

# NEW BUSINESS CHECK LIST



PO Box 2338, Durban 4000 | Tel: 0861 000 300 | Fax: 031 580 0478 | Email: membership@mhcmf.co.za

taking care of our own

1. Please ensure that the application is completed in detail before submitting to the Administrator.

## APPLICATION CHECK LIST

- Full names  
Surnames  
Identity numbers/Copies of identity documents or passports for applicants and all dependant/s  
Marital status – marriage certificate  
SARS income tax reference number
- Postal address, physical address and telephone numbers (cell phone and landline)  
Email addresses
- Banking details are a pre-requisite for credit refunds  
Bank stamp
- Option selection must be clearly marked – proof of income to be submitted for Custom and Essential Options
- Please ensure that the employer information is completed, i.e.
  - Name of employer
  - Applicant's employee number
  - Applicant's commenced employment date
  - Date membership is to start
  - Group and group number (this can be obtained from the billing statement, payroll office or HR department)
  - Signature and designation
  - Contact details
  - Date of permanent employment
- Signatories – all sections  
Previous medical scheme information  
Copies of valid certificates of membership from previous schemes (with the start and end dates)
- Medical history section must be completed for each dependant;  
If 'yes' is ticked, please supply detailed information of the medical condition, i.e. medical diagnosis and detailed information of the treatment received, or recommended
- Parents/Siblings – addition of dependant forms to be submitted (signature from the principal member)
  - Surname differ – an affidavit is required indicating that the principal member is the biological parent
  - Newborn – birth notification or birth certificate is required. Must be registered within 30 days of birth
  - Foster child – court order for foster care
  - Legally adopted – final adoption order
  - Grandchildren – proof of financial dependency required
  - Stepchild – affidavit stating that the child is the biological child of the member's spouse
- Parents-in-law are not covered
- Spouse – addition of dependant forms to be submitted (signature from the principal member)
  - Surnames differ – a copy of a marriage certificate is required
  - Common law spouse/Fiancé/Partner – require an affidavit confirming co-habitation
- Parents – addition of dependant forms to be submitted (signature from the principal member)
  - Affidavit confirming financial dependency and relationship to the principal member
  - Proof of income required

2. Once the application has been checked against the above and all documentation has been attached, the application may be forwarded to the following:

**Fax:** 031 580 0478

**Email:** membership@mhcmf.co.za

**Postal address:** Moto Health Care  
Membership Department  
PO Box 2338  
Durban  
4000

**Please note:**

- Only Moto Health Care applications will be accepted.
- Incomplete forms and outstanding documentation may delay the process.