Generation Health

MEMBERSHIP APPLICATION FORM
*ATTACH COPY OF NATIONAL ID/ BIRTH CERTIFICATE

Generation Health
P.O. Box 10130
HARARE
Website: www.generationhealth.co.zw

Generation Health
2nd. Floor, Zimnat House
Nelson Mandela Ave./3rd. Street
HARARE

Section A: Value Plans

		Jade	☐	**Green**	☐
Ebony	☐	**Ivory**	☐	**Mahogany**	☐

Plan selection: Elite Plans

Green Elite	☐	**Ebony Elite**	☐	**Ivory Elite**	☐	**Mahogany Elite**	☐

Section B: Section B: Principal member details

Title	Rev	Surname		Cellphone	
Name				Telephone (W)	
Identity number				Telephone (H)	
Date of birth		Gender (M/F)	Female	Marital status	Widowed
Physical address				Join date	
				Postal address	
Passport number **(If Foreign national)**					
				E-mail	

Section C: Dependant details

Name	Surname	Sex	Date of birth	Identity number	Relationship	Plan
		Femal				Jade
		Femal				Mahog
		Femal				Mahog
		Femal				Mahog
		Femal				Mahog
		Femal				Mahog
		Femal				Mahog

Section D: Employer details **for members joining under corporates only You must submit the completed application form to your HR department if your medical aid is through the employer If your medical aid is through the employer this section must be completed and stamped by your employer

Name of employer			Department/Division		Employer stamp
Employee number			Employment start date		
Telephone (w)			Position held		
Group number		Gender (M/F) Fema	Cell phone		
Employer representative			Join date		

We the Employer confirm that the applicant is employed by us and began employment as per employment date
Section C. Contributions will be
deducted according to the Fund Rules and option chosen.

Signature of employer representative: _____ **Date:** _____

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Section E: Medical details: Please enter the medical history of you and your dependants below. Failure to disclose medical conditions could limit your benefits, exclude you from receiving some benefits or result in termination of your membership.

Condition/Illness	Patient/s	Condition	Date of last treatment
1. Chronic illnesses (e.g. raised cholesterol, heart problems, diabetes, high or low blood pressure, asthma, depression and thyroid disorder)			
2. Gastro-intestinal disorders (e.g. ulcers, stomach disorder, Crohn's disease and ulcerative colitis)			
3. Muscle, Bone, Skin or Nerve disorders (e.g. back and neck-related conditions, arthritis, multiple sclerosis, epilepsy, knee or hip ailments and psoriasis, eczema)			
4. Urinary and reproductive disorders (e.g. kidney stones, prostate disorders, , endometriosis, ovarian cysts and menstrual disorders)			
5. Ear, nose or throat disorders (e.g. glaucoma, cataracts, visual disorders, deafness and dental complications)			
6. Blood diseases or cancer (e.g. cervical/ breast cancer, lymphomas, thalassemia, leukaemia)			
7. Are you or any of your dependants pregnant? (If yes, provide details)			
8. Have you or any of your dependants had surgery in the past, or are you planning to have surgery in the next 12 months? (If yes please provide details)			
9. Are there any other conditions not listed above, for which medical advice, care or treatment has been recommended or received			

Section G: Previous medical scheme information: Please provide full details of the previous membership and attach a copy of your previous certificate of membership reflecting the termination date

Member name	Scheme	Member number	Join date	Termination date

Section H: Banking details for refunds: If the account holder's details differ from the main member, a letter from the account holder authorising use of their banking details is required.

Bank name		Branch name		Branch code	
Account type		Account number			
Account holder (Company)					

Instruct Generation Health to deposit claims and savings refunds into the banking details provided above.

Acknowledgement and declaration

1. I, the undersigned, apply to be accepted as Generation Health member. If accepted I agree to follow the rules of Generation Health. I know that the rules are available at www.generationhealth.co.zw and will be provided to me upon request from Generation Health
2. I declare that the information contained in this application form, relating to me and my dependants, is correct. I also declare that I have the permission of my dependants to disclose personal information about them to Generation Health and will provide written proof of this if requested
3. I declare that any false information in this application form or the non-disclosure of any material information will result in my membership being declared null and void and that any money paid to Generation Health will be forfeited
4. I accept that Generation Health has the right to claim damages in respect of any loss or damages it may suffer due to my non-disclosure or misrepresentation or fraudulent behaviour. If any of my or my dependants' circumstances changes after the date of signing this application or the acceptance of my membership, I will promptly notify Generation Health of the changes within 30 days of the change in circumstances as required by Generation Health fund rules. I understand that failure to do so may lead to the termination or amendment of the terms and conditions of my membership and Generation Health shall also be entitled to reclaim any amounts, it may have erroneously paid to any service provider on behalf of me or my dependants, from me

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5. I instruct and allow my employer to deduct and pay over amounts that may become owing or due on my behalf to Generation Health
6. I agree that if Generation Health incurs any legal costs or expenses to recover any amount owed by me, I shall be responsible for such costs and expenses on the attorney/client scale
7. I understand that it is my responsibility as the principal member to ensure that the monthly contributions are received by Generation Health I also understand that if any contributions are unpaid, it may result in my dependants and I being suspended or terminated until such all arrear contributions have been settled. I also understand that should my membership be terminated or suspended or terminated, I will not be entitled to any benefits arising from my membership whatsoever
8. I authorise my and my dependants' healthcare providers to disclose information to Generation Health and its contracted service providers and partners, provided that the information is treated as confidential
9. I agree to provide Generation Health with any medical information and grant Generation Health access to medical information reasonably required relating to a specific ailment, disease, disorder, condition or disability
10. I agree that should I be accepted as a member of Generation Health, I shall provide Generation Health with all information that Generation Health may reasonably require for the purpose of carrying out its obligations in terms of the Medical Services Act of 2000 and the Generation Health fund rules
11. I also agree and understand that I may be required to attend and examination by Generation Health medical assessors as and when necessary
12. I understand that the following underwriting conditions may be applied to my membership as prescribed by Generation Health

12.1.1 Subject to the Fund Rules, applicants who are transferring directly from an Association of Healthcare Funders of Zimbabwe (AHFoZ) affiliated medical aid society, where they were covered continuously for twenty-four (24) month or more, may be admitted without waiting periods.

12.1.2 Applicants joining medical aid for the first time will be subject to a general three (3) month waiting period. The following condition specific waiting periods as detailed in the Brochure

13. I understand that the underwriting conditions will impact my and my dependant's rights to benefits is applied
14. I allow Generation Health to take all reasonable steps to verify information provided by me in this application form and agree to submit proof of identification to Generation Health on request
15. I consent to my telephone conversations with Generation Health contact centre being recorded and forming part of Generation Health records. I also agree that such records will remain the sole property of Generation Health
16. I declare that the information provided in this document is true and accurate and if accepted will form the basis of my agreement with Generation Health
17. I acknowledge that I have read and understood the content of this application form. I confirm that the content of this application form and the implications thereof have been read and explained to me

Signature of principal member: _____ **Date:** _____