Real value speaks for itself

KeyHealth MEDICAL SCHEME

PO Box 14145, Lyttelton, 0140 | Client Service Centre: 0860 671 050 | Application submissions: newbusiness@keyhealthmedical.co.za

GROUP APPLICATION FORM

Instructions

1. Please complete every section below in full. If not applicable, please write N/A in the appropriate field.

Applicant

EMPLOYER GROUP ☐	LOCAL GOVERNMENT EMPLOYEE ☐
	FREEDOM OF ASSOCIATION (FOA) (SALGBC SCHEMES) ☐
	NEW EMPLOYEE ☐
	UNCOVERED LIFE ☐

Section 1: Option Choice

Important note: The Principal Member may make an option change only as from 1 January of each year

Essence Option ☐	**Origin** Option ☐
Equilibrium Option ☐	**Silver** Option ☐
Gold Option ☐	**Platinum** Option ☐

I request the Scheme to register me and my dependants from 0 1 – M M – 2 0 Y Y

Section 2: Principal Member Personal Details (attach copy of ID / Passport)

Title		Initials	First name
Surname			
ID number	Y Y M M D D	Gender:	Male ☐ Female ☐
Race	African/Black (A) ☐	Coloured (C) ☐	White (W) ☐ Indian/Asian (I) ☐ Unknown (U) ☐
Passport number		Marital status	
Residential address			
			Postal code
Courier address (if different)			
			Postal code
Telephone - home (code - number)		Cellphone number	
Telephone - work (code - number)		Fax - work (code - number)	
E-mail address			
Preferred method of communication	E-mail ☐	SMS ☐	
Language preference	English ☐	Afrikaans ☐	

Section 2.1: Spouse / Partner and Dependants Personal Details (Continued)

First name	Surname	ID No./Passport No.	Race	Gender (M/F)	Relationship to Principal Member
			A C W I U		
Contact details (if applicable)		E-mail address (if applicable)		Country of origin/residence	

First name	Surname	ID No./Passport No.	Race	Gender (M/F)	Relationship to Principal Member
			A C W I U		
Contact details (if applicable)		E-mail address (if applicable)		Country of origin/residence	

First name	Surname	ID No./Passport No.	Race	Gender (M/F)	Relationship to Principal Member
			A C W I U		
Contact details (if applicable)		E-mail address (if applicable)		Country of origin/residence	

First name	Surname	ID No./Passport No.	Race	Gender (M/F)	Relationship to Principal Member
			A C W I U		
Contact details (if applicable)		E-mail address (if applicable)		Country of origin/residence	

Are any of your dependants under the age of 27 currently studying? Yes ☐ No ☐

If yes, please attach proof of registration with a recognised national educational institution.

Section 3: Financial Advisor / Broker

Name

Broker Code Accreditation Number

Telephone number (code - number)

Email Address

I, _____, (Principal Member) appoint the abovementioned broker.

I declare that I am aware of the appointment and that I:
☐ will give my broker access to my/our membership information with the scheme in order to be of service to me, including medical information.
☐ was made voluntary by me and can be cancelled by me at any time.
☐ Broker commission will be payable in accordance with the amount as determined annually by the Minister of Health in the Government Gazette, or 3% plus value-added tax (VAT) of the contributions payable in respect of that member, whichever is the lesser.
☐ will entitle me to receive certain services from my broker and that the broker explained these services to my satisfaction.

Principal Member Signature **Date** D D – M M – 2 0 Y Y

Financial Advisor Signature **Date** D D – M M – 2 0 Y Y

Please note: The broker appointment cannot be backdated.

Section 4: Details of Principal Member for Claims Reimbursement

Application will not be processed without banking details. Attach a copy of a recent stamped bank statement or an official bank letter from the bank to verify the banking details. In case of a savings or transmission account, please ensure that the information is absolutely correct as the Scheme will not accept responsibility for amounts transferred to wrong accounts.

Name of account holder

Name of financial institution

Account number

Account type Current ☐ Savings ☐ Transmission ☐

Branch code Branch name

***Please note that no credit card banking details will be accepted**

Account Holder Signature **Date** D D – M M – 2 0 Y Y

Section 5: Employer Information - To be completed by employer

Company Name

Existing group number Employee number

Business telephone number (code - number) Date of employment D D – M M – Y Y Y Y

Principal Member's occupation

SIGNATURE AND STAMP OF EMPLOYER

DESIGNATION

Date D D – M M – 2 0 Y Y

Section 6: Previous Medical Scheme Information

Please provide below the details of the current medical scheme membership.

Please list previous medical scheme details for Spouse/Partner/Dependants separately, if different from the principal member.

Name of member	Name of scheme	Member number	Date joined	Date terminated / or current

The Scheme may request a copy of the membership certificate from your previous medical scheme.

Section 7: Chronic Conditions (not for underwriting purposes)

Are you or any of your dependants currently taking regular and/or ongoing medicine and/or receiving treatment for a medical condition or symptom? Yes ☐ No ☐

If yes, provide the following details:

Name of applicant	Condition and date diagnosed	Name of medication

(Please include script if possible)

All chronic medication, used by you and/or your dependants, for chronic conditions approved by the Scheme, must be registered with the Scheme. Registration of the condition is required before access to the chronic medication benefit will be granted.

If you and/or any of your Dependants are living with HIV/Aids please dial **0860 50 60 80** in order to notify the Scheme that you and/or any of your Dependants are living with HIV/Aids. This information must be disclosed to KeyHealth within 7 days of your official entry onto KeyHealth. Registration of the condition is required before access to the chronic medication benefit will be granted.

Section 7.1: GP Nomination

Members on the Essence option is required to nominate a General Practitioner (GP) in respect of the treatment of chronic conditions.
Please note that a GP nomination is required for each beneficiary. Request Dr information for all visits with the past 12 months.

First name of Beneficiary	Surname, if different from Principal Member	GP Name	Practice Name	Practice number
1.				
2.				
3.				
4.				
5.				
6.				

Section 8: Declarations

Section 8.1: Medical Scheme Declaration

KeyHealth Medical Scheme confirms that:

8.1.1 The Medical Scheme will collect personal information about you and your dependants, for the duration of and after termination of your membership to KeyHealth, as permitted in terms of the Medical Schemes Act or any other relevant legislation. Personal information includes the information provided by you on this application as well as information collected from service providers who have treated or attended to you and your dependants, your broker, your employer and any other source from which KeyHealth may lawfully collect such personal information. Your personal information will be kept confidential at all times;

8.1.2 Member information (personal and health information) will not be used for purposes of related company business nor sold for commercial purposes;

8.1.3 The Medical Scheme has data security measures in place including anti-virus security, prevention of unauthorized access to members detail, eliminating unauthorized e-mails, web-mails and access controls for signing on to the computer system;

8.1.4 The Medical Scheme has granted access to your personal information, to employees of KeyHealth and it's contracted service providers as may be necessary to perform their functions and duties. In the event of a breach in confidentiality, the Medical Scheme assumes responsibility and the breach will be managed according to the Scheme's internal protocols or contractual arrangements, as may be applicable, or as may be required in terms of the law;

8.1.5 All KeyHealth employees and it's contracted third parties, who have access to beneficiary information for the purposes of data transfer and management, Scheme administration and managed care arrangements, are bound by internal confidentiality agreements;

8.1.6 The Medical Scheme and its contracted third parties will process, which includes the collection and storage of your personal/medical health/diagnosis/procedure information as provided for in the Rules of the Scheme, this application and the law, only for the following purposes:

- 8.1.6.1 Processing your application for membership and the administration thereof;
- 8.1.6.2 Collection of contributions and other money owed to KeyHealth;
- 8.1.6.3 Determining member entitlement to benefits;
- 8.1.6.4 Assessment and payment/re-imbursement of claims;
- 8.1.6.5 Risk assessment and management Practices - including, but not limited to hospital risk management, disease risk management and medicine risk management;
- 8.1.6.6 Investigating and reporting of suspicious behavior or fraudulent conduct to appropriate persons and bodies;
- 8.1.6.7 Communication of information relevant to your membership, including KeyHealth's products and services;
- 8.1.6.8 Communication of relevant personal information to healthcare service providers to enable you or your dependants to access benefits in terms of the Rules;
- 8.1.6.9 Systems testing, maintenance and development;
- 8.1.6.10 Reporting to authorised persons and authorities, e.g. the Board of Trustees and the Council for Medical Schemes;
- 8.1.6.11 Historical, statistical and research purposes;
- 8.1.6.12 Compliance with any relevant legislation; and
- 8.1.6.13 Any other lawful purpose which directly relates to your membership of KeyHealth or which is authorised in terms of the law or the Rules.

8.1.7 You may object to the processing of your personal information contemplated in 8.1.6 above in the manner prescribed in terms of the Protection of Personal Information Act, 2013 (Act 4 of 2013) unless the Medical Scheme is authorised to such information in terms of other applicable legislation;

8.1.8 The Medical Scheme will share relevant personal information, including health information, of your dependants with you as the principal member to ensure the efficient administration of your membership and benefits;

8.1.9 The Medical Scheme will only disclose your personal information to your employer (if part of an employer group), your broker or other third parties or grant access to such information in accordance with the law or otherwise with your or your dependants' consent as may be appropriate;

8.1.10 The Medical Scheme will only share your personal information with third parties outside of the borders of the Republic of South Africa if it is necessary for the provision of healthcare and other services to you and your dependants in terms of the Rules, subject to the provisions of relevant legislation.

Section 8.2: Declaration by Principal Member

PLEASE NOTE

8.2.1 Acceptance of this application is at the discretion of the Scheme and shall be subjected to such conditions as the Scheme may determine in its rules from time to time.

8.2.2 With specific reference to and acknowledgement of the detail contained in the Medical Details section, failure to disclose pertinent information or to supply false information could lead to the termination of membership or such other measures as the Scheme may determine in its sole discretion, and the applicant's attention is specifically drawn to Article 66 of the Medical Scheme Act, Act No. 131 of 1998.

8.2.3.1. I declare that

8.2.3.1.1. the contents of this application, and any other documents which may be required in support thereof, are true, correct and complete, whether recorded in writing by me or by any intermediary on my behalf;

8.2.3.1.2. none of the applicants are registered with another medical scheme;

8.2.3.1.3. I expressly authorise the Scheme, to the extent that it may be required by law, to process, which includes the collection, usage and storage of, our personal information, comprising amongst others our demographic, health and biometric information, contact details as well as information related to any suspected fraudulent behaviour by me or any of my dependants, and which information has been supplied by us to the Scheme or which the Scheme may lawfully collect from any third party, for the purposes specified above;

8.2.3.1.4. I consent to the recording of all conversations between myself or any of my dependants and the Scheme or any of its contracted service providers and agree that all information so obtained as well as all other information about us may form part of the records of the Scheme, which records may be retained for as long as it is required in terms of the Rules or applicable legislation, for historical, statistical or research purposes, subject to the requirements of the law, or for any other lawful purpose;

8.2.3.1.5. I understand that my dependants and I must ensure that the Scheme is at all times in possession of accurate and up-to-date information about my dependants and I as it may impact the assessment of our application for membership, the administration of our membership, the calculation of contributions, the processing of claims, payment of benefits, communication by the Scheme with us, and other purposes relevant to our membership as stipulated above;

8.2.3.1.6. I understand that my dependants and I may have access to our personal information held by the Scheme and may request that the Scheme to correct any inaccurate information subject to the provisions of applicable legislation;

8.2.3.1.7. I understand that should any of my dependants or I have any concern about the processing of our personal information, we may raise the matter with the Information Officer. I also understand that once the Information Regulator has been established we may also lodge a complaint with this Regulator;

8.2.3.1.8. I authorise the Scheme to deal with my dependants and I electronically and treat electronic communication (such as e-mail, fax, telephone, or communication through the Scheme's digital app) as being the same as written authority and confirmation. I agree further that, where I choose to use electronic methods to transact with the Scheme, we will carry the risk of such use;

8.2.3.1.9 I guarantee that, to the extent that it may be required by law, I have the necessary authority from my dependants to provide the consent and permissions contained in this application and to receive communication from the Scheme on their behalf regarding any matter related to their membership and medical scheme cover, including relevant health information.

8.2.3.2. further accept that

8.2.3.2.1. my statements and answers in this application form shall form the basis of the proposed membership;

8.2.3.2.2. if I omit any pertinent information or make any false statement in my application, the Scheme may decline the application, or if membership has already been granted, terminate my or my dependants' membership, or impose such appropriate sanctions as it may determine in its sole discretion;

8.2.3.2.3. I will be responsible for all monthly contributions for the applicants and for any other amounts legally due to the Scheme, which may be incurred by them, and that such amounts may be recovered from me retrospectively;

8.2.3.2.4. I will be responsible for informing the Scheme of any changes to any of my dependants and their income, where applicable, within 30 days and for obtaining confirmation of those changes, in writing, from the Scheme.

8.2.3.2.5. All conversations between myself and the Scheme or its contracted parties may be recorded.

8.2.3.2.6. The terms and conditions issued in respect of this application are valid for 30 days from the signature date.

8.2.3.3. authorise

8.2.3.3.1. the Scheme to obtain, process and disclose any personal or medical information as it relates to myself or my dependants (adults and/or minors) in order to consider and process this application for membership, and, during my period of membership, to obtain as it may require, disclose and utilise any information concerning my own and my dependants medical history;

8.2.3.3.2. the Scheme to share membership information with the employer, where I or my dependants are a member of an employer group. This will be limited to information that is relevant to our application or information that is required for the ongoing servicing of our membership, but will not include any health information unless I or my dependants have given permission to do so;

8.2.3.3.3. my employer to pay to the Scheme any portion of the monthly contribution due by me, by deduction from my salary, and any amount in arrears by way of double deduction from my salary, until fully recovered;

8.2.3.3.4. the Scheme to register me and my dependants' membership.

8.2.3.4. state that

8.2.3.4.1. I am familiar with the conditions and benefits of the option selected, notwithstanding representation by any other party;

8.2.3.4.2. I undertake and agree that my dependants and I shall abide by the latest Rules of the Scheme as amended from time to time.

8.2.3.4.3. I am of sound mind, memory and understanding.

8.2.3.4.4. I fully understand the implications of moving from one scheme to another;

8.2.3.4.5. Admission to the Scheme is not subject to the services of a broker being employed;

8.2.3.4.6. I understand the role of my broker (if applicable).

8.2.3.4.7. I understand that, once I have decided to move to another medical scheme – for which provision is made by my employer – I will not be allowed to move to another scheme during the next 12 months

Section 8.2: Declaration by Principal Member (Continued)

Declaration of understanding:
I hereby declare that by signing this document I declare that I have read and understand the content of the application and all the terms and conditions.

This authorisation will remain valid until cancelled in terms of the Rules of the Scheme.

Signature of Principal Member		**Print Name and Surname of Principal Member**	

Date D D – M M – 2 0 Y Y