

Employer Information Form for Flexicare 2023



Contact us

Tel: 0860 444 779; 1 Discovery Place, Sandton, 2196; PO Box 784262, Sandton, 2146; www.discovery.co.za

Who we are

Flexicare is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for medical scheme membership. Flexicare is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07 an authorised financial services provider and underwritten by Auto & General Insurance Company Limited, registration number 1973/016880/06, an authorised insurer and financial services provider. Terms, conditions and limits apply.

What you must do

- Fill in the form in black ink and print clearly or complete the form digitally.
- This form ("the Information Form") must be completed and returned to Flexicare together with the signed Flexicare employer contract for registration of the Product. The signed quotation, this Information form and the employer contract together will constitute your agreement with Flexicare for the Product.
- Sign section 6. This section must be physically signed and may not be signed digitally.
- Email the signed employer contract and this Information form to **GroupApplication@discovery.co.za**

1. About your organisation

When do you want your cover to start?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name of employer

Registration number Employer number

VAT number Branch number

Legal entity, for example (Pty) Ltd,

Physical address

Suite number Complex name

Street number Street name

Suburb Postal code

Postal address (Post collected from post box, suite or private bag)

If you do not complete a postal address, we will use your physical address for the post.

PO Box Private Bag Box number

Suite Postnet Suite Number

Suburb Postal code

In what industry do you operate? Please tick the applicable block.

Mining and mining resources Financial Services Retail Construction/building Manufacturing

Hotel/leisure/entertainment Professional services Education Religious organisations IT

Other (please specify)

COVID (workman's compensation) registration number

2. Your organisation's contact person

2.1. Contact person (This is the Employer contact person who is authorised to deal with us and send us financial and other changes for your Employees)

| | | | |
|--|---|-----------------|---|
| Title | <input type="text"/> | Initials | <input type="text"/> |
| Surname | <input type="text"/> | | |
| First name(s) (as per identity document) | <input type="text"/> | | |
| ID or passport number | <input type="text"/> | Employee number | <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"/> | Fax | <input type="text"/> - <input type="text"/> |
| Email address | <input type="text"/> | | |

3. Banking details for your monthly contributions (if applicable)

You may only provide a South African bank account. Payment of all fees will be in advanced and by means of a debit order, unless you have an existing payment arrangement with discovery Health, in which case that payment arrangement will also be applied to the fees payable in terms of this product. If the product is not activated prior to the debit order submission, the initial fee will be included in the following month's debit order.

Please note: We do not accept credit card details and you can only use a South African bank account.

| | | | |
|---|----------------------|-----------------|--|
| Bank name | <input type="text"/> | | |
| Branch name | <input type="text"/> | Branch code | <input type="text"/> |
| Account number | <input type="text"/> | Type of account | Cheque <input type="checkbox"/> Savings <input type="checkbox"/> |
| Name of account holder | <input type="text"/> | | |
| Authorised signatory (ies) on behalf of the employer and employees duly authorised: | | | |
| Name(s) | <input type="text"/> | Name(s) | <input type="text"/> |
| Designation(s) | <input type="text"/> | Designation(s) | <input type="text"/> |

4. Flexicare Debit Order Mandate

Note: If the request to change bank details is submitted within five days from the next debit order date, the debit order might still be submitted on the old bank account as we need a minimum of five days' notice to update bank details.

Supporting documents required

Please send the signed Request to change bank details online mandate back to us with the documents under each type of bank account. Please only send the documents relevant to your update. These documents are only applicable or needed when you are using one of the bank account types listed below.

When using **another person's bank account** person's bank account (for example, spouse, aunt, uncle, friend, father, son):

- Proof of the account, like a copy of the bank statement, not older than three months.
- A copy of the ID, passport or drivers license of the main member and bank account owner.

When using a **joint account**:

- Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof must not be older than three months from the day that you send it to us)
- A copy of the ID, passport or drivers license of each of the joint account owners

When using a **company account**:

- Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof must not be older than three months from the day that you send it to us)
- A copy of the ID, passport or drivers license of each signatory or person who has authority to sign on behalf of the company
- A letter of authority including the details of all the persons of authority and the policy or membership details
- A copy of the company's certificate of registration

When using a **trust account**:

- Proof of the account, like a copy of the bank statement or letter from the bank on a bank letterhead (the proof must not be older than three months from the day that you send it to us)
- A copy of the ID, passport or drivers license of each of the trustees of the account
- A copy of the trust's certificate of registration
- A copy of the trust resolution, showing the trustees

If you have staff members on the scheme, we will align the billing method to the scheme's. If you are currently a cash payer, you can choose to pay for Flexicare through a debit order, where your premiums will be deducted through a debit order, please complete the below details:

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|--|--|--|--|--|--|--|--|--|--|--|------|---|---|---|---|---|---|---|---|
| Name of accountholder | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | |
| Bank | | | | | | | | | | | | | | | | | | | | | |
| Branch and code | | | | | | | | | | | | | | | | | | | | | |
| Account number | | | | | | | | | | | | | | | | | | | | | |
| Type of account | | | | | | | | | | | | | | | | | | | | | |
| Amount | R | | | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y |
| To: (name of beneficiary) | | | | | | | | | | | | | | | | | | | | | |

Terms and conditions

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, the undersigned:

- Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct.
- Authorise Flexicare to issue and deliver payment instructions to my bank, recorded above, for the collection by Flexicare from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the agreement which shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving Flexicare no less than ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate.
- Confirm that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection and there is an amount outstanding, Flexicare can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day.
- Authorise Flexicare to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this agreement.
- Acknowledge that my bank will treat each payment instruction to pay premiums or amounts due under this agreement to Flexicare as if each payment instruction came from me personally as the account holder.
- Undertake to advise Flexicare in writing of any changes to my account details and acknowledge that Flexicare will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Flexicare of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership.
- Acknowledge that although this authority and mandate may be terminated by me, such termination does not necessarily terminate this In the event of such termination, I am not entitled to any refund of any premiums or amounts due that was withdrawn by Flexicare whilst this authority and mandate was in force if such premiums or amounts were legally owing to Flexicare in terms of the agreement.
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.
- Acknowledgement that this Authority may be assigned to a third party if this agreement is also assigned to a third party.

Reference number

This Agreement reference number: System generated reference number

Abbreviated name

Abbreviated name: DHFLEXCAR

Deduction amount – as per signed contract

Payment start date – as per signed contract

Signature of bank account holder

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Please only sign if you have read and understand this statement

In addition to the above terms, the account holder must agree to the following:

- I confirm that I have the right to give Flexicare the authority to debit such account on a monthly basis. Furthermore, I will be liable for any

claims, losses or damages of whatsoever nature arising out of debits made by Flexicare to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.

- I hereby authorise Flexicare to verify the banking details as provided above for the purpose of setting up a debit order, in need.
- I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
- I confirm that if I miss a premium collection date, I authorise that Flexicare may deduct a double debit of my premiums the following month

I _____ (Full name(s) and surname according to your identity document), as the account holder, give Flexicare and its subsidiaries in their relevant capacities permission to change my banking details.

Signed at (town or city) _____

Signature of account holder _____ on

| | | | | | | | |
|---|---|---|---|---|---|---|---|
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|---|---|---|---|---|---|---|---|



Please only sign if you have read and understand this statement.

This form is only a complete application when it contains all the information we need to fully process your application. We take the date on which we receive the complete application as the application date, and not the date on which you sign the form.

5. Your financial adviser's details (to be completed by your financial adviser)

| | | | |
|--|-------|---|-------|
| Financial adviser's name | _____ | Code | _____ |
| Intermediary house | _____ | Code | _____ |
| Financial adviser's telephone number (W) | _____ | Lead number | _____ |
| Email | _____ | | |
| Bank reference number (if applicable) | _____ | (Mandatory for all ABSA and FNB financial advisers) | |

Declaration

I declare that I have read, understood and agree to the broker declaration on www.discovery.co.za/portal/rules.

I declare that:

- 5.1. I am an accredited financial adviser in terms of the Medical Schemes Act and licensed by the Financial Services Board in terms of the Financial Advisory and Intermediary Services Act at the date of signing this application form.
- 5.2. I am appointed by the employer to provide advice about this application.
- 5.3. I have a valid contract with Flexicare and I have made the client aware of the commission payable Flexicare.
- 5.4. I am responsible for providing the employer and its employees with:
 - my name, physical address, postal address and telephone number.
 - impartial advice that is in his or her best interest.
- 5.5. I am accountable for any advice given to the organisation and its employees about completion of this application form and joining Flexicare.

Signature of financial adviser _____



Please only sign if information is true, complete and correct.

6. Terms and Conditions

- 6.1. You confirm that you have read and understood the Flexicare employer contract and you agree to be bound thereby.
- 6.2. You understand that the information provided to Flexicare in this Information Form will be regarded as personal information as envisaged in the Privacy Statement and the Flexicare employer contract.

7. Signature

You warrant that you are duly authorised to sign this Information Form on behalf of the Employer and that all information stated on this Information Form is true, correct and complete.

Signed at _____ on

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature _____

Designation _____

 Please only sign if information is true, complete and correct.

Flexicare Privacy Statement

Discovery Health (Pty) Ltd; registration number 1997/013480/07, is an authorised financial services provider and administrator of medical schemes.

How we will process and disclose your personal information and communicate with you

Definitions

Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, a Council for Medical Schemes accredited administrator and managed care organisation and a subsidiary of Discovery Limited (registration number 1999/007789/06).

Flexicare is an employer funded health care related benefit for employees, provided by the insurer and administered by the administrator.

Insurer refers to Auto & General Insurance Company Limited, registration number 1973/016880/06, an authorised insurer and financial services provider.

You and your refers to the member and the dependants on Flexicare which may include your spouse, children and other dependants as the case may be.

Your personal information refers to all personal information the Discovery Group has processed relating to you or persons who are related to you or under your authority (as may become relevant depending on the context). Your Personal Information includes:

- financial information;
- information about your health, race or ethnic origin, biometrics, criminal behavior or religion
- your gender or sex;
- your age;
- unique identifiers such as your identity number or contact numbers; and
- addresses.

Process(ing) (of) information means the lawful and reasonable automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

Competent person means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

When you engage with the Insurer and Administrator, you entrust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.

The Insurer and Administrator will keep your personal information confidential.

We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources. Thus, your personal information comprises information you may have given to us yourself or we may have collected from other sources.

You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that the Insurer and Administrator require your acceptance to activate and service your membership. If you do not accept these terms and conditions, we cannot activate and service your membership.

You understand and/or acknowledge that when you include your spouse and/or dependents on your application, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate interest. By submitting your dependents' relevant personal information, you hereby confirm that you are duly authorised to share such information with us. We will furthermore process their information for the purposes and in the manner set out in this Privacy Statement.

If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person and that you have authority to give their consent on their behalf.

If you share your personal information with any third parties, we will not be responsible for how they use this information nor be responsible for any loss suffered by you or your employer (where applicable).

If a third party asks Us for any of Your Personal Information, we will only share it with them if:

- You have already provided Your consent for the disclosure of this information to that third party; or
- We have a legal or contractual duty to give the information to that third party.

Each party accepts responsibility to the extent that the processing activities of personal information fall under the control of that party and agrees to indemnify the other party/ies against any loss or damage, direct or indirect, that an employee may suffer because of any unauthorised use of the employees' personal information or if a breach of the employees' personal information occur, but only if the processing of that personal information is controlled by that party.

1. You understand and accept that the Insurer and Administrator may process your personal information for the following purposes:

- 1.1. to verify the accuracy, correctness and completeness of any information provided to the Insurer and Administrator in the course of processing an application for membership or providing services related to the membership;
- 1.2. for the administration of your Flexicare plan;

- 1.3. for the provision of managed care services to you on your Flexicare plan;
 - 1.4. for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you on your Flexicare plan;
 - 1.5. to profile and analyse risk;
 - 1.6. to share your personal information with external health providers for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment.
2. Example of when and how we will get and share your personal information include:
- 2.1. Sharing your personal information with your chosen financial adviser during the application process to help the Administrator, if necessary, while we process your membership application;
 - 2.2. Getting your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Group or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
 - 2.3. If you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your application;
 - 2.4. By signing this application form, you authorise the Insurer and Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
 - 2.5. Communicating with you about any changes in your Flexicare plan, including your contributions or changes and enhancements to the benefits you are entitled to on the Flexicare plan you have chosen;
 - 2.6. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, for example to administer international emergency or treatment benefit and Africa Benefit, or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research.
3. If a third party asks the Insurer and Administrator for any of your personal information, we will share it with them only if:
- 3.1. you have already given your consent for the disclosure of this information to that third party; or
 - 3.2. we have a legal or contractual duty to give the information to that third party.

The Insurer and the Administrator will provide your personal information to any entity (including an entity forming part of Discovery Limited) with whom you or your dependant/s already have a relationship; or where you or your dependant/s have applied for a product, service or benefit from such an entity. This information will be provided for the administration of your or your dependant/s products or benefits with such entities.

Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential, and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this research, you will not be identified by name.

4. You agree that the Insurer and Administrator may transfer your personal information outside South Africa:
- 4.1. if you give us an email address that is hosted outside South Africa; or
 - 4.2. to administer certain services, for example, cloud services.

If the Insurer or Administrator becomes involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.

When we share your information, we will ensure that, the company, person or regulatory body (in or outside of South Africa) to whom we pass your personal information to agree to treat your information with the same level of protection as we are obliged to.

5. You consent and agree that:
- 5.1. we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities;
 - 5.2. we may communicate such personal information to local Regulatory Bodies as well as to other relevant governance structure of Discovery Limited if any Legislative reportable matters are identified.

We may process your information using automated means (without human intervention in the decision-making process) to make a decision about you or your application for any product or service. You may query the decision made about you.

The Insurer and Administrator have the right to communicate with you electronically about any changes on your Flexicare plus plan, including your contributions or changes and improvements to the benefits you are entitled to on the Flexicare plan you have chosen.

The Insurer and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time. The Insurer, Administrator, any entity of Discovery Limited and/or any contracted third-party service providers may communicate with you about these.

You may opt out of Electronic Marketing on www.discovery.co.za. We will store your personal information for the purpose to action this request and action it as soon as reasonably possible.

Unless required by law to keep your personal information for a certain period of time or purpose, you agree that the Insurer and Administrator may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.

6. Where the Insurer and Administrator are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:

6.1. Legislation applicable to the Insurer and the Administrator:

- 6.1.1. The Consumer Protection Act, 2008
- 6.1.2. The Protection of Personal Information Act, 2013
- 6.1.3. Electronic Communications and Transactions Act, 2002
- 6.1.4. Promotion of Access to Information Act, 2002
- 6.1.5. Financial Advisory and Intermediary Services Act, 2002
- 6.1.6. Long Term Insurance Act, 1998 and Policyholder Protection Rules in terms thereof

you. If you wish to receive this information please complete a 'PAIA Form to Request Access to Records' on <https://www.discovery.co.za/medical-aid/about-discoveryhealth> and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.

If you believe that the Insurer or Administrator have used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website

We may change this Privacy Statement at any time. An updated version will be available on <https://www.discovery.co.za/corporate/privacy/>

If you believe that we have used Your Personal Information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator. However, we encourage you to first follow our internal complaints process to resolve the complaint or contact the Information Officer at privacy@discovery.co.za. If, thereafter, you feel that we have not resolved Your complaint adequately kindly contact the Information Regulator at: JD House |27 Stiemens Street | Braamfontein |Johannesburg |PO Box 31533 |Braamfontein |Johannesburg |2001 | POPIAComplaints@info regulator.org.za or POPIAComplaints@info regulator.org.za