

Your quick guide to completing Registration of dependant(s) 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 excellent benefit options: Tanzanite One, Beryl, Ruby, Emerald, and Onyx. Emerald Value is categorised as an Efficiency Discount Option (EDO) and serves as a cost-saving alternative for eligible members.

For more information on how to join GEMS, please visit www.gems.gov.za, or call 0800 00 4367.

Documentation required from main member

- A copy of each dependant's ID or birth certificate.
- Previous medical aid certificate with resignation date (if applicable), OR creditable coverage document where the Medical Scheme ceased to exist i.e. sworn affidavit for each dependant (if applicable).

Documentation required for each dependant

Description of dependant	Documentation required
Spouse	<ul style="list-style-type: none"> • A marriage certificate if married. • If in a customary marriage, a *declaration from the member confirming obligation towards his/her spouse.
Ex-spouse	<ul style="list-style-type: none"> • Evidence of legal obligation to provide medical support per divorce settlement or court, e.g. the Divorce Order.
Partner	<ul style="list-style-type: none"> • A declaration confirming that the dependant is the member's life partner.
Child under the age of 21	<ul style="list-style-type: none"> • A declaration confirming obligation towards the child and reason for difference in surname if the child's surname differs from the main member. • Legal documentation if child is adopted.
Child age 21 and older	<ul style="list-style-type: none"> • For students: <ul style="list-style-type: none"> - Proof of registration at a recognised tertiary institution; and - A declaration confirming **factual dependency on the main member. • For mental or physical disability: <ul style="list-style-type: none"> - Proof of disability from a medical practitioner (a medical assessment report completed by a medical practitioner); and - A declaration (a letter, email or telephone call) from the member confirming factual dependency, and that the child is not in a state institution. • If the child is not a student or disabled: <ul style="list-style-type: none"> - A declaration confirming factual dependency on the main member.
Extended family (Parents, step parents, nieces, nephews, parents-in-law, step-parents-in-law, grandparents or grandparents-in-law)	<ul style="list-style-type: none"> • A declaration confirming factual dependency of any such dependants.

***Declaration** - A declaration may be a letter, email, or telephone call from the main member.

****Factual dependence** - A factual dependant depends on the main member for support.

Note:

- Adult contribution rates are payable for all eligible dependants, 21 years of age or older.
- Child rates are payable for disabled dependants, and dependants under 28 years who are enrolled for any course(s) or undergoing supervised practical training.
- Your adult dependant(s) will be subject to at least an annual eligibility review. You must provide proof of dependency of all dependants over the age of 21 every year. Proof of eligibility may be required, for example proof of student registration, a declaration of factual dependency and/or medical report.

Submitting your completed form

Submit your completed form in any of the following ways:

Email: enquiries@gems.gov.za • **Fax:** 0861 00 4367 • **Post:** GEMS at Private Bag X782, Cape Town 8000

Walk-in Centres: Drop it off at any of the following GEMS Walk-in Centres:

Eastern Cape	<ul style="list-style-type: none"> • East London: Shop LG36, Lower Level, Gillwell Shopping Centre, Cnr Gillwell Road and Fleet Street, erf 72885, Eastern Cape 	<ul style="list-style-type: none"> • Mthatha: Unit 10/11/12A, Savoy Complex, Nelson Mandela Drive, Mthatha, Eastern Cape
Free State	<ul style="list-style-type: none"> • Bloemfontein: Shop 124, Cnr Charlotte Maxeke and East Burger Street, Bloemfontein Plaza, Free State 	<ul style="list-style-type: none"> • Welkom: Shop 051, Gold Fields Mall, Cnr Strateway and Buiten Street, Welkom, Free State
Gauteng	<ul style="list-style-type: none"> • Johannesburg: 118 Jorrisen Street, Ground Floor, Traduna House, Cnr Jorrisen and Civic, Braamfontein, Johannesburg, Gauteng 	<ul style="list-style-type: none"> • Pretoria: 541 Madiba St, Arcadia, Suncardia Shopping Centre Level 3, Shop 51 & 52, Pretoria, Gauteng
KwaZulu-Natal	<ul style="list-style-type: none"> • Durban: Shop 33 Berea Centre, Entrance 1, 249 King Dinuzulu, Road Bulwer, Durban, KwaZulu-Natal 	<ul style="list-style-type: none"> • Pietermaritzburg: 39/45 Chief Albert Luthuli Street, Pietermaritzburg, KwaZulu-Natal
Limpopo	<ul style="list-style-type: none"> • Polokwane: Shop 1, Dada Square, 52 Market Street, Polokwane, Limpopo 	<ul style="list-style-type: none"> • Thohoyandou: Stand 2, Venda, Thohoyandou, Limpopo
Mpumalanga	<ul style="list-style-type: none"> • Nelspruit: 30 Brown Street, Nedbank Centre, Nelspruit CBD, Mpumalanga 	<ul style="list-style-type: none"> • eMalahleni (Witbank): Shop No 7, Saveways Crescent Centre, Witbank, Mpumalanga
Northern Cape	<ul style="list-style-type: none"> • Kimberley: Shop 14 & 26 1-17 Long Street, New Park Centre, Kimberley, Northern Cape 	<ul style="list-style-type: none"> • Upington: 61 A Market Street, Upington, Northern Cape
North West	<ul style="list-style-type: none"> • Klerksdorp: Shop 101, Cnr OR Tambo and Naser Street, CBD Klerksdorp, North West 	<ul style="list-style-type: none"> • Mafikeng: Mmabatho Megacity, Shopping Centre, Shop 39, Cnr Sekame and Dr James Moraka Street, erf 3139, Mmabatho, North West
Western Cape	<ul style="list-style-type: none"> • Worcester: 29 Baring Street, Q Squared Shopping Centre, Worcester, Cape Town 	<ul style="list-style-type: none"> • Cape Town: Shop 1, Cnr of Church and Adderley Street, Constitution House, Cape Town, Western Cape

Use this checklist to ensure that you have completed all the relevant sections.

- **Section 1:** Main member details
- **Section 2:** Dependants you wish to register
- **Section 3:** Dependant General Practitioner (GP) nomination
- **Section 4:** Previous medical scheme details
- **Section 5:** Medical history and general health information of your dependant(s).
- **Section 6:** Acknowledgment of Underwriting and Late Joiner Penalties.
- **Section 7:** Declaration

Important to note

- If you have not heard from us within 7 days of submitting your application, please call us on 0800 00 4367 or email us at enquiries@gems.gov.za.
- As a GEMS member, you and your registered dependants will be bound by the Scheme Rules. Read the rules on www.gems.gov.za.
- GEMS reserves the right to impose waiting periods and late joiner penalties as defined in the Scheme Rules.

Registration Form

Application of new dependant(s)



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

Section 1: Main member details

Initials	<input type="text"/>	Surname	<input type="text"/>
Membership no.	<input type="text"/>		

Section 2: Dependants you wish to register

(If you wish to add more dependants please include the additional dependants on a separate sheet of paper when submitting this application)

Dependant 1

Names	<input type="text"/>	Surname	<input type="text"/>	Initials	<input type="text"/>
Date of birth	<input type="text"/>	ID/Passport no.	<input type="text"/>	Gender	<input type="text"/> Male <input type="text"/> Female
Race (for statistical purposes only)	<input type="text"/>	Country of origin	<input type="text"/>		
Country in which passport was issued	<input type="text"/>	Visa number	<input type="text"/>		
Email address	<input type="text"/>	Mobile no.	<input type="text"/>		
Relationship to main member	<input type="text"/>				
Is the dependant factually dependent on main member? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dependant <input type="checkbox"/> Student <input type="checkbox"/> Mentally/Physically disabled					
Dependant type <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child under the age of 21 <input type="checkbox"/> Child of 21 and older					
<input type="checkbox"/> Extended family (Parents, step parents, parents-in-law, step-parents-in-law, grandparents or grandparents-in-law)					
Extent of dependency on member <input type="checkbox"/> The dependant is financially dependent on me					
Please tick the applicable <input type="checkbox"/> The dependant is factually dependent on me for family care and support					

Dependant 2

Names	<input type="text"/>	Surname	<input type="text"/>	Initials	<input type="text"/>
Date of birth	<input type="text"/>	ID/Passport no.	<input type="text"/>	Gender	<input type="text"/> Male <input type="text"/> Female
Race (for statistical purposes only)	<input type="text"/>	Country of origin	<input type="text"/>		
Country in which passport was issued	<input type="text"/>	Visa number	<input type="text"/>		
Email address	<input type="text"/>	Mobile no.	<input type="text"/>		
Relationship to main member	<input type="text"/>				
Is the dependant factually dependent on main member? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the dependant <input type="checkbox"/> Student <input type="checkbox"/> Mentally/Physically disabled					
Dependant type <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child under the age of 21 <input type="checkbox"/> Child of 21 and older					
<input type="checkbox"/> Extended family (Parents, step parents, parents-in-law, step-parents-in-law, grandparents or grandparents-in-law)					
Extent of dependency on member <input type="checkbox"/> The dependant is financially dependent on me					
Please tick the applicable <input type="checkbox"/> The dependant is factually dependent on me for family care and support					

Dependant 3

Names Surname Initials

Date of birth ID/Passport no. Gender Male Female

Race (for statistical purposes only) Country of origin

Country in which passport was issued Visa number

Email address Mobile no.

Relationship to main member

Is the dependant factually dependent on main member? ☐ Yes ☐ No Is the dependant ☐ Student ☐ Mentally/Physically disabled

Dependant type ☐ Spouse ☐ Ex-spouse ☐ Partner ☐ Child under the age of 21 ☐ Child of 21 and older
☐ Extended family (Parents, step parents, parents-in-law, step-parents-in-law, grandparents or grandparents-in-law)

Extent of dependency on member ☐ The dependant is financially dependent on me

Please tick the applicable ☐ The dependant is factually dependent on me for family care and support

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 dependant(s).
- A 30% co-payment will apply to claims where a GP has not been nominated in line with the Scheme Rules.

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		

If you wish to add more dependants, please include the additional dependants on a separate sheet of paper when submitting this application.

Section 4: Previous medical scheme details

Please provide the details of all South African medical schemes that your dependant/s 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 the information from your membership certificates to decide if waiting periods should be applied.

Are your dependants currently members or dependants of another medical scheme? ☐ Yes ☐ No

If **Yes**, have they given notice of termination to the current medical scheme? ☐ Yes* ☐ No**

* If **Yes**, please attach a certificate of membership from that medical scheme reflecting the end date of the membership any waiting periods and/or Late Joiner Penalty. We cannot finalise your dependant application without this.

** If **No**, please give the required notice to the current medical scheme before submitting the application, and attach the certificates of membership from that medical scheme indicating the end date of the membership, any waiting periods and/or Late Joiner Penalty. We cannot finalise your dependant application without this.

Provide the details of all the medical schemes that your dependants previously belonged to, if applicable.

Dependant name	Scheme name	Start date	Is the dependant still a member?	End date if already resigned	Reason for leaving
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

- If the reason for leaving is due to "Change of employment" please send proof of such change.
- If you are unable to obtain documentary proof to substantiate periods of creditable coverage for your dependant(s) (e.g. Medical Scheme ceased to exist), you will be responsible to produce a sworn affidavit declaring such detailed information.

Private bag X782 Cape Town • **Call Centre:** 0800 00 GEMS (4367) • **Fax:** 0861 00 GEMS (4367)
Email enquiries@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • www.gems.gov.za

The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)

Section 5: Medical history and general health information of your dependant(s)

Failure to disclose pre-existing conditions may result in limitations or exclusions of certain benefits.

HIV/AIDS

Although your dependants do not have to disclose their HIV status on this form, they must contact our confidential HIV line on 0860 436 736 within seven working days of submitting this form to GEMS.

This information will be kept confidential.

Disclosure of medical history

Please answer the questions below by marking the relevant box with an X.

In the last 12 months, have any of your dependants (excluding newborns and/or newly-adopted children) received or been recommended for any medical advice, diagnosis, treatment or care for any of the following conditions?

1. Does your dependant(s), being added to your medical aid, use chronic medication? ☐ Yes ☐ No

2. Disorders or problems with the heart or cardiovascular system ☐ Yes ☐ No

Example: Heart murmur, high blood pressure, high cholesterol, shortness of breath, palpitations, chest pains, angina, heart attack and/or any other cardiac or blood disorder.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

3. Respiratory or lung disorders ☐ Yes ☐ No

Example: Tuberculosis, asthma, persistent cough or other breathing problems, emphysema, coughing up blood, cystic fibrosis, sinusitis or allergic rhinitis.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

4. Gynaecological disorders ☐ N/A ☐ Yes ☐ No

Example: Abnormal pap smear or mammogram, endometriosis, ovarian cysts, fibroids, infertility, disorders of the cervix, menstrual disorders or any abnormality of pregnancy or confinement.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

5. Are any of your dependants pregnant or undergoing treatment or investigation for pregnancy at the time of application for membership? ☐ N/A ☐ Yes ☐ No

Patient name	Treating doctor	Last menstrual cycle date	Delivery date

6. Disorders of the digestive system, stomach, gall bladder, pancreas or liver ☐ Yes ☐ No

Example: Gastric or duodenal ulcer, heartburn, hiatus, rectal bleeding, Crohn's disease, ulcerative colitis, irritable bowel syndrome, hepatitis cirrhosis, liver failure, or have any of your dependants ever had gastroscopy or colonoscopy.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

7. Disease or disorders of the kidneys, bladder or reproductive organs ☐ Yes ☐ No

Example: Abnormal urine tests, kidney stones, nephritis, prostatitis, bladder infections or sexually transmitted diseases.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

8. Disorders of the nervous system or brain ☐ Yes ☐ No

Example: Epilepsy, stroke, multiple sclerosis, migraine, headaches, paralysis, Parkinson's disease or have any of your dependants been advised to have a MRI or CT scan.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

9. Mental disorders ☐ Yes ☐ No

Example: Depression, anxiety, panic attacks, schizophrenia, eating disorders, attention deficit hyperkinetic disorder (ADHD or post-traumatic stress disorder).

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

10. Ear, nose, throat or eye disorders ☐ Yes ☐ No

Example: Defective vision, cataracts, glaucoma, retinitis, disorders of the cornea, hearing loss, ear discharge, otitis media or allergies.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

11. Disorders or diseases of the skin, muscles, bones, joints, limbs or spine

☐ Yes ☐ No

Example: 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.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

12. Diabetes, sugar in urine, thyroid or other glandular or blood disorders

☐ Yes ☐ No

Example: Growth disorders, Cushing's disease or Addison's disease.

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

13. Removal of cancer, growth or tumour including moles

☐ Yes ☐ No

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

14. On or anticipating any specialised dental/maxillofacial treatment

☐ Yes ☐ No

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

15. Any accident, including motor vehicle accidents

☐ Yes ☐ No

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

16. Surgical procedures

☐ Yes ☐ No

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

17. Awaiting or planning any operation or admission to any hospital in the next 12 months

☐ Yes ☐ No

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

18. Taking on-going medicine for any condition not listed above

☐ Yes ☐ No

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

19. Any other condition or symptom, not listed above, for which medical advice, diagnosis, care or treatment has already been recommended or received, or could result in a medical claim within the next 12 months.

☐ Yes ☐ No

Patient name	Illness or condition	Date first diagnosed	Date of last occurrence	Treatment recommended (medicine, etc.)	Name of treating doctor	Doctor's contact details

Section 6: Acknowledgment of Underwriting and Late Joiner Penalties

Note: GEMS will impose underwriting and/or Late Joiner Penalties where applicable.

Please note that adding a dependant may be subject to a Late Joiner Penalty (LJP), potentially increasing your monthly contributions.

- I am aware that GEMS reserves the right to impose waiting periods on beneficiaries. GEMS will notify me in writing should any of these waiting periods apply to any of my registered dependants, based on the information provided in this application.
- I understand that a three-month general and/or twelve-month condition-specific waiting period may be imposed on the following membership category:
 - Dependants who join GEMS on a different date from the main member (excluding newborn babies and newly-adopted children).
- I understand that a late joiner penalty may be imposed on any beneficiary over the age of 35.

Signature of main member _____

Date

Section 7: Declaration

I, _____ ID number

declare that the information submitted is true and correct.

Signature of main member _____

Date

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.

Make use of the multi-function GEMS Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App

