

SABMAS New Business Online Journey

Employer Guide

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Purpose

The purpose of this document is to provide the **Employer*** with a guide as to how to initiate online applications on behalf of the employee. This guide also provides details regarding how to initiate, capture and track a health application as it moves through the SAB Medical Aid application process.

***Note:** The term “**employer**” in this guide refers to the employer contact person or the payroll administrator.

Online application tool

There are many benefits to using the online application tool:

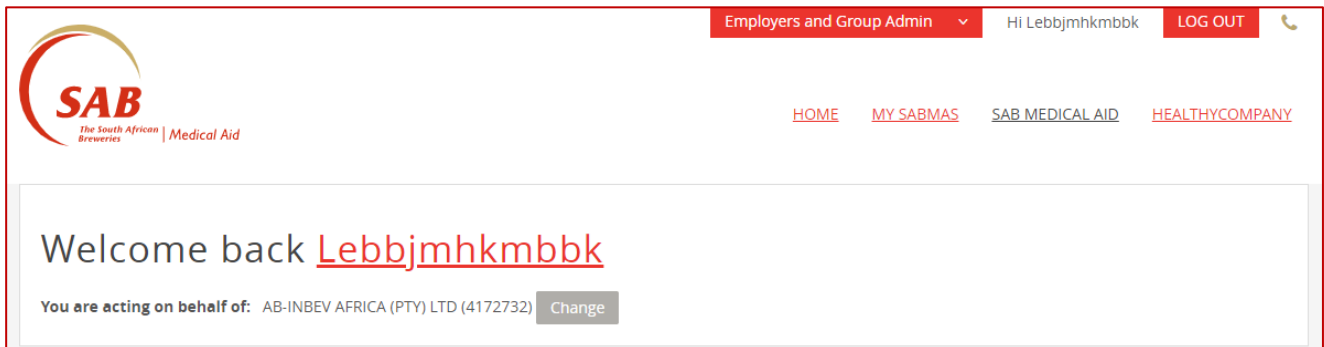
- As an employer you are able to track applications and ensure your employees select the right plans.
- When applying on behalf of an employee, you are immediately notified about missing information on the application form. This allows you to obtain the missing information from the employee in real time, saving you time and ensuring that cover begins on the date requested by the applicant.
- The Scheme is able to activate all memberships quickly and efficiently with less work required in billing.
- You receive an electronic copy of the application form for paperless and easy storage.
- Both you and your employees may capture the application allowing you, the employer, to approve it.

Employer online capture process

- Start the application for an employee and indicate whether you or the employee will be completing the application form.
- A username and password will be sent to the employee, should the employee be completing the application.
- You or the employee may log onto the website to complete the application form.
- Alternatively, you may opt to have a unique PIN sent to the employee once you have completed the application on the employee’s behalf.
- Once complete, you may view a summary of the application in PDF format.
- You may select whether to approve the completed applications on behalf of your employer group.
- The complete application is automatically submitted to SAB Medical Aid.

Logging in to the website

When logging in to the SAB Medical Aid Medical Scheme website www.sabmas.co.za, you have the option to switch between your personal profile and the Employer and Group Admin profile. The **'Change'** button allows you to select a specific employer group.



Accessing the online application tool

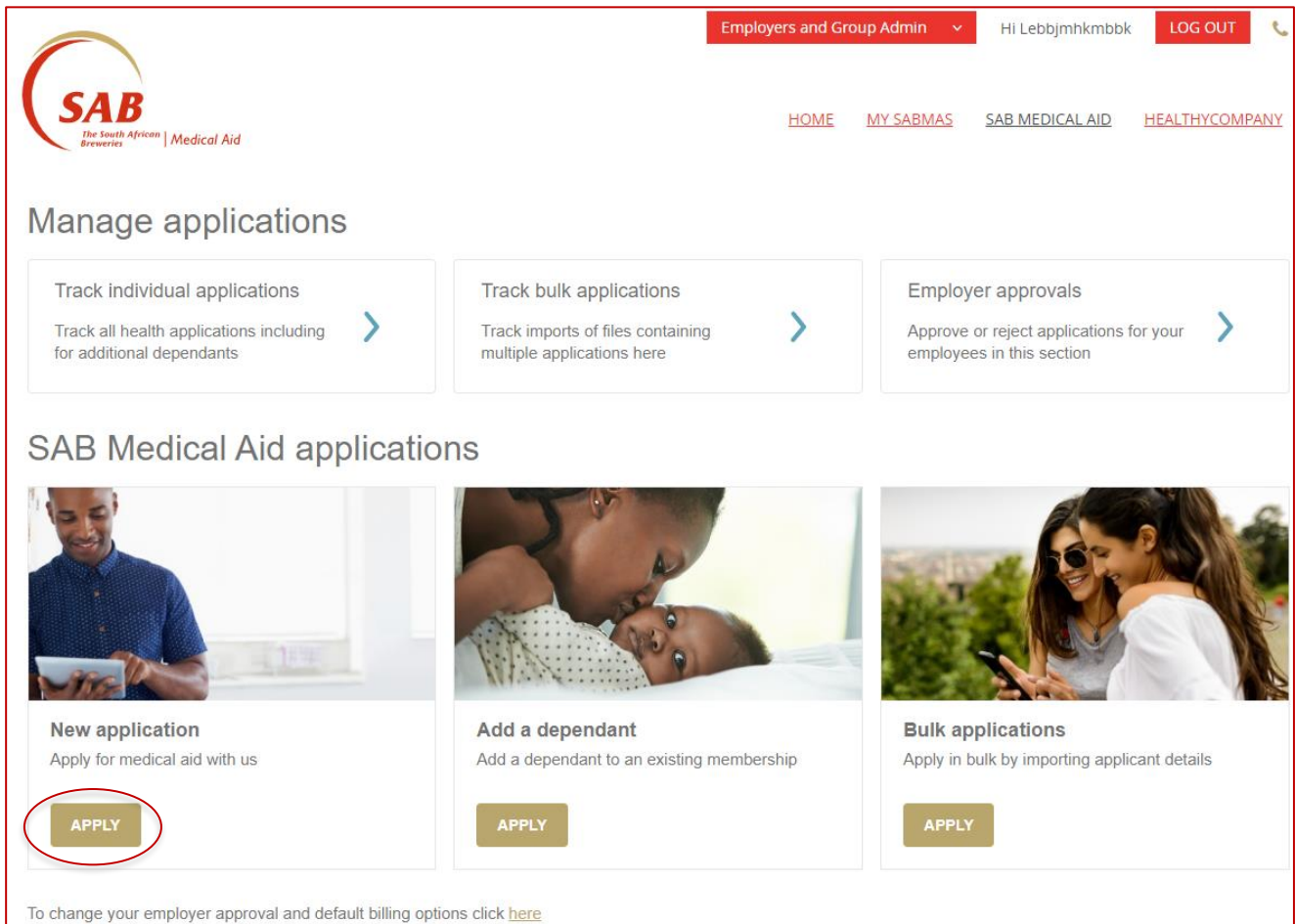
To access the online application tool, you are required to navigate to the **'APPLY ONLINE'** link on the SAB Medical Aid tab.

Once you have selected **'APPLY ONLINE'** the system will proceed to the online applications process menu.



The **'Online application process'** menu details all the online tool functionalities. As the Employer you may access any functionality by clicking on the various links.

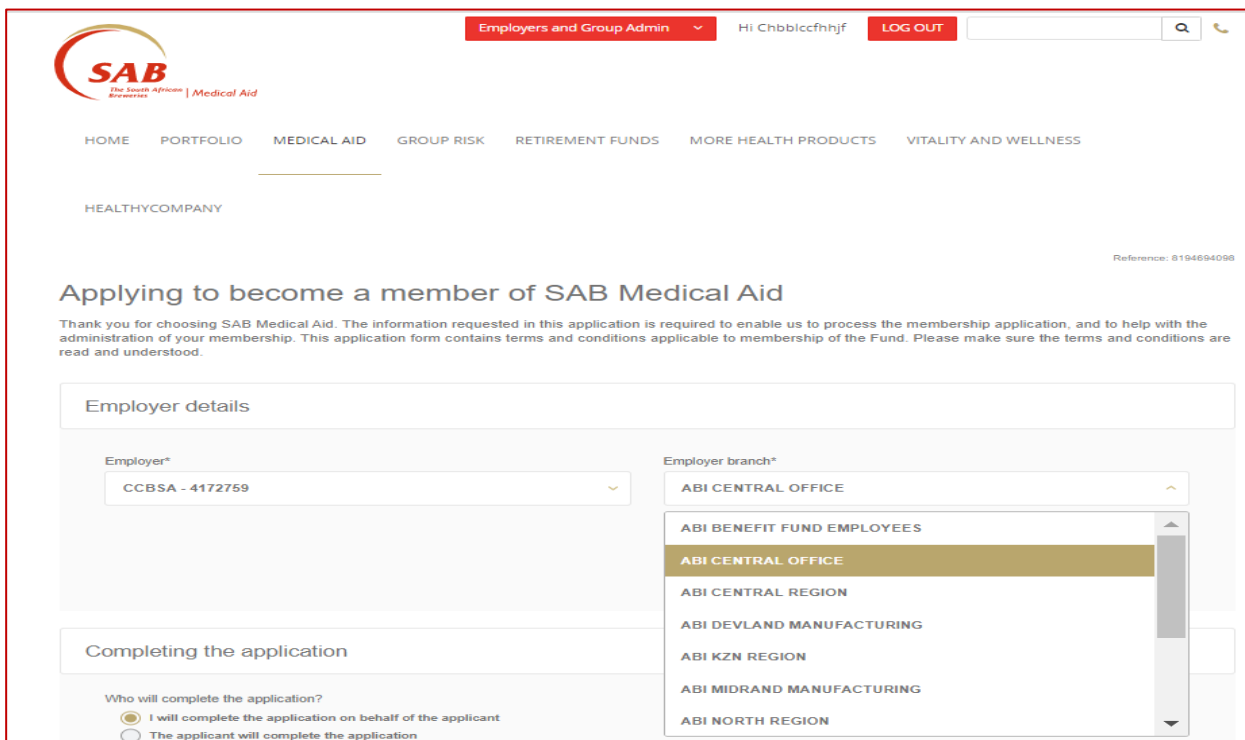
Click on the **'Apply'** link to initiate a new application.
 You are also able to track and approve your applications from this screen.



Selecting the employer, employer branch and billing category

As an employer contact you have the option to select the employer and billing category applicable to the employee for whom you are submitting the application form.

Kindly note that the employers listed on the drop-down menu will reveal employers linked to your employer contact profile.



The screenshot shows the 'Employers and Group Admin' interface. At the top, there is a navigation bar with the SAB logo, user information 'Hi Chbb1cfcfhj', and a 'LOG OUT' button. Below this is a menu with options: HOME, PORTFOLIO, MEDICAL AID, GROUP RISK, RETIREMENT FUNDS, MORE HEALTH PRODUCTS, and VITALITY AND WELLNESS. The main heading is 'HEALTHYCOMPANY' and 'Applying to become a member of SAB Medical Aid'. A reference number '0194894098' is visible. A thank-you message follows: 'Thank you for choosing SAB Medical Aid. The information requested in this application is required to enable us to process the membership application, and to help with the administration of your membership. This application form contains terms and conditions applicable to membership of the Fund. Please make sure the terms and conditions are read and understood.'

The form is divided into sections: 'Employer details' and 'Completing the application'. In the 'Employer details' section, there are two dropdown menus. The first is labeled 'Employer*' and has 'CCBSA - 4172759' selected. The second is labeled 'Employer branch*' and has 'ABI CENTRAL OFFICE' selected. A list of other branches is visible in a scrollable area: ABI BENEFIT FUND EMPLOYEES, ABI CENTRAL OFFICE (highlighted), ABI CENTRAL REGION, ABI DEVLAND MANUFACTURING, ABI KZN REGION, ABI MIDRAND MANUFACTURING, and ABI NORTH REGION.

In the 'Completing the application' section, there is a question: 'Who will complete the application?'. There are two radio button options: 'I will complete the application on behalf of the applicant' (which is selected) and 'The applicant will complete the application'.

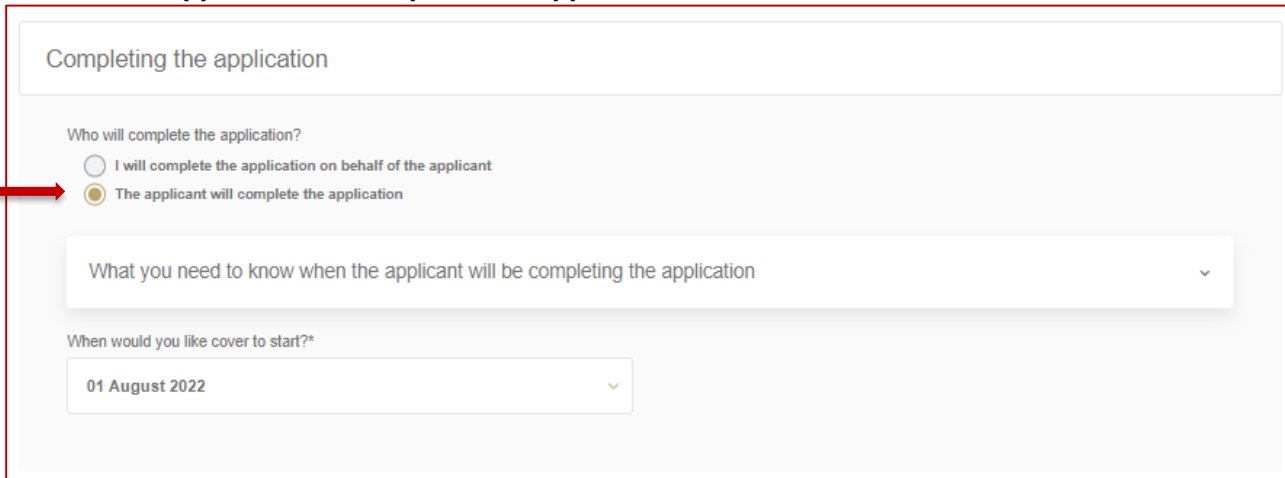
Selecting the capture method

You are required to nominate who will be completing the application by selecting one of the available methods:

- Complete an application on behalf of the employee using the unique PIN option
- Complete the application on behalf of the employee and then upload a signed application form at the end of the online capture process.
- Send the employee a username and password to capture the application themselves

The applicant will complete the application process

Click on 'The applicant will complete the application'



The screenshot shows a web form titled "Completing the application". It contains two radio button options under the heading "Who will complete the application?". The first option is "I will complete the application on behalf of the applicant" and the second, selected option is "The applicant will complete the application". A red arrow points to the selected radio button. Below the radio buttons are two dropdown menus. The first dropdown is labeled "What you need to know when the applicant will be completing the application" and the second is labeled "When would you like cover to start?*" with the value "01 August 2022" selected.

The Applicant details screen will populate where you will need to complete basic member information. Kindly note, the cellphone number and email address are very important for the member to receive the link.

Completing the application

Who will complete the application?

I will complete the application on behalf of the applicant

The applicant will complete the application

What you need to know when the applicant will be completing the application ▼

When would you like cover to start?*

01 August 2022 ▼

Applicant details

Who is the application for?*

South African ID Other

Date of employment*

YYYY-MM-DD 📅

Employee number*

Enter employee number

Total monthly earnings* ℹ️

Enter income

Title*

Select title ▼

First Names*

Enter first names

Preferred Name

Enter preferred name

Surname*

Enter surname

Cellphone number*

+27

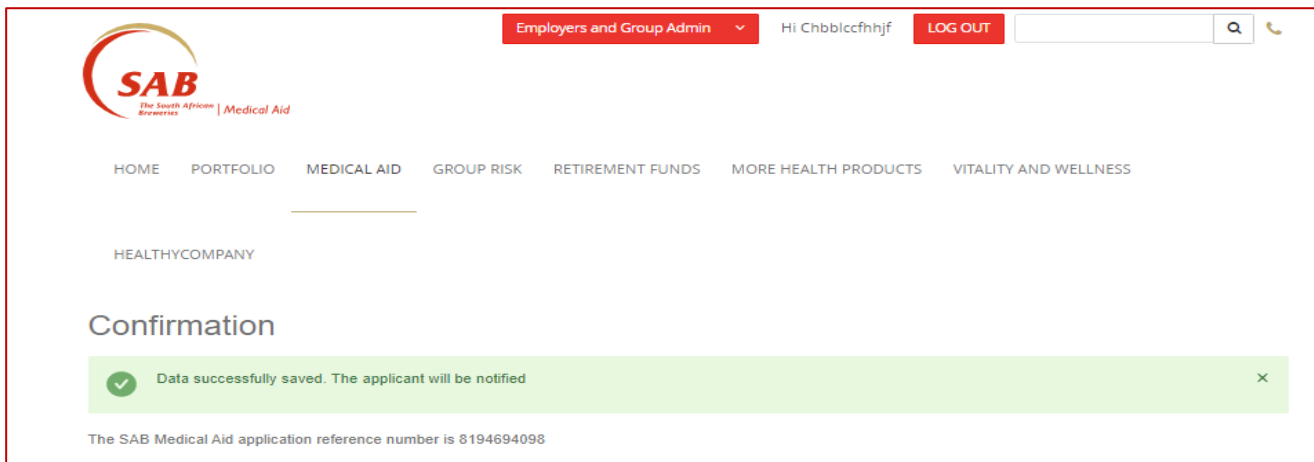
Email address*

Enter email address

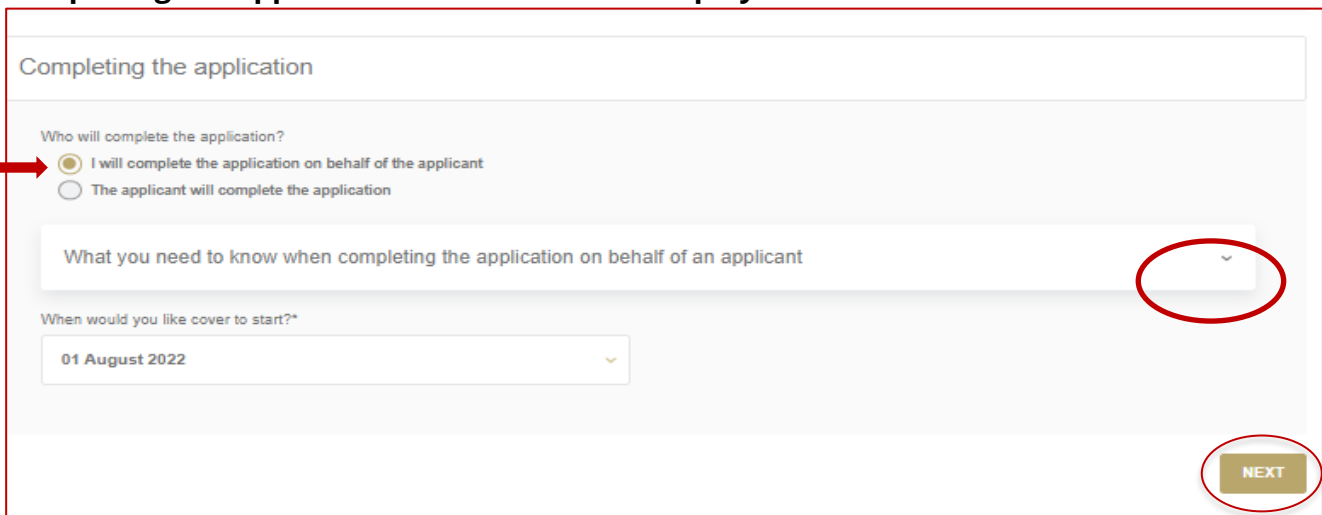
NEXT

Once member information has been completed, select **'Next'**.

The confirmation message with reference number is important for your reference.



Completing the application on behalf of the employee



The drop down displays what information is required to complete the application.

Required applicant information

This section outlines the information required for the remainder of the application capture process. Having the specified information on hand will ensure that you (as the employer) do not delay the application as a result of outstanding information.

You may require the following information:

- ID or passport number
- Date of birth of all applicants
- Contact details
- Postal and residential address
- Previous medical scheme details
- Applicant's bank details where applicable.

What you need to know when completing the application on behalf of an applicant ^

To apply on behalf of the applicant, all you need to do is complete this online SAB Medical Aid application.

In this application you will need to answer personal and health-related questions about the applicant and their family members. Be sure to have the following information with you before you continue:

- Identity or passport numbers for all applicants
- Date of birth of all applicants
- The applicant's contact details, including phone numbers, email, postal and residential addresses
- All the details of the applicant's previous medical schemes

Complete all the required information and obtain consent from the applicant if they choose to accept the offer presented.

We will keep you up to date on how far we are with processing this application.

Once you are comfortable that you have all the required information for the health application Select the cover start date, then click **'Next'** to capture the remainder of the employee's personal and health information.

Completing the application

Who will complete the application?

I will complete the application on behalf of the applicant

The applicant will complete the application

What you need to know when completing the application on behalf of an applicant v

When would you like cover to start?*

01 August 2022 v

NEXT

Capturing the main member details

The online tool will validate captured information and inform you of any errors or outstanding details. Kindly note that the employment date and date of submission to become a SAB Medical Aid member are restrictions as per your Employer rules.

Reference: 8194776509 [Cancel Application](#)

1 — 2 — 3 — 4 — 5 — 6 — 7
 Applicant details — Dependant details — Plan selection — Previous cover — Medical questions — Provisional offer — Finalise application

Applicant details

Biographical details


Who is the application for?*

South African ID
 Other

Gender*


Male
 Female

Date of birth*


1960-09-10 

Passport number*

tlimsfe5678

Race 

Title*

Mr 

First Names*

John


Preferred Name

John

Surname*

Parker

Marital status*


Married 

'I'll do the rest later' is new to the journey and allows the application to indicate provisional contribution impact, without capturing all the applicant's details at this point.

Employment details

We need some details relating to the applicant's employment


Date of employment*

2017-06-01 

Employee number*


789456

Occupation

Select occupation 

Tax number

Enter tax number

Total monthly earnings* 

40000

I'LL DO THE REST LATER

Capture the applicant's contact details to continue.

Applicant contact details

We need the applicant's contact details for communication during the application process, and to let the applicant know once their application has been accepted.

<p>Cellphone number</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> +27 <input style="flex-grow: 1;" type="text" value="Enter cellphone"/> </div>	<p>Work telephone number</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Enter telephone number"/> </div>
<p>Home telephone number</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Enter telephone number"/> </div>	<p>Email address</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Enter email address"/> </div>

Capture the address details. The online tool will assist you in ensuring that the applicants address details are in fact valid and correct through the use of the available **'search'** and **'clear'** menus. Once you have saved the postal address details, the physical address details capture screen will pop up. You have the option of allowing the system to auto complete the details by selecting the **'same as postal address'** box, should they be the same as the postal address details.

Applicant address details

<p>Postal Address</p> <p>Address line 1</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Enter line 1"/> </div> <p>Address line 2</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Enter line 2"/> </div> <p>Province</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select province"/> </div> <p>City</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select city"/> </div> <p>Suburb</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select suburb"/> </div> <p>Postal Code</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select Postal Code"/> </div>	<p>Physical Address</p> <p>Address line 1</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Enter line 1"/> </div> <p>Address line 2</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Enter line 2"/> </div> <p>Province</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select province"/> </div> <p>City</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select city"/> </div> <p>Suburb</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select suburb"/> </div> <p>Postal Code</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="flex-grow: 1;" type="text" value="Select Postal Code"/> </div>
--	--

CLEAR

SEARCH

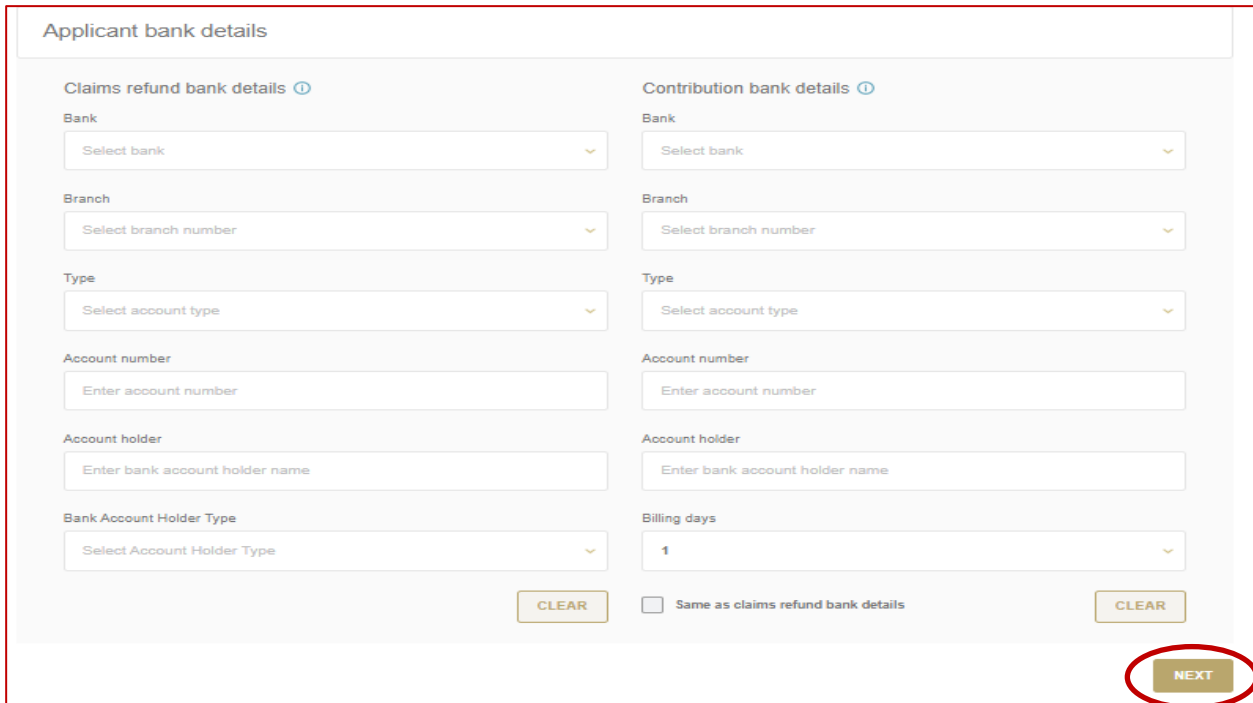
Same as postal address

CLEAR

SEARCH

Capturing banking details

The banking details capture screen has built in validators which allow it to reveal an error message, should the captured details be incorrect.

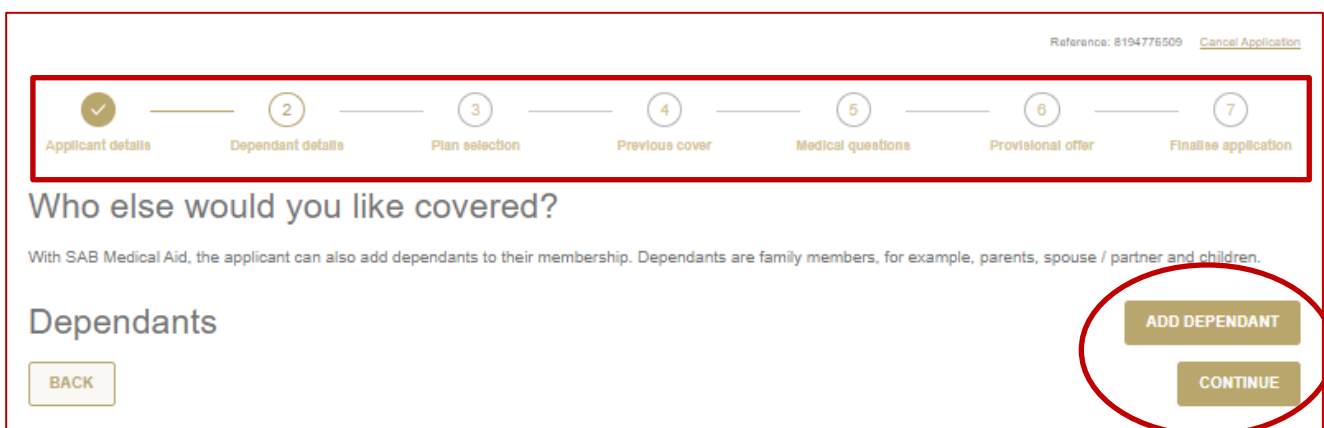


Once you have captured all the required details click **'Next'** to continue

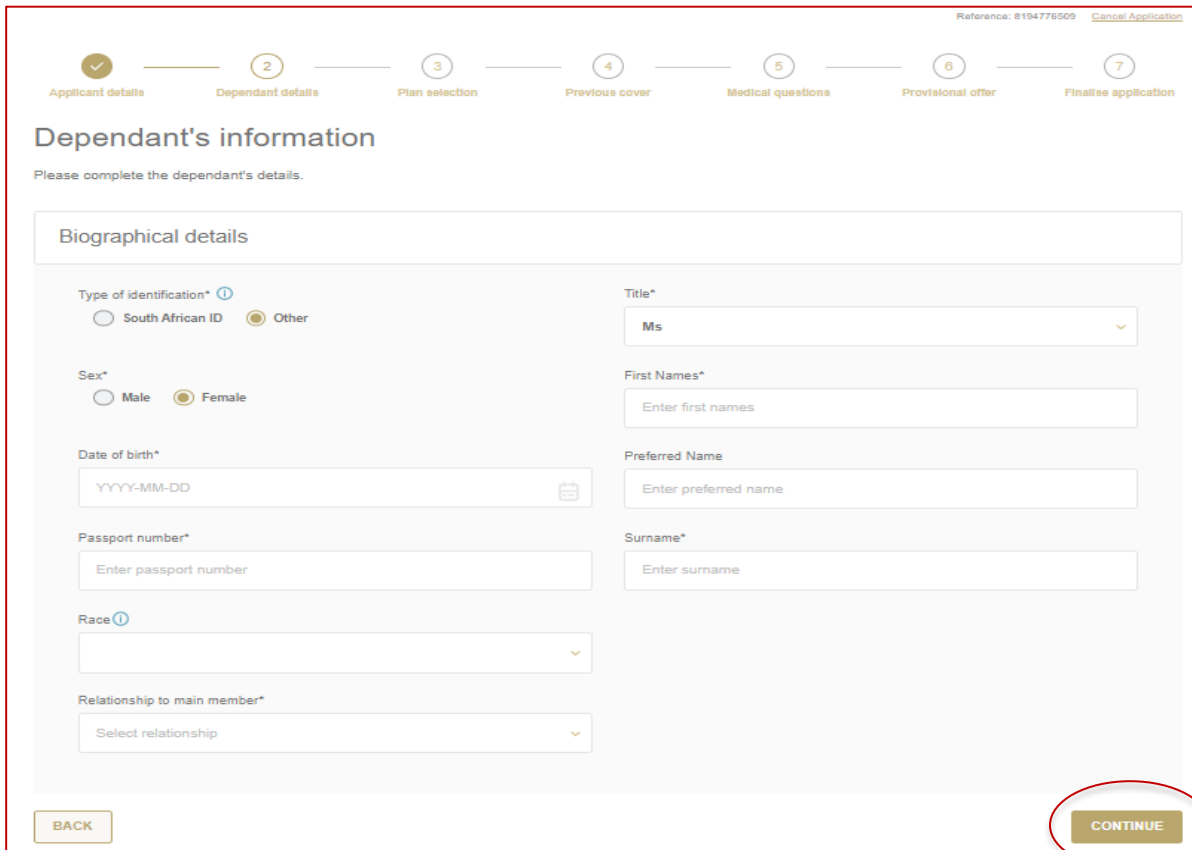
Adding a dependant

The dependant details capture tab follows the same process as the main applicant capture screen.

Note the addition of the stepper below. This is new to the journey and gives an indication of where you are in the application and what's still to come. It also allows you to click back to a specific page, but note that you cannot click forward, the next button on the page will move you forward.



Select **'Add Dependant'** should you have dependant(s) to be added or continue should you not need this option.
 Complete the details for your dependant and select **'Continue'** once completed.



Selecting the benefit option

Throughout the journey the reference number will be displayed in the top right-hand corner of the screen. In addition, there are **'tool tips'** (i) with information to assist. Simply click on the tool tip icon and information will be displayed.

Select benefit option, once selection has been made, a provisional membership contribution will populate, at the bottom of the screen if refund of claims is applicable to the plan option selected you can select Cost rate, then **'select plan'** to move to the next screen.

Reference: 6194839121 [Cancel Application](#)

1 Applicant details
 2 Dependant details
 3 Plan selection
 4 Previous cover
 5 Medical questions
 6 Provisional offer
 7 Finalise application

Select the right benefit option

Choose one of the following SAB Medical Aid benefit options. To view the different options available to you, [click here](#).

Plan selection

Select option*

SABMAS Essential Option

SABMAS Essential Option

Key features of the SABMAS Essential Option:

- The Major Medical Risk Pool covers hospitalization and other major medical expenses, limited to an Overall Annual Limit (OAL).
- Members have cover for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) of conditions.
- General Practitioner consultations are funded through the General Practitioner Benefit.
- Cover for oncology and HIV and AIDS.
- Various sub-limits for day-to-day medical expenses.
- Access to a Wellness Benefit to empower members through Early Detection and Immunisation Programmes.
- Cover for pre- and postnatal healthcare services for maternity and early childhood, subject to the limited OAL and a confinement authorisation.

Provisional health membership contribution ⓘ
R1 992 per month
 Total for 1 person

Note: the contribution does not take into account any employer subsidy

If applicable, refund claims at the:

Cost Rate ⓘ

SELECT PLAN

Capturing previous medical scheme details

Ensure the applicant details are captured correctly, as this information may impact the members underwriting category. Also note that the withdrawal date from their previous Scheme may not be after the date of commencement selected at the beginning of the application process.

The online tool has a comprehensive list of medical schemes which you may access on the drop-down menu provided.

Select **'save'** once completed to move to the next screen.

Reference: 8194839121 [Cancel Application](#)

✓ — ✓ — ✓ — 4 — 5 — 6 — 7
 Applicant details — Dependant details — Plan selection — Previous cover — Medical questions — Provisional offer — Finalise application

Previous cover

Learn why previous cover matters? ▼

Have you or any of your dependants belonged to a registered South African medical scheme before?

YES **NO** Peter parker

Previous cover 1 ▲

Name of scheme *	Membership number
Select name of scheme ▼	Enter membership number
What was the reason for ending this medical cover? *	End date *
Select reason for leaving ▼	Select end date 📅
Start date *	
Select start date 📅	

CANCEL
SAVE

Should the employee have more than one medical scheme for previous cover, you may click on the **'Add'** button to capture additional medical scheme details.

Reference: 8194839121 [Cancel Application](#)

✓ — ✓ — ✓ — 4 — 5 — 6 — 7
 Applicant details — Dependant details — Plan selection — Previous cover — Medical questions — Provisional offer — Finalise application

Previous cover

Learn why previous cover matters? ▼

Have you or any of your dependants belonged to a registered South African medical scheme before?

YES **NO** Peter parker **ADD**

AAC MINES MEDICAL SCHEME	2017-08-01 to 2022-07-31	Change of Employment ▼
--------------------------	--------------------------	-------------------------------------

NEXT

Once you have captured all previous medical scheme information in relation to the employee or applicant, select **'Next'** in order to continue with the application process.

Answering health questions

The health questions will populate depending on the underwriting rules. You are required to answer all medical questions before you may continue to the next screen.

If **'Yes'** has been answered for a particular health question, **'Select an applicant to add a diagnosis'** field will populate to select the applicant this diagnosis is applicable to. Select **'Next'** to continue processing the application.

Reference: 8194839121 [Cancel Application](#)

✓ ✓ ✓ ✓ 5 6 7
 Applicant details Dependant details Plan selection Previous cover Medical questions Provisional offer Finalise application

Declaration of medical conditions

! Please answer every question honestly and thoroughly ×

Non-disclosure of medical conditions can result in waiting periods or permanent exclusions for the treatment of that condition. In some cases, non-disclosure may lead to disqualification from the Scheme.

Please ensure that any symptoms, treatment, diagnosis or ailment, for any of the applicants is declared here.

Progress

Is the main applicant, or any of the dependants in this application currently suffering from, or have they ever experienced / been treated for any of the following symptoms, conditions or disorders?

YES
NO
Tumours, growths and disorders of the skin

Example: abnormal pap smear results, skin lesions, eczema, psoriasis, breast disease, non-cancerous tumours, cancerous tumours, cancer of any organ, fibrocystic breast disease, fibroadenoma, fibroadenosis, lump in breast, abnormal mammogram result, abnormal PSA (prostate specific antigen), any other abnormal cancer-screening or diagnostic test result/s, abscess, any autoimmune conditions, any congenital conditions, or other skin conditions.

Select an applicant to add a diagnosis

Peter parker

Diagnosis

Symptoms/Medical diagnosis	Date first diagnosed/symptoms
Select symptoms/medical diagnosis ▼	Select date first diagnosed/symptoms 📅
Date of last symptoms, consultation and/or hospitalisation	
Select date 📅	
Has this person been on treatment in the last 12 months?	
Select answer ▼	

Treatments ADD

Currently no treatments listed

SAVE DIAGNOSIS

The description of the diagnosis box will populate where all fields have to be completed including the date of diagnosis and last treatment. Once all fields have been completed, select **'Save Diagnosis'** to continue with the application journey.

The online tool provides you with a comprehensive list of medical conditions related to each of the questions.

Use the drop-down menu to search for the condition

You may select **'Other'** as an option on the drop-down menu for an unlisted medical diagnosis, however you would be required to add a description or detail of the condition and diagnosis in the details box that pops up following your selection. This will assist with the underwriting of the employee or applicant.

Reference: 8194875845 [Cancel Application](#)

✓ Applicant details
✓ Dependant details
✓ Plan selection
✓ Previous cover
5 Medical questions
6 Provisional offer
7 Finalise application

Declaration of medical conditions

⚠ Please answer every question honestly and thoroughly ✕

Non-disclosure of medical conditions can result in waiting periods or permanent exclusions for the treatment of that condition. In some cases, non-disclosure may lead to disqualification from the Scheme.

Please ensure that any symptoms, treatment, diagnosis or ailment, for any of the applicants is declared here.

Progress

Is the main applicant, or any of the dependants in this application currently suffering from, or have they ever experienced / been treated for any of the following symptoms, conditions or disorders?

YES NO Heart and circulation conditions

Example: chest pain, palpitations, shortness of breath, coronary heart disease, angina, heart attack, arrhythmia, high blood pressure (hypertension), cardiomyopathy, valvular heart disease or heart valve replacement, rheumatic fever, high cholesterol, previous heart surgery, stents, pacemaker, any autoimmune conditions, or any congenital conditions, peripheral vascular disease.

Select an applicant to add a diagnosis

Peter Parker

Diagnosis

Symptoms/Medical diagnosis

Select symptoms/medical diagnosis

- High cholesterol
- Palpitations
- Previous heart surgery/stents/pacemaker
- Rheumatic fever
- Shortness of breath
- Valvular heart disease
- Other

Date first diagnosed/symptoms

Select date first diagnosed/symptoms

▼
▼

treatments listed

A summary of the completed health questions screen will populate which allows you to edit information where necessary.



Declaration of medical conditions

Please ensure that any symptoms, treatment, diagnosis or ailment, for any of the applicants is declared here.

Summary

Here is a summary of all your responses to the questions asked. If you want to change anything, do it now.

i We do not show sensitive information about HIV and AIDS.

You do not need to disclose the HIV status of you or your dependant(s) on this form if you do not feel comfortable doing so. However, if you, or one or more of your dependants, are HIV-positive, you or they must call us on 0860 002 133 within seven working days from the date we activate your SAB Medical Aid membership. We treat this information in the strictest confidence. If you, or one or more of your dependants, are HIV-positive, it is in your interest to register on the Aid for AIDS. A 12-month condition specific waiting period may apply to this condition. When you call in to register on the Aid for AIDS, kindly confirm these details. If you do not let us know about your HIV status within 7 days of your membership being active, we may end your SAB Medical Aid membership.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Tumours, growths and disorders of the skin	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Heart and circulation conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mental health	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Metabolic and endocrine conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Abdominal conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Brain and nerve conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Breathing and respiratory conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Musculoskeletal (back, bone and muscle pain)	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kidney or urinary conditions including current or past dialysis	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Blood conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Eye conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ear nose and throat (ENT) and dentistry conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Male urogenital conditions	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you or any of your dependants expecting to have medical investigations or surgery or planning hospitalisation or treatment in the next 12 months or have you been admitted to hospital in the last 12 months?	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you or any of your dependants received or not yet received medical advice or treatment for symptoms, not yet diagnosed by a medical professional, in the last 12 months before this application?	EDIT
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you or any of your dependants been diagnosed with or received treatment for, any condition not mentioned in the questions above, in the last 12 months before this application?	EDIT


[VIEW UNDERWRITING DECISION](#)

Once all has been completed, select **'View Underwriting decision'**.


Provisional offer

The **'Provisional offer'** screen will populate with a breakdown of the plan and key features, lives covered, projected contributions per month as well as the effective cover start date.


Reference: 8194858742 [Cancel Application](#)




Applicant details




Dependant details




Plan selection




Previous cover



Medical questions



Provisional offer



Finalise application

Provisional offer

This application form may now be submitted to SAB Medical Aid. After successful submission, you can track the status of your applications.

i This application may need more underwriting which could affect this decision. Please continue with the application so that a final decision can be made.

The applicant has been accepted for the following plan:

SABMAS Essential Option

Key features of the SABMAS Essential Option:

- The Major Medical Risk Pool covers hospitalization and other major medical expenses, limited to an Overall Annual Limit (OAL).
- Members have cover for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) of conditions.
- General Practitioner consultations are funded through the General Practitioner Benefit.
- Cover for oncology and HIV and AIDS.
- Various sub-limits for day-to-day medical expenses.
- Access to a Wellness Benefit to empower members through Early Detection and Immunisation Programmes.
- Cover for pre- and postnatal healthcare services for maternity and early childhood, subject to the limited OAL and a confinement authorisation.

If applicable, refund claims at the Cost Rate

Projected health membership contribution ⓘ

R5 478 per month

Total for 2 people

Contribution is based on:
Cover start date 2022-08-01
Includes a late-joiner penalty. See below

Note: the contribution does not take into account any employer subsidy

A further breakdown which displays the projected contribution per dependant. At any stage of the journey, you can cancel the application. You are also provided with the option to change the cover start date, change dependant, change the plan or finalise the application.

Click on **'Finalise Application'** to proceed to Network Providers.

Lives Covered

The following people have been included on this application:

<p>Mr Peter Parker</p> <p>Relationship: Main Applicant Passport number: TLIMSFE4567 Gender: Male</p>	<p>Projected contribution: R2 988 per month <small>50.0% late-joiner penalty</small></p> <p>Underwriting decision: Your client's application will be referred to Underwriting for further assessment.</p>
<p>Ms Sarah Parker</p> <p>Relationship: Biological / Natural Child [daughter] Passport number: TLIMSFE4567 Gender: Female</p>	<p>Projected contribution: R2 490 per month <small>25.0% late-joiner penalty</small></p> <p>Underwriting decision: Your client's application will be referred to Underwriting for further assessment.</p>

CANCEL APPLICATION
CHANGE COVER START DATE
CHANGE DEPENDANT
CHANGE PLAN
FINALISE APPLICATION

Selecting a General Practitioner (GP)

When capturing an application for an employee who has selected the Essential option, you will be asked to select a GP to link to the membership.

The online tool will provide options to locate a GP near the member's geographical location or by searching for a specific GP in the SAB Medical Aid Network using the location or practice number.

Reference: 8194857938 [Cancel Application](#)

✓
Applicant details

✓
Dependant details

✓
Plan selection

✓
Previous cover

✓
Medical questions

✓
Provisional offer

7
Finalise application

Network Providers

Member who choose this plan must go to a General Practitioner (GP) in the Entry Plan GP Network which provides cover for day-to-day medical expenses and chronic benefits. Please choose a GP in the Entry Plan GP Network for each person on the application.

Select a Primary GP for each applicant

Peter Parker	<input type="button" value="FIND"/>
Sarah Parker	<input type="button" value="FIND"/>

Select a Secondary GP for each applicant

Peter Parker	<input type="button" value="FIND"/>
Sarah Parker	<input type="button" value="FIND"/>

Reference: 8194857938 [Cancel Application](#)

✓ — ✓ — ✓ — ✓ — ✓ — ✓ — 7
 Applicant details — Dependant details — Plan selection — Previous cover — Medical questions — Provisional offer — Finalise application

Network Providers

Member who choose this plan must go to a General Practitioner (GP) in the Entry Plan GP Network which provides cover for day-to-day medical expenses and chronic benefits. Please choose a GP in the Entry Plan GP Network for each person on the application.

Find a Network Provider

CANCEL
SEARCH

This section will only appear for SAB Medical Aid Essential Option, as they require a network doctor to be selected. Once you have selected the area and entered the practice number, click **'Search'** to find the results then **'select'** from the list which populates.

Reference: 8194857938 [Cancel Application](#)

✓ — ✓ — ✓ — ✓ — ✓ — ✓ — 7
 Applicant details — Dependant details — Plan selection — Previous cover — Medical questions — Provisional offer — Finalise application

Network Providers

Member who choose this plan must go to a General Practitioner (GP) in the Entry Plan GP Network which provides cover for day-to-day medical expenses and chronic benefits. Please choose a GP in the Entry Plan GP Network for each person on the application.

Find a Network Provider

CANCEL
SEARCH

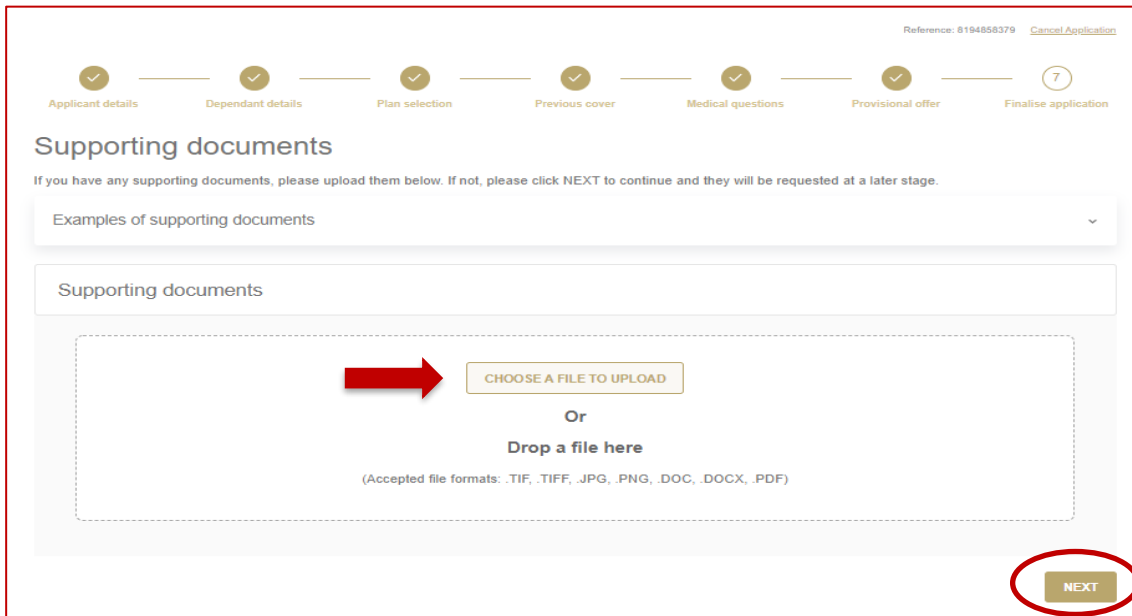
GP Search Results

<p>📞 041 395 9600</p> <p>DR ESTEE VAN WYK OUDTSHOORN, OUDTSHOORN Practice number: 0814296</p> <p style="text-align: right;">SELECT</p>	<p>📞 111 111 1111</p> <p>DR J J VAN WYK FERDALE, RANDBURG Practice number: 1578561</p> <p style="text-align: right;">SELECT</p>
--	---

Supporting documents

If you have any supporting documents, you can upload it at this stage of the application process. Click, **'Choose a file to upload'**.

Select **'Next'** to continue with the process. To upload more documents, please select **'Add another'**.



Reference: 8194858379 [Cancel Application](#)

Applicant details Dependant details Plan selection Previous cover Medical questions Provisional offer Finalise application (7)

Supporting documents

If you have any supporting documents, please upload them below. If not, please click NEXT to continue and they will be requested at a later stage.

Examples of supporting documents

Supporting documents

CHOOSE A FILE TO UPLOAD

Or
Drop a file here

(Accepted file formats: .TIF, .TIFF, .JPG, .PNG, .DOC, .DOCX, .PDF)

NEXT

Reference: 8194858379 [Cancel Application](#)


✓ — ✓ — ✓ — ✓ — ✓ — ✓ — 7
 Applicant details — Dependant details — Plan selection — Previous cover — Medical questions — Provisional offer — Finalise application

Supporting documents


If you have any supporting documents, please upload them below. If not, please click NEXT to continue and they will be requested at a later stage.

Examples of supporting documents

Supporting documents



[ADD ANOTHER](#)
 Or
Drop a file here
(Accepted file formats: .TIF, .TIFF, .JPG, .PNG, .DOC, .DOCX, .PDF)

Supporting docs.docx [0.01 MB] 

[NEXT](#)

Accepting the terms of membership

You are able to accept the terms of membership on behalf of the applicant by simply uploading the signed application form or by entering the OTP which was sent to the member if requested.

Click on the permission link in the applicant information tab and select the relevant permission option, then click **'Complete application'** to proceed.

Reference: 8194858379 [Cancel Application](#)

✓ Applicant details — ✓ Dependant details — ✓ Plan selection — ✓ Previous cover — ✓ Medical questions — ✓ Provisional offer — 7 Finalise application

Finalise application

Permission to process, disclose information and to communicate with the main member/dependants

Please read the [consent declaration](#) and [rules of membership](#)

You need consent from the main applicant to apply

How will you register that the applicant gives you consent?*

I will get consent using a one-time pin (OTP)
 I have a fully completed and signed application form

Uploading signed application

Upload a file

[ADD ANOTHER](#)
 Or
Drop a file here
(Accepted file formats: .TIF, .TIFF, .JPG, .PNG, .DOC, .DOCX, .PDF)

Consent form.docx

[0.01 MB]

COMPLETE APPLICATION

OTP Option – a one-time pin will be sent to the main applicant’s cellphone number. The applicant will need to provide you with their OTP, insert the OTP below.

Click **‘Validate OTP’** to continue to the final screen.

You need consent from the main applicant to apply

How will you register that the applicant gives you consent?*


I will get consent using a one-time pin (OTP)

I have a fully completed and signed application form

Permission from applicant

A one-time pin will be sent to the main applicant's cellphone number. The applicant will need to provide you with their OTP so that you can insert it below to proceed. Please note. Please remain on the screen to input the OTP sent to the applicant. If you move off this screen you would need to resend the OTP to the applicant.

[RESEND OTP](#)

 **OTP has been sent to main applicant**

Enter OTP from Client


[VALIDATE OTP](#)

[COMPLETE APPLICATION](#)

Downloading the completed application form in PDF format

The application is now complete, and a PDF copy of the application is available for download by clicking on the **'print or download the application'** link.

Employers and Group Admin | Hi Lebbyjmhkmbbk | [LOG OUT](#)


 [HOME](#) [MY SABMAS](#) [SAB MEDICAL AID](#) [HEALTHYCOMPANY](#)

Confirmation

Thank you for completing this application on behalf of the applicant.

The SAB Medical Aid application reference number is 8195510002

You can [print or download this application](#) as a PDF.

 **What happens next?**

Kindly send all supporting documents for this application to application@sabmas.co.za and ensure to quote the reference number.

The SAB Medical Aid New Business team will contact the applicant if we need any further information to process this application.

We will send a welcome pack, including cards, after this membership has been activated. For instructions on how to download your digital card [click here](#).

For any other comments or queries related to this application kindly call us on 0860 100 345.

Do you want to join Vitality?

Enjoy bigger better rewards with Vitality. From half-price movies, flight savings, cash back on groceries, fuel savings, weekly rewards and more, being healthier, driving well and banking well has never been more rewarding.

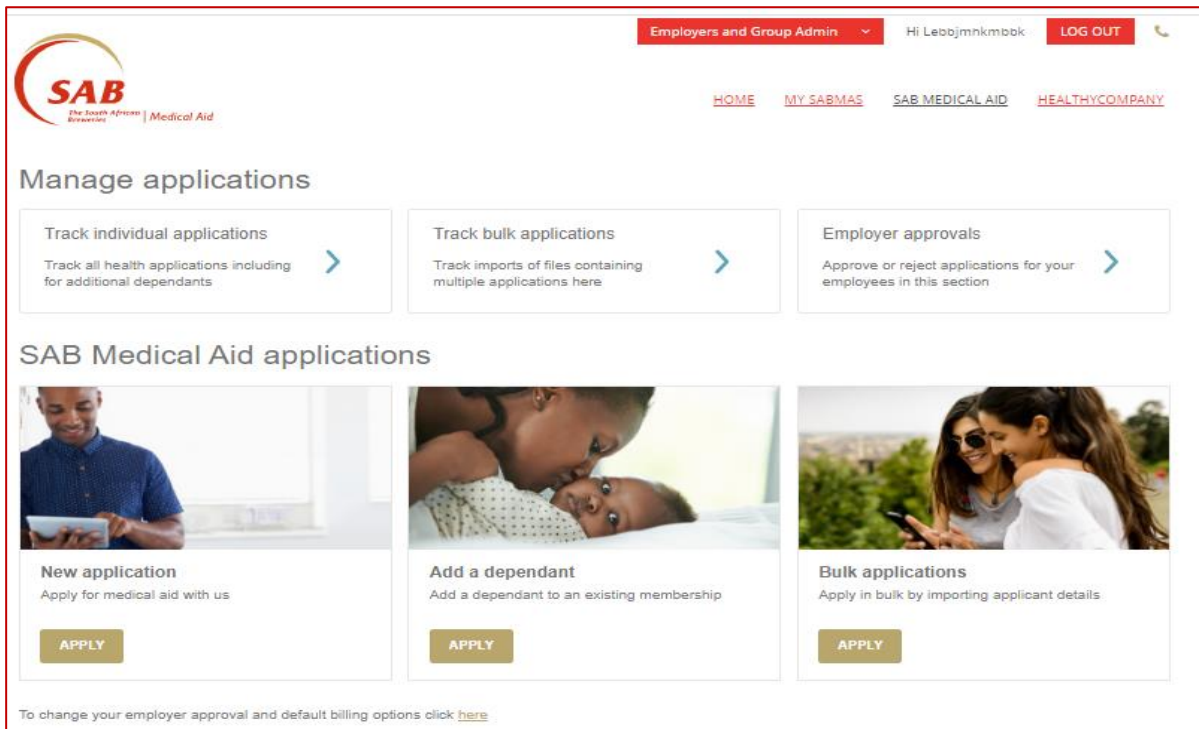
The Vitality Calculator will show you how every time you take a step to understand and improve your health, you can earn Vitality points and enjoy great rewards.

If you are interested, the Vitality Team will get in touch with you.

[APPLY FOR VITALITY](#) [START ANOTHER APPLICATION](#)

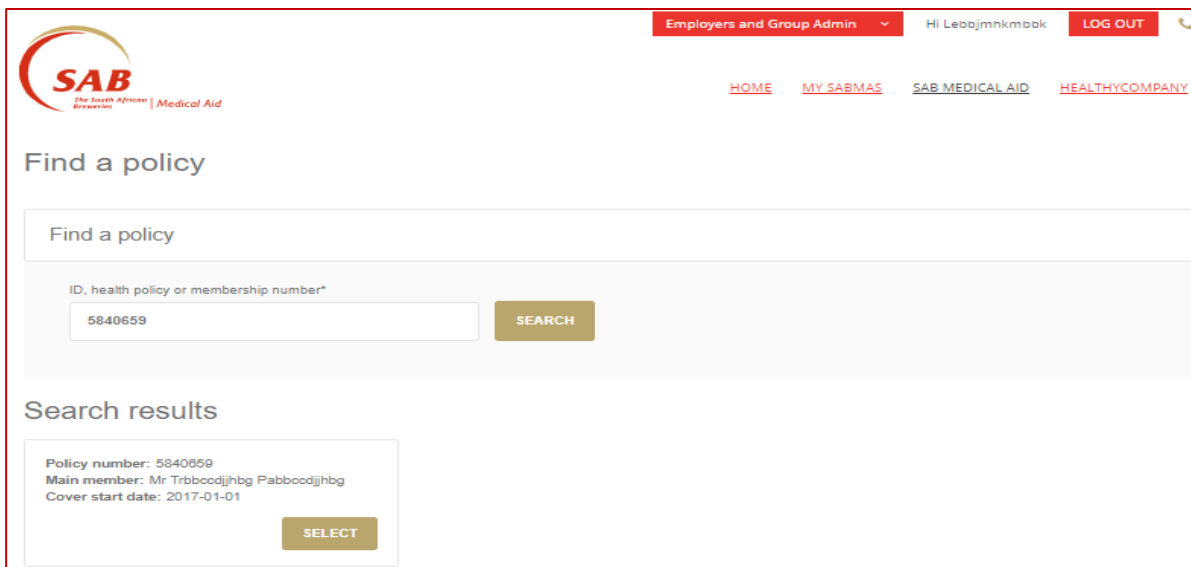
Adding a dependant to an active membership

Click on “Apply” on the “Add a dependant” tab




The screenshot shows the 'Manage applications' section of the SAB Medical Aid portal. At the top, there is a navigation bar with 'Employers and Group Admin', 'Hi Lebajmknmbok', and 'LOG OUT'. Below the navigation bar are links for 'HOME', 'MY SABMAS', 'SAB MEDICAL AID', and 'HEALTHYCOMPANY'. The main content area is titled 'Manage applications' and contains three cards: 'Track individual applications', 'Track bulk applications', and 'Employer approvals'. Below these cards is a section titled 'SAB Medical Aid applications' with three cards: 'New application', 'Add a dependant', and 'Bulk applications'. Each card has an 'APPLY' button. At the bottom, there is a link: 'To change your employer approval and default billing options click [here](#)'.

Once you type in the Identity number, health policy number or membership number the details of the active policy will come up, click on” Select”



The screenshot shows the 'Find a policy' section of the SAB Medical Aid portal. At the top, there is a navigation bar with 'Employers and Group Admin', 'Hi Lebajmknmbok', and 'LOG OUT'. Below the navigation bar are links for 'HOME', 'MY SABMAS', 'SAB MEDICAL AID', and 'HEALTHYCOMPANY'. The main content area is titled 'Find a policy' and contains a search bar with the text 'Find a policy'. Below the search bar is a text input field with the ID '5840659' and a 'SEARCH' button. The search results section shows a policy summary with the following details: Policy number: 5840659, Main member: Mr Trbbcodjihbg Pabbcodjihbg, Cover start date: 2017-01-01, and a 'SELECT' button.

On the next screen you have a view of the policy summary, lives covered and a covert start date to be selected, then click “Next”



Employers and Group Admin | Hi Lebbyjmhkmbbk | LOG OUT

HOME
MY SABMAS
SAB MEDICAL AID
HEALTHYCOMPANY

Reference: 810503014 [Cancel Application](#)

1
Policy details

2
Dependant details

3
Previous cover

4
Medical questions

5
Finalise

Apply to add a dependant to a health membership

What you need to know and to have when adding dependants

Policy summary

Policy holder:	Trbbcodjhbq Pabbcodjhbq	Cellphone:	1111111111
Health plan:	SABMAS Comprehensive Option	Email:	test@discovery.co.za
Health policy number:	5840659	Employer:	AB-INBEV AFRICA (PTY) LTD
Financial Adviser:	Hebrjlfhfkj Ccbmjlfhfkj		

Lives Covered

The following people are on this policy

Name	Date of birth	Cover start date
Mr Trbbcodjhbq Pabbcodjhbq	1952-01-04	2017-01-01
Ms Rabbcodjdm Pabbcodjdm	1952-05-31	2017-01-01

Start of cover

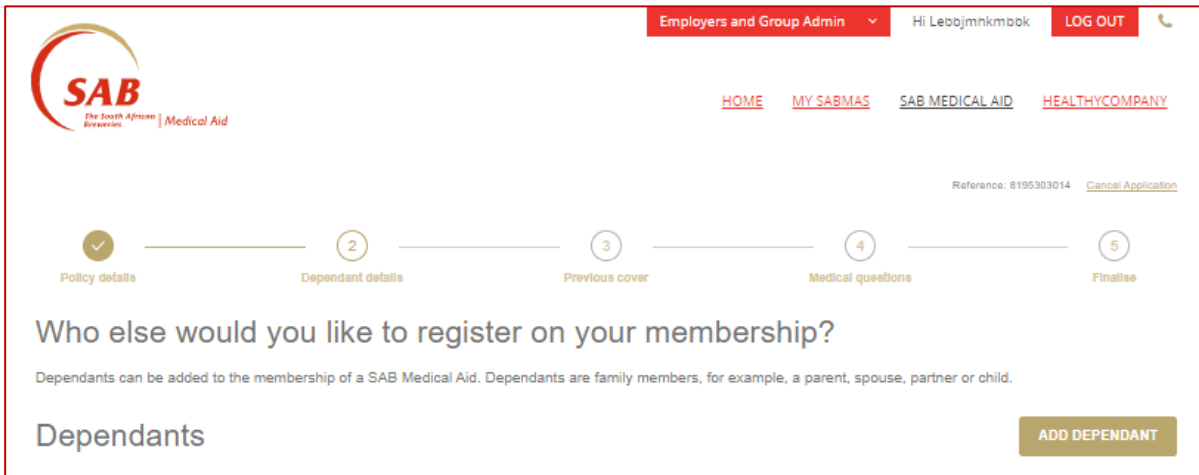
When would you like cover to start?

01 September 2022

CANCEL

NEXT

The dependant details capture tab follows the same process as the main applicant capture screen. Click the **“Next”** button to move to the next screen, complete any missing information, and keep going until you get to the Provisional offer screen.

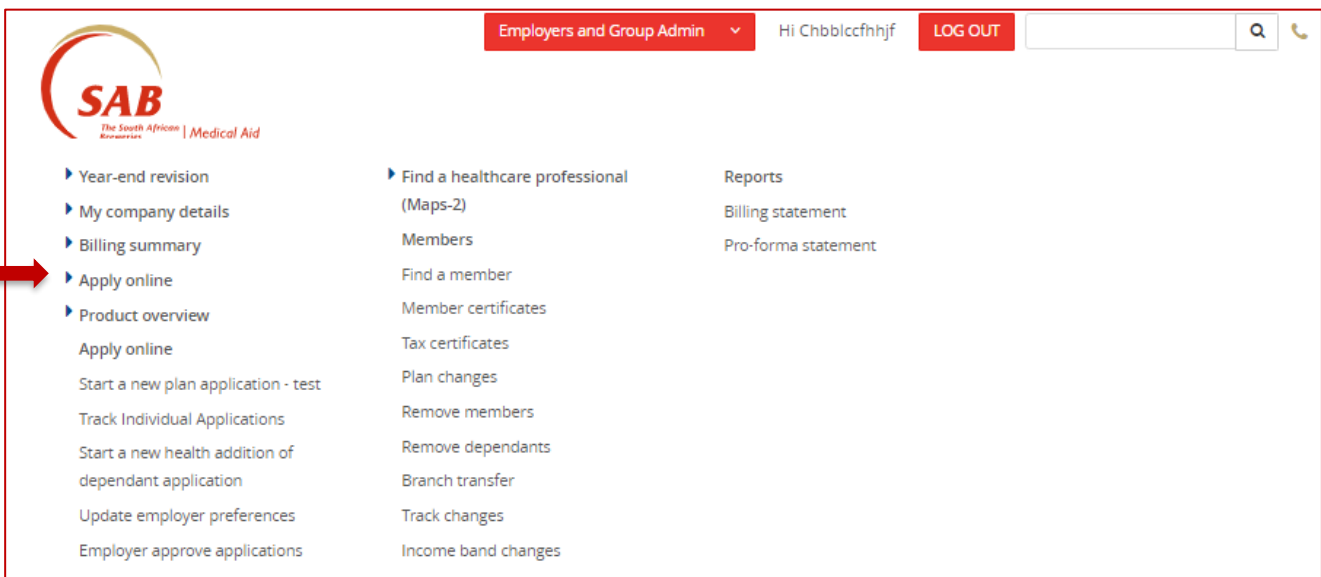


The screenshot shows the SAB Medical Aid application process. At the top, there is a navigation bar with 'Employers and Group Admin', 'Hi Lebbjmnkmbbk', and 'LOG OUT'. Below this is a breadcrumb trail: 'HOME', 'MY SABMAS', 'SAB MEDICAL AID', and 'HEALTHYCOMPANY'. A progress indicator shows five steps: 1. Policy details (checked), 2. Dependant details (active), 3. Previous cover, 4. Medical questions, and 5. Finalise. Below the progress indicator, the text asks 'Who else would you like to register on your membership?' and provides a reference number '8195303014' with a 'Cancel Application' link. A section titled 'Dependants' includes an 'ADD DEPENDANT' button.

Employer approved applications

You may access the employer approved applications via the online application process. Here there will be instances where a link is sent to a member to capture their application. This application may come back to the employer, should the employer request for this, the employer will be required to approve the application.

Select 'SAB Medical Aid', then 'Apply online'.



The screenshot shows the SAB Medical Aid menu. At the top, there is a navigation bar with 'Employers and Group Admin', 'Hi Chbbllccfhjhf', and 'LOG OUT'. Below this is a search bar and a phone icon. The menu is organized into three columns. A red arrow points to the 'Apply online' option in the first column.

Column 1	Column 2	Column 3
▶ Year-end revision	▶ Find a healthcare professional (Maps-2)	Reports
▶ My company details	Members	Billing statement
▶ Billing summary	Find a member	Pro-forma statement
▶ Apply online	Member certificates	
▶ Product overview	Tax certificates	
Apply online	Plan changes	
Start a new plan application - test	Remove members	
Track Individual Applications	Remove dependants	
Start a new health addition of dependant application	Branch transfer	
Update employer preferences	Track changes	
Employer approve applications	Income band changes	

Select 'Employer approvals'

Act on behalf of scheme
SAB Medical Aid

Manage applications

Track individual applications

Track all health applications including for additional dependants

>

Track bulk applications

Track imports of files containing multiple applications here


>

Employer approvals

Approve or reject applications for your employees in this section


>

SAB Medical Aid applications




New application
Apply for medical aid with us

APPLY



Add a dependant
Add a dependant to an existing membership

APPLY



Bulk applications
Apply in bulk by importing applicant details

APPLY

To change your employer approval and default billing options click [here](#)

Application tracking

Once a reference number has been generated for the application, you may access the online tracking tool to track the status of the application.

Act on behalf of scheme
SAB Medical Aid

Manage applications

Track individual applications

Track all health applications including for additional dependants

>

Track bulk applications

Track imports of files containing multiple applications here


>

Employer approvals

Approve or reject applications for your employees in this section


>

SAB Medical Aid applications




New application
Apply for medical aid with us

APPLY



Add a dependant
Add a dependant to an existing membership

APPLY



Bulk applications
Apply in bulk by importing applicant details

APPLY

To change your employer approval and default billing options click [here](#)

This will open a screen showing the status of all applications you have made. In the search box, enter the reference number of the application you need to update, then press enter on your keyboard.

Track Individual applications

Search: 10 records per page Show/hide columns

Reference	Processed	Product	Channel	Application type	Group status	Status description
8194858379	29 Aug 2022 10:03	Health	Web	New application	New Business	Application waiting for employer capture
8194857938	29 Aug 2022 09:35	Health	Web	New application	New Business	Application waiting for employer capture
8194856742	29 Aug 2022 09:18	Health	Web	New application	New Business	Application waiting for employer capture
8194856665	29 Aug 2022 09:04	Health	Web	New application	New Business	Application waiting for employer capture
8194839950	29 Aug 2022 08:56	Health	Web	New application	New Business	Application waiting for employer capture
8194839121	29 Aug 2022 07:51	Health	Web	New application	New Business	Application waiting for employer capture
8194803272	27 Aug 2022 12:56	Health	Web	Addition of dependants	New Business	Application in Capture Process
8194803105	27 Aug 2022 12:38	Health	Web	New application	New Business	Processing application requirements
8194779341	26 Aug 2022 03:01	Health	Web	New application	New Business	Application waiting for employer capture
8194778866	26 Aug 2022 02:38	Health	Web	New application	New Business	Application waiting for employer capture

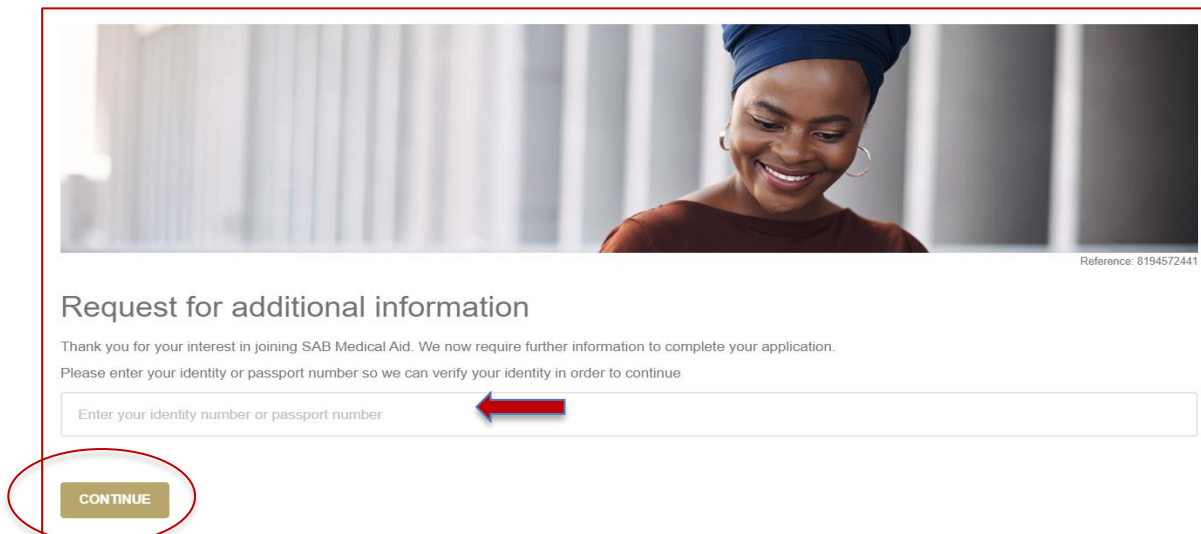
Click on the reference number that appears below the search box.

This will take you to a screen where you can:

- View and fulfil proposal return on behalf of your client

Manage proposal returns

If information is missing or incorrect, the member will receive an e-mail notification where they will click on the link that will bring them to the below dashboard, the member will need to enter their ID number and click on **“Continue”**



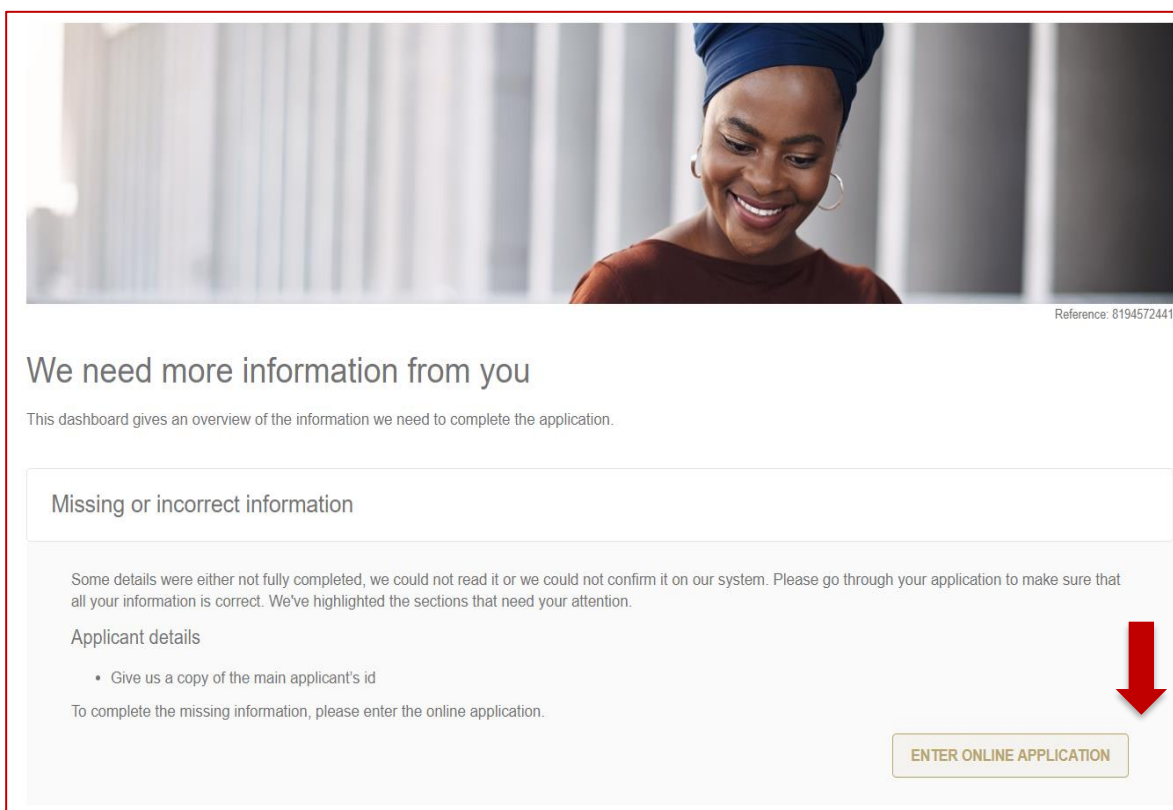
Reference: 8194572441

Request for additional information

Thank you for your interest in joining SAB Medical Aid. We now require further information to complete your application. Please enter your identity or passport number so we can verify your identity in order to continue.

CONTINUE

An explanation of what we need will be shown on the dashboard. If we don't need any information updates, the dashboard will be empty. Click **'Enter Online Application'** to continue.



Reference: 8194572441

We need more information from you

This dashboard gives an overview of the information we need to complete the application.

Missing or incorrect information


Some details were either not fully completed, we could not read it or we could not confirm it on our system. Please go through your application to make sure that all your information is correct. We've highlighted the sections that need your attention.

Applicant details

- Give us a copy of the main applicant's id

To complete the missing information, please enter the online application.

ENTER ONLINE APPLICATION

This will take you to the application. Look for the  symbol to see where updates are needed and enter the information requested (as shown in the example below).

Reference: 8194572441 [Cancel Application](#)

1 Getting started 2 Applicant details 3 Dependant details 4 Plan selection 5 Previous cover 6 Finalise application

Applying to become a member of SAB Medical Aid

Biographical details

! Give us a copy of the main applicant's id ×

Who is the application for? [?] ⓘ

South African ID Other

South African ID*

Race ⓘ

Title*

First Names*

Preferred Name

Click the **“Next”** button to move to the next screen, complete any missing information, and keep going until you get to the **“Provisional offer”** screen.

Reference: 8194572441 [Cancel Application](#)

1 Getting started 2 Applicant details 3 Dependant details 4 Plan selection 5 Previous cover 6 Finalise application

Provisional offer

This application form may now be submitted to SAB Medical Aid. After successful submission, you can track the status of your applications.

i This application may need more underwriting which could affect this decision. Please continue with the application so that a final decision can be made.

The applicant has been accepted for the following plan:

SABMAS Comprehensive Option

Key features of the SABMAS Comprehensive Option:

- The Major Medical Risk Pool covers hospitalization and other major medical expenses
- Members have cover for the Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) conditions and Additional Disease List (ADL) conditions.
- Cover for oncology and HIV and AIDS.
- Day-to-day cover for day-to-day medical expenses.
- A Medical Savings Account (MSA) to fund certain out-of-hospital expenses.
- Access to a Wellness Benefit to empower members through Early Detection and Immunisation Programmes.
- Cover for pre- and postnatal healthcare services for maternity and early childhood, subject to a confinement authorisation.

If applicable, refund claims at the Cost Rate

Projected health membership contribution ⓘ

R3 806 per month

Total for 1 person

Contribution is based on:

Cover start date 2022-08-01

Note: the contribution does not take into account any employer subsidy

You will see the following options at the bottom of your screen:

- Cancel application
- Change cover start date
- Change dependant
- Change plan
- Finalise application

Lives Covered

The following people have been included on this application:

Ms SHELBIE IRELAND Relationship: Main Applicant South African ID: 9508114610085 Gender: Female	Projected contribution: R3 806 per month Underwriting decision: Your client's application will be referred to Underwriting for further assessment.
---	---

Once you have made any changes and are ready to finish the application, click the **'Finalise Application'** button.

Online tool support channels

Operating hours:

Monday to Friday 07:00 – 20:00

Saturdays 08:00 - 13:00

Contact number: 0860 002 133

Email: info@sabmas.co.za

Web: www.sabmas.co.za