New-born Baby Addition Form

1.Main member's details

Name.....Membership number.....

2.Newborn's details

1.First name.....Surname.....

Date of birth..... Gender F ☐ M ☐

2.First name.....Surname.....

Date of birth..... Gender F ☐ M ☐

3.First name.....Surname.....

Date of birth..... Gender F ☐ M ☐

3.Declaration

Does the newborn (s) have any known conditions Yes ☐ No ☐

(If you ticked yes please give an explanation in the space below)

Please provide the name of the newborn(s) doctor.....

I .....,the undersigned, request that the newborn(s) on this form be added to my health plan as a dependant (s). I confirm that all the information given above is true and correct to the best of my knowledge.

Signature..... Date.....

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THE NORTHERN MEDICAL AID SOCIETY