

UPDATE YOUR PERSONAL INFORMATION 2022

This form is to update your personal information



Contact details

Tel: 0800 12 CARE (2273) • PO Box 653418, Benmore, 2010 • www.libcare.co.za

Libcare Medical Scheme (referred to as Libcare or the Scheme), registration number 1197, is a not-for-profit entity, registered with the Council for Medical Schemes as a closed membership scheme which provides cover for eligible full-time permanent staff members and retirees of the Liberty Group, and their eligible dependants.

Discovery Administration Services (referred to as the Administrator), registration number 2004/006809/07, is a separate company to Libcare, and is accredited by the Council for Medical Schemes to provide administration services to medical schemes, including Libcare and its members.

If any information has changed, please update the information in the blocks provided and return this document to us.

To complete this form:

- Please print clearly using CAPITAL letters and one character per block
- Please submit your completed form by email to enquiries@libcare.co.za

1. Details of Principal member

Title	<input type="text"/>	First name/s	<input type="text"/>
Surname	<input type="text"/>		
SA ID/Passport number	<input type="text"/>	Date of birth	<input type="text"/>
Membership number	<input type="text"/>		

2. Update your details (only complete the sections you wish to change)

2.1. Principal member

Title	<input type="text"/>	First name/s	<input type="text"/>
Surname	<input type="text"/>		
SA ID/Passport number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
		Postal code	<input type="text"/>
Home address	<input type="text"/>		
		Postal code	<input type="text"/>

2.2 Spouse or life partner details

Title	<input type="text"/>	First name/s	<input type="text"/>
Surname	<input type="text"/>		
SA ID/Passport number	<input type="text"/>	Date of birth	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
E-mail address	<input type="text"/>		

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2.3 Dependant details

Title	<input type="text"/>	First name/s	<input type="text"/>
Surname	<input type="text"/>		
SA ID/Passport number	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone (H)	<input type="text"/> - <input type="text"/>	Telephone (W)	<input type="text"/> - <input type="text"/>
Cellphone	<input type="text"/> - <input type="text"/>		
E-mail address	<input type="text"/>		

By signing and returning this form to Libcare Medical Scheme you confirm that all details are accurate, current and complete.

Signature of Principal member	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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