt collection.
13. I acknowledge and agree that non-receipt of a single month's contribution will result in suspension of my and/or any of my dependants' medical scheme benefits, and that this suspension will last until I have paid all arrear contributions.
14. I acknowledge and agree that non-receipt of two months' contributions may result in the cancellation of my membership of GEMS after due process has been followed in terms of the Rules and the internal processes of GEMS.
15. I understand that if the employer is responsible for paying my medical scheme contributions or any part thereof, I hereby authorise and instruct my employer to:
 - Deduct from my remuneration (and any other sums due to me by my employer) any amounts that I may owe to GEMS from time-to-time; and
 - Pay such amounts to GEMS.
16. I hereby authorise and instruct any person (such as my employer) who holds funds for my benefit after I cease employment, to pay all amounts owing to GEMS in respect of services rendered to me and/or my dependants by a healthcare service provider.
17. If I am accepted as a member, I must, both now and in future, give GEMS all such information and evidence as it may require from time-to-time for purposes of my and my dependants' membership of GEMS. For this purpose, I authorise GEMS and/or its agents to obtain from any person any information that they may require concerning me or any of my dependants in assessing our eligibility, assessing and processing the application for membership, payment of claims, determining our access and entitlement to benefits, performing risk management or for any other purpose which directly relates to our medical scheme membership or which is authorised in terms of the Act, the Rules or any other legislation. I direct that person to provide GEMS and/or its agents with such information on request. I understand that this information will be kept confidential at all times and might be processed, in addition to the purposes stated above, also for research, statistical, historical and managed care purposes as well as any other purpose as provided for in the Act, the Rules and any other legislation. However, if GEMS wishes to use this information for any other reason, GEMS will obtain my or my dependants' permission to do so.
18. I expressly authorise GEMS on my behalf and that of my dependants to process, which includes collection and storage, of our personal information, which includes our health and biometric information as well as information related to any fraudulent behaviour by us, and which information has been supplied by us to GEMS or which GEMS may lawfully collect from any third party, for the purposes specified above.
19. In amplification of the above, I hereby authorise any medical doctor or other healthcare provider who has attended to me or my dependants in the past or who will attend to me or my dependants in the future, to provide GEMS and/or its agents with such information as it may require. I expressly grant GEMS the right to access my information and that of my dependants as and when it is necessary. I understand that this information will be kept confidential as required in terms of the law.
20. I consent to the recording of all conversations between myself and/or any of my dependants and GEMS, its agents or contracted parties, and acknowledge and agree for all information obtained through these conversations to form part of the records of GEMS. In addition, I consent to all these records remaining the sole property of GEMS and its agents and which records may be retained for such periods as provided for in the Rules and the relevant legislation.
21. I will notify GEMS should I or any of my dependants require hospitalisation for a non-emergency event at least 48 hours before the event. I acknowledge that failure to do so will result in a co-payment that I will have to pay.
22. I acknowledge and agree that GEMS may ask my dependants and me for proof of identification at any stage.
23. I undertake to give one (1) calendar months' written notice should I wish to terminate my membership or deregister any of my dependants.

- 24. I understand that if I have selected any of the GEMS Network options (i.e. Sapphire or Beryl), benefits are subject to formularies and the GEMS Network of healthcare service providers, unless the healthcare condition is one that requires emergency treatment.
- 25. I understand that GEMS will only pay claims if they are valid and comply with the Rules of GEMS.
- 26. I am aware that GEMS reserves the right to impose waiting periods on any beneficiary (myself or any of my dependants). GEMS will notify me should any of these waiting periods apply to me and/or any of my registered dependants, based on the information provided in this application.
- 27. I understand that a three-month general and/or twelve-month condition-specific waiting period may be imposed on the following membership categories:
 - Main members who resign from GEMS with their dependants (without also resigning from the Public Service) and then re-join GEMS at a later stage.
 - Dependants who are resigned from GEMS and who are then re-registered by the main member at a later stage.
 - Dependants who join GEMS on a different date from the main member (excluding newborn babies and newly-adopted children).

I have read and understand the above terms and conditions. I have had an opportunity to question and consider these and I agree to the consequences. My signature below confirms that I agree with the terms and conditions above.

Signature of main member _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID/Passport no.

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Initial _____

Section F: GEMS policy on personal information

GEMS declare that:

1. It will only process personal information of beneficiaries in accordance with the law and as provided for in the Rules and this application form.
2. A beneficiary's personal information, which includes, but is not limited to his/her personal details and health information ("personal information"), whether it has been supplied to GEMS by the member or a dependant or whether GEMS has collected it lawfully from other sources, will be kept confidential at all times and will not be used for commercial purposes. Adequate data security measures are in place to protect such information from destruction and unauthorised access.
3. Access to a beneficiary's personal information is granted to employees of GEMS and its contracted service providers.
4. GEMS and its contracted service providers will use beneficiaries' personal information for the following purposes: processing and assessing the application for membership, payment of claims, managed care processes, determining member's access and entitlement to benefits, risk management, historical, statistical and research purposes and any other purpose which directly relates to a beneficiary's membership of GEMS or which is authorised by the Act, any other legislation or the Rules.
5. All employees of GEMS and its contracted service providers are bound by internal confidentiality agreements and are subject to a Personal Information Protection Policy.
6. Confidentiality agreements have been entered into with all of GEMS' contracted service providers and/or agent(s) who have access to beneficiary information for the purposes of data transfer and management, GEMS' administration, managed care arrangements and any other lawful purpose.
7. In the event of a breach of confidentiality, GEMS will assume responsibility and will manage such a breach according to GEMS's internal disciplinary procedures and as may be required in terms of the law.
8. A beneficiary may withdraw their consent at time in future by notifying the Scheme, in writing, that they no longer wish to participate in managed care programmes and undergo health assessments.
9. Your personal information may be stored in a secure cloud-based, cross-border facility, where it will endeavour to ensure that your personal information is kept confidential at all times.
10. When you accept these terms and conditions, you provide GEMS with your consent and the consent of your dependants, registered on your membership, to activate your personal health record and enrol you on any managed healthcare programmes for you and your dependants' healthcare benefit.

I have read and understand the above terms and conditions. I have had an opportunity to question and consider these and I agree to the consequences. My signature below confirms that I agree with the terms and conditions above.

Signature of main member _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID/Passport no.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initial _____

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I am receiving a medical subsidy from my employer in respect of a person.

Full first name

Relationship

Surname

Income of dependant

ID number

Extent of financial dependency on member

Personal circumstances of dependant

Section G2: To be completed by main member of student/disabled person

I,

ID number hereby declare that I am the parent of the person in the table and that

_____ (insert name of main member) is factually and otherwise responsible for him/her and wants to add him/her as a dependant on my membership of GEMS.

Section G3: To be completed by the parent of dependant when adding a child dependant

I,

ID number hereby declare that I am the parent of the person in the table and that

_____ (insert name of main member) is factually and otherwise responsible for him/her and wants to add him/her as a dependant on my membership of GEMS.

Section G4: To be completed by the partner if main member is adding a partner as a dependant

I,

ID number hereby declare that I am the partner of _____

_____ (insert name and surname of main member)

Thus declared on this day of _____ 20 at _____

I know and understand the contents of the declaration. I have no objections to taking the prescribed Oath. I consider the Oath binding on my conscience. So help me God.

Signed:

Main member of GEMS _____

Date

Partner _____

Date

Parent _____

Date

The above-mentioned 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 day _____ of _____ in _____

STAMP BY COMMISSIONER
OF OATHS

Signature of Commissioner of Oaths _____

ID/Passport no.

Initial _____

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Section H: Submitting your completed application form

Once you have completed your application form, signed all the relevant areas and obtained the required documents, you can submit it for registration in any of the following ways:

<p>Fax: 0861 00 4367; or Email: enquiries@gems.gov.za; or Post: GEMS at Private Bag X782, Cape Town 8000; or Walk-in Centres: drop it off at any of the following GEMS Walk-in Centres:</p>	
<p>Eastern Cape</p> <ul style="list-style-type: none"> • East London: Shop LG36, Lower Level, Gillwell Shopping Centre, c/o Gillwell Road and Fleet Street • Mthatha: Savoy Complex, Unit 11 & 12A, Nelson Mandela Drive 	<p>Gauteng</p> <ul style="list-style-type: none"> • Johannesburg: Traduna House, 118 Jorrisen Street, Ground Floor, c/o Jorrisen and Civic Boulevard (opposite Civic Centre), Braamfontein • Pretoria: Sancardia Building, Shop 51, First Floor, c/o Beatrix & Church Streets, Arcadia
<p>KwaZulu-Natal</p> <ul style="list-style-type: none"> • Durban: The Berea Centre, Shop G18, Entrance 1, 249 Berea Road, Berea • Pietermaritzburg: Deloitte House, Suite 3, Block A, 181 Hoosen Haffejee Street (Berg Street) 	<p>Limpopo</p> <ul style="list-style-type: none"> • Polokwane: Shop 1, 52 Market Street • Thohoyandou: Unit G3, Metropolitan Centre
<p>Mpumalanga</p> <ul style="list-style-type: none"> • Nelspruit: Shop No. 18, Nedbank Centre, 30 Brown Street, Nelspruit CBD • eMalahleni (Witbank): Safeways Crescent Centre, Shop S67, c/o President & Swartbos Streets, Die Heuwel 	<p>Northern Cape</p> <ul style="list-style-type: none"> • Kimberley: New Park Centre, Shop 14, Bultfontein Way & Lawson Street • Upington: 61A Mark Street
<p>North West</p> <ul style="list-style-type: none"> • Klerksdorp: City Mall, Shop 101, c/o OR Tambo & President Street, Klerksdorp CBD • Mafikeng: Mmabatho Megacity Shopping Centre, Shop 39, c/o Sekame & James Moraka Streets, Mmabatho 	<p>Western Cape</p> <ul style="list-style-type: none"> • Worcester: Mountain Mill Shopping Centre, Shop 125 A & B, Mountain Mill Drive • Cape Town: Constitution House, 124 Adderley Street
<p>Free State</p> <ul style="list-style-type: none"> • Bloemfontein: Bloem Plaza, Shop 124, Maitland Street • Welkom: Gold Fields Mall, Shop 51A, c/o Stateway & Buiten Street 	

Once you send GEMS your application form, the following will happen:

- You will receive an SMS to confirm receipt of your application.
- We will process your application form and check that all details have been correctly completed and any additional documents required to complete the registration of your application have been supplied. If any details are missing or if we need more information, GEMS will contact you.
- After accepting your application to join GEMS, we will send you an SMS confirming acceptance. The SMS will indicate what your membership number is and advise you of when your membership will commence.
- You will then receive a member pack in the post, this includes your membership cards and a comprehensive member guide.