APPLICATION FOR REGISTRATION OF A NEWBORN BABY 2026

Libcare

Contact us
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 the medical scheme to which you are applying to register a dependant. This 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 eligible retirees of the Liberty Group, and their eligible dependants.

Discovery Administration Services (Pty) Ltd (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.

IMPORTANT INFORMATION

The following documents must be submitted to your Payroll administrator. Failure to do so will result in the application not being processed.

- Certified copy of Birth certificate/s for all dependants being registered
- Fully completed ***Application for registration of a newborn baby form***

NOTE

Registration of newborn babies must be applied for within 30 days of the date of birth. For us to accept your newborn baby without any conditions your application must be received within 30 days of his or her birth and cover must start from the date of birth. If you are applying after 30 days from birth of your newborn baby, or you want the cover to start on any other day after the date of birth, we may apply certain conditions to your baby's registration with the Scheme. You will need to complete a different application called Libcare Medical Scheme Application for addition of dependant/s form.

How to complete the form

- Please print clearly using CAPITAL letters and one character per block
- Mark with a 'x' where necessary.
- Should you have any queries, please contact the Libcare Contact Centre during office hours on 0800 12 CARE (2273) for assistance.
- Please initial and date any changes you make to any details you have already completed

1. Details of Principal Member

Membership number

Member's name

Member's surname

2. Details of a Newborn baby

2.1 Newborn 1

Surname

First name Second name

ID Number

Date of birth D D M M Y Y Y Y Gender M F

Is the newborn your biological child? Yes No or is the newborn adopted or fostered? Yes No

If the newborn is adopted or fostered, please supply legal proof of adoption or foster care arrangement.

2.2 Newborn 2

Surname

First name Second name

ID Number

Date of birth D D M M Y Y Y Y Gender M F

Is the newborn your biological child? Yes No or is the newborn adopted or fostered? Yes No

If the newborn is adopted or fostered, please supply legal proof or foster care arrangement.

2.3 Newborn 3

Surname

First name Second name

ID Number

Date of birth D D M M Y Y Y Y Gender M F

Is the newborn your biological child? Yes No or is the newborn adopted or fostered? Yes No

If the newborn is adopted or fostered, please supply legal proof or foster care arrangement.

3. Birth details

Type of delivery? Vaginal delivery Caesarean section

Did the baby sustain injuries or experience complications at birth? Yes No

Are they living with a mental or physical disability? Yes No

Is there any other information you feel we should be aware of? Yes No

4. Declaration by Principal Member

I,

(first name and surname) as the Principal Member, request that the newborn/s applied for on this form be added to my membership as a dependant/s. I also confirm that all the information supplied here is true and correct to the best of my knowledge and belief.

Signed at (town or city)

Signature of Principal Member

Date D D M M Y Y Y Y

(Please do not sign incomplete application form)
I confirm the information is accurate and complete

5. Payroll Administrator details

Name

Surname

Date D D M M Y Y Y Y

Designation

Signature