

1. APPLICANT (PRINCIPAL MEMBER)

Membership number	<input type="text"/>
Surname	<input type="text"/>
Initials	<input type="text"/>
ID number	<input type="text"/>
Employee number	<input type="text"/>

2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER)

Email address	<input type="text"/>
Telephone number (w)	<input type="text"/>
Cellphone number	<input type="text"/>
Physical address	<input type="text"/>
Code	<input type="text"/>

3. BENEFIT OPTION

Benefit option (indicate with 'X')

Beat1	<input type="checkbox"/>	Beat1N (Network) †	<input type="checkbox"/>	Pace1	<input type="checkbox"/>	Rhythm1 * ‡	<input type="checkbox"/>
Beat2	<input type="checkbox"/>	Beat2N (Network) †	<input type="checkbox"/>	Pace2	<input type="checkbox"/>	Rhythm2 * ‡	<input type="checkbox"/>
Beat3	<input type="checkbox"/>	Beat3N (Network) †	<input type="checkbox"/>	Pace3	<input type="checkbox"/>		
Beat3 Plus	<input type="checkbox"/>			Pace4	<input type="checkbox"/>		
Beat4	<input type="checkbox"/>						

Income bracket if you are joining on the Rhythm1 Option

R 0 - R 9 000 monthly	R 9 001 - R 14 000 monthly	R 14 001 and above monthly
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Income bracket if you are joining on the Rhythm2 Option

R 0 - R 5 500 monthly	R 5 501 - R 8 500 monthly	R 8 501 and above monthly
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* Provide **proof of income** (3 months' payslips or bank statements - not older than 3 months). Please note that you will be registered on the highest bracket, pending proof of income.

† **Take note: Members on any of the BeatN options enjoy an efficiency discount. As such, please note that by selecting one of the BeatN options you acknowledge and agree to the following conditions:**

1. I am limited to a hospital network and designated service providers as determined by the Scheme.
2. I am aware of the location of the nearest above-mentioned network hospital providers.
3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules.
4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year.

‡ **Take note: Members on a Rhythm option are restricted to the contracted Rhythm designated service provider network. As such, by selecting a Rhythm option, you acknowledge and agree that your option is subject to the following:**

1. Primary care service provider network
2. Specialist network
3. Hospital network

4. CONSENT PROVISIONS BY APPLICANT

Table with 20 empty cells

- 1. I hereby expressly make the following acknowledgements... 1.1 That I have read and understood... 1.2 That through submitting this application... 1.3 That by engaging with Bestmed... 1.4 That Bestmed may from time to time... 1.5 That I fully appreciate that Bestmed places a high premium... 1.6 That I have read and understood the undertakings... 1.7 That I fully appreciate that Bestmed will only process... 1.8 That, in accordance with the provisions of Section 18... 1.9 That I acknowledge that the processing... 2. In light of the above acknowledgements... 2.1 To provide or manage any information... 2.2 To establish my needs... 2.3 To facilitate the delivery... 2.4 To administer my claims... 2.5 To activate my medical aid... 2.6 To allocate a unique identifier... 2.7 For general administration purposes... 2.8 For legal and/or contractual purposes... 2.9 To transact with suppliers... 2.10 To provide me with health and wellness information... 2.11 To transact with third parties... 2.12 To analyse my Personal Information... 2.13 To transfer my Personal Information... 2.14 To carry out analysis and profiling... 3. In as far as I provide Bestmed with the Personal Information of any third party...

Accordingly, I hereby indemnify and hold Bestmed harmless against any claims of whatever nature that may arise as a result of the processing of any Personal Information as provided by myself, for purposes of my membership with Bestmed.

- 4. Bestmed may identify other products and services which might be of interest to me, as well as to inform me of such products and/or services.

Table with 2 columns: Yes, No

Signature box

Signature of member

5. APPLICATION AND DECLARATION

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December.
I understand the benefits of my new option choice and accept the option change on my membership profile.

Signed by me

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Signature of principal member

on this

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day of

month	Y	Y	Y	Y
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* The rules of the Scheme will determine admission and the applicable rates.