

ANNUAL ELIGIBILITY REVIEW – CHILDREN TURNING 23 AND OLDER

PLEASE COMPLETE FORM IN BLOCK LETTERS

To be completed by the Principal Member annually in respect of any dependants who are turning 23 years or older.

1. PERSONAL PARTICULARS

PRINCIPAL MEMBER

Membership number	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>
Full name and surname	<input type="text"/>		
ID/Passport number	<input type="text"/>	Cell phone number	<input type="text"/>
Physical address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Email address	<input type="text"/>		

DEPENDANT

Provisions of the Protection of Personal Information Act 4 of 2013 (POPIA), which came into effect from 1 July 2020, requires that all medical schemes communicate personal health information directly with dependants who are 18 years and older. Please provide contact details for each applicable dependant below.

Title	<input type="text"/>	Initials	<input type="text"/>	Dependant code	<input type="text"/>
Full name and surname	<input type="text"/>				
ID/Passport number	<input type="text"/>	Cell phone number	<input type="text"/>		
Physical address	<input type="text"/>				
	<input type="text"/>	Code	<input type="text"/>		
Personal email address	<input type="text"/>				

2. DECLARATION

Please complete the relevant section below (either **2.1** or **2.2**) and return the completed and signed form to membership@pggmeds.co.za ahead of your dependant's upcoming (current) birthday.

2.1 Please retain the above dependant on PG Group Medical Scheme as he/she is still dependent on me for family care and support.

I declare that I am liable for family care and support of the above mentioned dependant and that he/she is not currently able to reasonably afford his/her own medical scheme as he/she is:

- Still studying
- Permanently, physically or mentally disabled
- Unemployed
- Not earning a sufficient income to afford his/her own medical scheme at this time

2. DECLARATION (CONTINUED)

2.2 Please remove my dependant from the first day of (month) (year) as I am no longer liable for his/her family care and support.

Signature of principal member

Date

06/2026

DISCLAIMER:

PG Group Medical Scheme reserves the right to list members who, in the opinion of the Scheme's Administrator, Momentum Health (Pty) Ltd Fraud and Ethics Committee, have behaved unethically towards the Scheme, abused their benefits, perpetrated fraud or colluded with others to perpetrate fraud against the Scheme, on the TransUnion Credit Bureau. This information may be viewed by all medical schemes that participate in the Board of Healthcare Funders' (BHF) Forensic Management Unit.



Administered by Momentum Health (Pty) Ltd

PO Box 2070, Bellville 7535

Tel: 0860 005 037

Email: membership@pggmeds.co.za

Website: www.pggmeds.co.za