

Continuation form

Application to register a dependant as the main member



Contact details

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This document is an application form to register a dependant as the main member on an existing membership. It also contains some rules for membership.

Please make sure you read and understand the rules.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

If you have any questions, please let us know. Once we have assessed your application, we will let you know what will happen next.

Who we are

Netcare Medical Scheme (referred to as "the Scheme"), registration number 1584, which is registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the administrator") is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Netcare Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form must be completed by the person applying to be the main member.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Human Resources department.

1. About your employer

Employer name	<input type="text"/>	Date of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Number	<input type="text"/>										
Branch name	<input type="text"/>	Branch number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. About the new main member

Date membership of new main member starts	<input type="text"/>	Membership number	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
Previous/maiden name	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

Physical address

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Post code	<input type="text"/>

3. Details of the current main member

If you need to register a dependant as the main member, please attach a certified copy of the death certificate.

What you must do

You need to submit the following with this form:

1. Copy of account holder ID
2. Bank statement/letter of confirmation from the bank.

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (As per identity document)	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	
Email address	<input type="text"/>		

4. Banking details for the new main member's monthly contribution (if applicable)

What you must do

Submit the following with this form:

1. Copy of account holder ID
2. Bank statement/letter of confirmation from the bank (not older than three months).

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>		
Name of account holder	<input type="text"/>		
Type of account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder	<input type="text"/>
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Please do not sign an incomplete application form.

Signature of new main member	<input type="text"/>
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Please do not sign an incomplete application form.

Please note: If you are using someone else's bank account, the account holder must sign above to confirm this.

Account holder's Physical address:

Own/3rd Party/Trust/Company	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Account Holder's email address	<input type="text"/>
Account Holder's contact number	<input type="text"/>

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit www.netcaremedicalscheme.co.za.

5. Banking details for claim refunds

What you must

Submit the following with this form if the bank details used belong to a third party (spouse, brother, sister, father, etc):

1. Copy of account holder's ID
2. Bank statement/letter of confirmation from the bank not older than three months.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account.

Same bank details as section 4? Yes No

Bank name	<input type="text"/>														
Branch name	<input type="text"/>					Branch code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Other <input type="checkbox"/>
Account holder	<input type="text"/>														

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder

Date

Please do not sign an incomplete application form

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

6. Privacy Statement for Netcare Medical Scheme administered by Discovery Health (Pty) Ltd

When you engage with Netcare Medical Aid Scheme, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants and beneficiaries, where applicable. To view and read our Privacy Statement, please follow this link: <https://www.netcaremedicalscheme.co.za/assets/medical-schemes/netcare/netcare-privacy-statement.pdf>

Signature of main applicant

Date

Please do not sign an incomplete application form

7. Terms and Conditions applicable to Netcare Medical Scheme membership

1. Who "we" are

Netcare Medical Scheme, registration no 1584, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Netcare Medical Scheme, an authorised financial services provider.

2. Rules for membership

The rules of Netcare Medical Scheme record your rights and responsibilities for your membership of Netcare Medical Scheme. They may change from time to time. You may ask Netcare Medical Scheme for a copy at any time. When you sign this application, you confirm that you have read and understood the terms and conditions and you agree that you and, those for whom you apply, will be bound by these and scheme rules. Where applicable you also acknowledge and confirm you or your employer may communicate with us on this application and your membership to Netcare Medical Scheme. The information will be shared so that he or she may contact us if necessary while we process your membership application. Please speak to your employer if there is anything you do not understand.

3. Acting for others

You may apply to join Netcare Medical Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Netcare Medical Scheme Rules. For anyone to be treated as financially dependent for this application, you must be responsible for providing financially for that dependant. We might ask you to provide us with proof of financial responsibility. You will be referred to as the principal member or main member in our future communications to you.

You confirm you have the right to act for others

By signing this document, you confirm that:

- You have the right to apply for membership and to act for those for whom you are applying in any matter relating to this application.
- You have received permission from your spouse and any dependants over 18 to act on their behalf in any matter relating to this application.
- In the event that you are signing on behalf of a minor (person younger than 18 years old) that you are a competent person and authorised to sign on their behalf.

4. Giving and getting information

You must give true, correct and complete information to consider your application for membership, Netcare Medical Scheme must learn more about you and those for whom you apply. This information must be true, correct and complete. This includes the details you provide in this application form and in future dealings with us. It is important that you inform us of any medical condition, symptom or illness relating to you or those for whom you are applying, even if you do not consider it relevant to your application. We may ask for more information about those for whom you are applying if they are 18 years of age or older.

Your legal address

We will send documents to you at the address you selected as the communication channel at which you prefer to be contacted. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have provided, or at any other address you have supplied. It is your responsibility to make sure we have the correct address for you.

Netcare Medical Scheme and the administrator may record telephone calls

Netcare Medical Scheme and the administrator may record telephone conversations with you and with those for whom you are applying. The recordings and all information we obtain during the recordings will be processed and retained as required by law.

We may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses to profile and analyse, risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers). You agree that we may obtain information about you and those for whom you are applying from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you provide on this application and in respect of any matter pertaining to or that arises during your membership of Netcare Medical Scheme, is true, correct and complete. You give your permission that we may obtain any information that is relevant to your application and membership from your employer.

Inform us immediately if your information changes

You or your employer must inform us in writing should any of the information you have provided, in your application for membership, changes between the day you sign this document and the day your membership commences. This includes information regarding your health and the health of those for whom you apply. If at any stage you become a direct paying member, we require advance notice of any administrative changes such as cancellation of membership, as we cannot accept backdated changes.

5. When Netcare Medical Scheme may cancel your membership/s

Netcare Medical Scheme may suspend or cancel any membership immediately, if the member or dependant/s on the membership is found guilty of fraud or deliberate misuse of benefits or abuse of privilege of the Scheme. It is very important for the member and dependants to provide true, correct and complete information on the application form and in their dealings with the Scheme.

6. Becoming a member

Netcare Medical Scheme might not pay for certain expenses immediately after you become a member Netcare Medical Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before Netcare Medical Scheme begins paying for any general or specific medical conditions. Please speak to your employer or one of our consultants to find out if waiting periods apply to your membership and the memberships of those for whom you are applying. Resign from your current medical schemes when accepted It is illegal to be a member of more than one medical scheme at the same time. You and those for whom you are applying must resign from your current medical scheme/s when you receive notice from Netcare Medical Scheme by letter, email or SMS informing you that you and those for whom you have applied have been accepted.

7. Contributions

As the main member of Netcare Medical Scheme, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time.

8. Repaying money owed to the Scheme

Netcare Medical Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you should there be any such amount owed to the Scheme.

8. Debit order mandate

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 Netcare Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Netcare Medical Scheme 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 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 Netcare Medical Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate;
- confirm that 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 Netcare Medical Scheme 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 month. 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 Netcare Medical Scheme 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 Netcare Medical Scheme as if each payment instruction came from me personally as the account holder;
- undertake to advise Netcare Medical Scheme in writing of any changes to my account details and acknowledge that Netcare Medical Scheme 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 Netcare Medical Scheme 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 agreement. In the event of such termination I am not entitled to any refund of any premiums or amounts due that was withdrawn by Netcare Medical Scheme whilst this authority and mandate was in force if such premiums or amounts were legally owing to Netcare Medical Scheme in terms of the agreement;
- acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.

Reference number

This Agreement reference number: System generated reference number

Abbreviated name

Abbreviated name as Registered with the Bank: NETCARECON, NETCARECLA

Deduction date: as per signed contract

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
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Please only sign if you have read and understand this statement

In addition to the above terms, the policyholder must agree to the following:

1. I confirm that I have the right to give Netcare Medical Scheme 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 Netcare Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise Netcare Medical Scheme to verify the banking details as provided above for the purpose of setting up a debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a premium collection date I authorise that Netcare Medical Scheme may deduct a double debit of my premiums the following month.

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

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of main member

Please only sign if you have read and understand this statement