

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 terms and conditions for membership. Please make sure you read and understand the terms of conditions.

Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This is a non-profit organisation, 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). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly or complete digitally.
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.
5. When you sign this application, you confirm that you have read and understood the terms and conditions for membership and agree to them.

1. About your employer

Employer name	<input type="text"/>																			
Date of employment	D	D	M	M	Y	Y	Y	Y	Employee 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"/>	
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"/>	<input type="text"/>	<input type="text"/>

2. About the new main member

Date membership of new main member starts	D	D	M	M	Y	Y	Y	Y	Membership 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"/>
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>																		
First name(s) (as per identity document)	<input type="text"/>																		
ID or passport 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	D	D	M	M	Y	Y	Y	Y	Telephone (H)	<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"/>
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Telephone (W)	<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"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone	<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"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Email	<input type="text"/>									

3. Details of the current main member

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

Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>																		
First name(s) (as per identity document)	<input type="text"/>																		
ID or passport 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	D	D	M	M	Y	Y	Y	Y	Telephone (H)	<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"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (W)	<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"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone	<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"/>

Email

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 ID of the account holder 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"/> <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"/> <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"/>	
Account holder	<input type="text"/>				
Account holder's physical address	<input type="text"/>				
Unit/Suite number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Complex name	<input type="text"/>		
Street number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>				
City	<input type="text"/>	Postal code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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.yourremedi.co.za

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

Signature of account holder

Please do not sign an incomplete application form.

Signature of new main member

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.

5. Banking details for claim refunds

What you must do

Submit the following with this form: (1) Copy of ID of the account holder (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 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"/>
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"/> <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"/>	
Account holder	<input type="text"/>				

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

Signature of new main member

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. Remedi Medical Aid Scheme Privacy Statement – how we will process and disclose your Personal Information and communicate with you

When you engage with Remedi 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.yourremedi.co.za/wcm/medical-schemes/remedi/assets/legal/privacy-statement-for-remedi-medical-aid-scheme.pdf>

Signature of main applicant

Date

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

7. Terms and conditions applicable to Remedi Medical Aid Scheme

Who “we” are

Remedi Medical Aid Scheme, registration no 1430, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Remedi Medical Aid Scheme, and an authorised financial services provider.

1. **Scheme terms and conditions for membership**

The terms and conditions of Remedi Medical Aid Scheme record your rights and responsibilities for your membership of the Remedi Medical Aid Scheme. They may change from time to time. You may ask us 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 you apply for will be bound by these and Scheme terms and conditions. Where applicable you also acknowledge and confirm that the broker you or your employer appointed, may communicate with us on this application and your membership of Remedi Medical Aid Scheme and give permission we share your medical information and other relevant personal information about you and your dependant/s.

The information will be shared so that he or she can help us if necessary while we process your membership application.

2. **Who you are applying for**

You may apply to join Remedi Medical Aid 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 Remedi Medical Aid Scheme terms and conditions. For anyone to be treated as financially dependent for this application, you must have a responsibility to provide financially for that dependant. We might ask you to give us proof of financial responsibility. You may be called the principal member or main member in our future communications to you.

3. **Acting for others**

You confirm you have the right to act for others

By signing this document, you confirm that:

- You have received permission from your spouse and any dependant/s over 18 to act for them in any matter relating to this application.
- You have the right to apply for membership and to act for those you apply for in any matter relating to this application.

4. **Giving and getting information**

You must give true, correct and complete information

To consider your application for membership, we must learn more about you and those you apply for.

Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for information.

Your legal address

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

Remedi Medical Aid Scheme and Discovery Health (Pty) Ltd may record telephone calls

We may record telephone conversations with you and with those you apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

Remedi Medical Aid Scheme and Discovery Health (Pty) Ltd may get information about you from other relevant sources

To consider your application for membership, conduct underwriting 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 can get information about you and those you apply for from other medical practitioners, brokers, 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 give on this application and in respect of any matter pertaining to or that arose during your membership of Remedi Medical Aid Scheme, is true, correct and complete. You give your permission that we may get any information that is relevant to your application from your employer.

Tell Remedi Medical Aid Scheme or Discovery Health (Pty) Ltd immediately if your information changes

You, your employer or your broker must tell us in writing if any of the information you gave in your application for membership changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

When Remedi Medical Aid Scheme may cancel your membership/s

Remedi Medical Aid Scheme may cancel any memberships immediately, if you and those you apply for:

- Do not give us information that later turns out to be relevant to this application;
- Give us any information that is not true, correct and complete;
- Do not tell us about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

5. About becoming a member

Remedi Medical Aid Scheme might not pay for certain expenses immediately after you become a member

Waiting periods may apply in certain circumstances to your membership. This means there may be a set time period before Remedi Medical Aid Scheme starts paying for any general or specific medical conditions. Please speak to your employer or us to find out if waiting periods apply to your membership and the memberships of those you apply for.

Resign from 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 you apply for must resign from your current medical schemes when you receive notice from Remedi Medical Aid Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time

As the main member of Remedi Medical Aid 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. If you pay your own contributions, you will be able to identify the debit order for your monthly contributions on your bank statement, the reference number REMEDICONT will be used.

6. Repaying money owed to the Scheme

Remedi Medical Aid Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you if there is any amount that you owe to the Scheme.

You must repay any medical savings owing if you leave Remedi Medical Aid Scheme.

When you become a member, depending on the benefit option you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the 'Medical Savings Account'. If you leave Remedi Medical Aid Scheme before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to Remedi Medical Aid Scheme during the specific year.

By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you. You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number REMEDICLAW will be used.

Signed at (town or city)

on

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

**The main member must sign and date any changes
Please do not sign an incomplete application form
I confirm the information is accurate and complete**