

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 six excellent healthcare benefit options: Tanzanite One, Beryl, Ruby, Emerald Value, Emerald and Onyx.

For more information on how to join GEMS, please visit www.gems.gov.za, or call 0860 00 4367, or SMS "please call me" to 083 450 4367 and an agent will call you.

Documentation required from main member

- A copy of each dependant's ID or birth certificate
- Previous medical aid certificate for each dependant with resignation date (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 of 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 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: <ul style="list-style-type: none"> - A declaration confirming factual dependency on the main member.
Extended family (Parents, step parents, 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 family care and 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, c/o Gillwell Road and Fleet Street 	<ul style="list-style-type: none"> • Mthatha: Savoy Complex, Unit 11 & 12A, Nelson Mandela Drive
Free State	<ul style="list-style-type: none"> • Bloemfontein: Bloem Plaza, Shop 124, Charlotte Maxeke Street 	<ul style="list-style-type: none"> • Welkom: Gold Fields Mall, Shop 51A, c/o Stateway & Buiten Street
Gauteng	<ul style="list-style-type: none"> • Johannesburg: Traduna House, 118 Jorrisen Street, Ground Floor, c/o Jorrisen and Civic Boulevard (opposite Civic Centre), Braamfontein 	<ul style="list-style-type: none"> • Pretoria: Sancardia Building, Shop 51, First Floor, c/o Beatrix & Church Streets, Arcadia
KwaZulu - Natal	<ul style="list-style-type: none"> • Durban: The Berea Centre, Shop G18, Entrance 1, 249 Berea Road, Berea 	<ul style="list-style-type: none"> • Pietermaritzburg: Deloitte House, Suite 3, Block A, 181 Hoosen Haffejee Street (Berg Street)
Limpopo	<ul style="list-style-type: none"> • Polokwane: Shop 1, 52 Market Street 	<ul style="list-style-type: none"> • Thohoyandou: Unit G3, Metropolitan Centre
Mpumalanga	<ul style="list-style-type: none"> • Nelspruit: Shop No. 18, Nedbank Centre, 30 Brown Street, Nelspruit CBD 	<ul style="list-style-type: none"> • eMalahleni (Witbank): Safeways Crescent Centre, Shop S67, c/o President & Swartbos Streets, Die Heuvel
Northern Cape	<ul style="list-style-type: none"> • Kimberley: New Park Centre, Shop 14, Bultfontein Way & Lawson Street 	<ul style="list-style-type: none"> • Upington: 61A Mark Street
North West	<ul style="list-style-type: none"> • Klerksdorp: City Mall, Shop 101, c/o OR Tambo & President Street, Klerksdorp CBD 	<ul style="list-style-type: none"> • Mafikeng: Mmabatho Megacity Shopping Centre, Shop 39, c/o Sekame & James Moraka Streets, Mmabatho
Western Cape	<ul style="list-style-type: none"> • Worcester: Mountain Mill Shopping Centre, Shop 125 A & B, Mountain Mill Drive 	<ul style="list-style-type: none"> • Cape Town: Constitution House, 124 Adderley Street

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:** Acknowledgement of waiting periods
- **Section 7:** Declaration

Important to note

- If you have not heard from us within 7 days of submitting your application, please call us on 0860 00 4367 or email us at enquiries@gems.gov.za.
- As a GEMS member, you and your registered dependants will be bound by the GEMS Rules. Read the rules on www.gems.gov.za.
- GEMS reserves the right to impose waiting periods as defined in the Scheme Rules.

Registration of new dependant(s)

Application Form



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

Section 1: Main member details

Initials Surname
Membership no.

Section 2: Dependants you wish to register

Dependant 1

Names
Surname
ID/Passport no.
Race Gender Male Female
Country of origin
Country in which passport was issued
Visa number Date of birth Mobile no.
Email address
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, grandchildren, niece or nephew).

Dependant 2

Names
Surname
ID/Passport no.
Race Gender Male Female
Country of origin
Country in which passport was issued
Visa number Date of birth Mobile no.
Email address
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, grandchildren, niece or nephew).

Dependant 3

Names

Surname

ID/Passport no.

Race Gender Male Female

Country of origin

Country in which passport was issued

Visa number Date of birth Mobile no.

Email address

Relationship to main member

Is the dependant factually dependent on main member? Yes No

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, grandchildren, niece or nephew).

Please indicate if the dependant is A student Mentally/physically disabled

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.

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

Has the dependant ever been a main member or dependant of GEMS? Yes No

If **Yes**, please provide membership number

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 and any waiting periods that were applied. We cannot finalise your 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 and any waiting periods that were applied. We cannot finalise your 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		

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

If you do not disclose pre-existing conditions, certain benefits could be limited and/or excluded.

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. Do any of your dependants use chronic medicine? 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 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. Pregnant or suspecting pregnancy? 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 waiting periods

Note: GEMS will impose underwriting on certain membership categories in the form of waiting periods. Please declare your acceptance of this by signing below.

- I am aware that GEMS reserves the right to impose waiting periods on any beneficiary. 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 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).

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