

Newborn and newly adopted child registration form



Documentation required from main member

- A birth notification/ Copy of birth certificate
- Legal documentation if newborn child is adopted or fostered
- If your child's surname differs from yours, you need to attach a declaration confirmation (letter or email) stating the reason for the difference

Submit the completed application form and relevant supporting documentation to GEMS in any of the following manners:

- Via email to enquiries@gems.gov.za, or
- Via fax to 0861 00 4367, or
- Post to GEMS, Private Bag X782, Cape Town, 8000.

Ensure that all sections are completed in full and that you provide all necessary supplementary documentation.

Section 1: Main member details

Initials Surname

Full Name

Membership no.

Section 2: Newborn or newly adopted dependant/s you wish to register

Dependant 1

Initials Surname

Full Name

ID/ Passport No. Date of Birth

Race African Coloured Indian/Asian White Other Gender Male Female

Relationship to main member

Is the newborn dependant your Biological Foster Adopted child Extended family

Is the newborn factually dependant on main member Yes No

Dependant 2

Initials Surname

Full Name

ID/ Passport No. Date of Birth

Race African Coloured Indian/Asian White Other Gender Male Female

Relationship to main member

Is the newborn dependant your Biological Foster Adopted child Extended family

Is the newborn factually dependant on main member Yes No

Dependant 3

Initials Surname

Full Name

ID/ Passport No. Date of Birth

Race African Coloured Indian/Asian White Other Gender Male Female

Relationship to main member

Is the newborn dependant your Biological Foster Adopted child Extended family

Is the newborn factually dependant on main member Yes No

Section 3: Dependant general practitioner (GP) nomination

- If you are on the Tanzanite One or the Emerald Value option, you need to choose a Network doctor for your newborn or newly adopted dependant/s.
- A 30% co-payment will apply to claims where a GP has not been nominated.

Dependant number	Name of GEMS beneficiary	Name of GP	Practice number	Doctor's telephone number
Dependant 1		Primary GP		
		Secondary GP		
Dependant 2		Primary GP		
		Secondary GP		
Dependant 3		Primary GP		
		Secondary GP		

Section 4: Important notice

Please note that in terms of the Scheme Rules, the completed form and relevant supporting documentation need to be returned to the Scheme within 60 days of the birth or adoption of your child/ren. Contributions for your child will be due from the first day of the month born or adopted.

Failure to register your child/ren as dependant/s on the Scheme from the date of their birth or adoption may result in claims not being covered, resulting in you becoming liable for those accounts.

Section 5: Declaration

I, ID no.

declare that I have read and understand the information above and that the information provided by me is true and correct.

Authorised signature _____

We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website at www.gems.gov.za.