# Scheme Access Request for Existing Online Statutory Returns Users

(Note: This form is fillable. To fill a field, click on the grey text)

**User Requesting Access:**

|  |  |
| --- | --- |
| Medical Scheme Name (to which access is required) | Scheme Name |
| User Name (requesting rights):  **This is the username currently used on the Statutory Returns Portal, if you are a new user and do not have a username, please register on the Statutory Returns Portal first. The url is** [**https://www.medicalschemes.com/Returns/register.aspx**](about:blank) | User Name |

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Signature of User

Date :Date

**Approved by :**(Either ‘User Administrator’, ’Fund Manager’ or ’PO’ of Scheme)

Name : Name

Designated Position: Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Official

Date: Date

**Send this document back to either:**

Fax: (0)12 431 0696

E-Mail: [statutoryreturns@medicalschemes.com](about:blank)