

Dependant 2

Title Initials

Surname

First name(s) (as per identity document)

ID or passport number

Gender M F Date of birth

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Relationship to member (for example, mother, child. Where your child is not your biological child, please state relationship, for example adopted child, foster child. Please give legal proof)

If over 18 years provide cellphone number

Is your dependant:

Married? Yes No Financially dependent on you? Yes No

Disabled? Yes No A student? Yes No

Does your dependant earn an income? Yes No

How much does your dependant earn each month? R

In case of permanent disability, please provide a doctor's motivation letter.

Brief description and estimated duration of disability

Is the dependant a resident of an institution? Yes No

If "yes", please state the name of the institution

and who is responsible for the medical expenses and the extent thereof.

Does the dependent live with you? Yes No

Confirm period to

If not, please state the reason

Dependant 3

Title Initials

Surname

First name(s) (as per identity document)

ID or passport number

Gender M F Date of birth

Race African Coloured Indian/Asian White Other Do not want to disclose

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Relationship to member (for example, mother, child. Where your child is not your biological child, please state relationship, for example adopted child, foster child. Please give legal proof)

If over 18 years provide cellphone number

Is your dependant:

Married? Yes No Financially dependent on you? Yes No

Disabled? Yes No A student? Yes No

Does your dependant earn an income? Yes No

How much does your dependant earn each month? R

In case of permanent disability, please provide a doctor's motivation letter.

Brief description and estimated duration of disability

Is the dependant a resident of an institution? Yes No

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and who is responsible for the medical expenses and the extent thereof.

Does the dependant live with you Yes No

confirm period to

If not, please state the reason

Dependant 4

Title Initials

Surname

First name(s) (as per identity document)

ID or passport number

Gender M F Date of birth

Race African Coloured Indian/Asian White Other Do not want to disclose

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Relationship to member (for example, mother, child. Where your child is not your biological child, please state relationship, for example adopted child, foster child. Please give legal proof)

If over 18 years provide cellphone number

Is your dependant:

Married? Yes No Financially dependent on you? Yes No

Disabled? Yes No A student? Yes No

Does your dependant earn an income? Yes No

How much does your dependant earn each month? R

In case of permanent disability, please provide a doctor's motivation letter.

Brief description and estimated duration of disability

Please take note further that any indication of existing medical conditions on this application does not automatically enrol your dependants onto the Scheme's Disease Management Programme. For more information with regards to the Scheme's disease management enrolment visit <https://www.retailmedicalscheme.co.za/portal/>.

Please answer ALL questions by ticking "Yes" or "No". If you answered 'Yes' please provide full details in the sections provided.

5.1 Tumours, growths, cancerous, non-cancerous and disorders of the skin and breast

Yes No

Example: skin lesions,eczema, psoriasis, breast disease, non-cancerous tumours, cancerous tumours, cancer of any organ, fibrocystic breast disease, fibroadenoma, lump in breast, abscess, any autoimmune conditions, any congenital conditions or other skin conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.2 Heart and circulation conditions

Yes No

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, any congenital conditions, peripheral vascular disease, deep vein thrombosis, pulmonary embolus, varicose veins.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.3 Gynaecological and Obstetric conditions

Yes No

Example: abnormal pap smear results, abnormal menstrual bleeding, endometriosis, miscarriage, polycystic ovarian syndrome, infertility, ectopic pregnancy, any autoimmune conditions, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.4 Are you or any of your dependants pregnant or undergoing treatment/investigation to fall pregnant or trying to conceive or difficulty falling pregnant?

Yes No

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.5 Mental healthYes No

Example: mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, personality disorders, sleeping disorders (i.e. narcolepsy), eating disorders, Alzheimer's disease, dementia, attention deficit-hyperactivity disorder, drug and/or alcohol abuse or rehabilitation, suicide attempt, post traumatic stress disorders, counselling, any other psychological conditions, any autoimmune conditions, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.6 Metabolic or endocrine conditionsYes No

Example: diabetes mellitus (high blood sugar), diabetes insipidus, thyroid disease, Addison's disease, Cushing's syndrome, metabolic syndrome, parathyroid disease, Paget's disease, osteoporosis, growth deficiency, metabolic disorders, Conn's syndrome, any autoimmune conditions, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.7 Abdominal conditionsYes No

Example: hepatitis, cirrhosis, portal hypertension, liver disease, liver failure, pancreatitis, cystic fibrosis, gall bladder/stones, GORD (reflux), heartburn, oesophageal disease, hernias, gastritis, ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis, Irritable bowel syndrome (IBS), Hemorrhoids, long standing constipation/diarrhea, ascites (fluid in the abdomen), coeliac disease, obesity, overweight, unintentional weight loss, incontinence, colorectal symptoms/condition, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.8 Brain and nerve conditionsYes No

Example: stroke, epilepsy, seizures, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, other chronic headaches, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia, quadriplegia, spinal cord injury, hydrocephalus, brain shunt (VP shunt used to drain fluid from the brain), intellectual disability, CVA, bleeding on the brain, any autoimmune conditions, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.9 Breathing and respiratory conditionsYes No

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis, pneumonia, interstitial lung disease/chronic cough > 3months, any autoimmune conditions, any congenital conditions, ventilator, oxygen therapy, CPAP.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.10 Musculoskeletal (back, bone, injury and muscle pain)Yes No

Example: arthritis (any form), ongoing/intermittent joint or muscular pain, ankylosing spondylitis, degenerative disc disease, scoliosis, kyphosis, spinal stenosis, gout, physical disability, any autoimmune conditions, prosthesis and internal insertion of surgical implants, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.11 Kidney or urinary conditions including current or past dialysisYes No

Example: kidney failure, kidney stones, recurrent urinary infections, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, urinary incontinence, neurogenic bladder (loss of bladder control or inability to empty the bladder), bladder infections, other bladder or kidney problems, any autoimmune conditions, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.12 Blood conditionsYes No

Example: deep vein thrombosis, anaemia, polycythaemia vera, blood clotting disorders/diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia, haemochromatosis, and other bleeding disorders, any autoimmune conditions, any congenital conditions, varicose veins.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.13 Eye conditionsYes No

Example: intra-ocular pressure, visual disturbances, night blindness, cataract, keratoconus, corneal ulcer, uveitis, glaucoma, squint, ptosis, retinopathy, macular degeneration, cornea transplant, eye surgery, blurred vision, eye infections, blindness (partial or full), retinal detachment, any autoimmune conditions, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.14 Ear, nose and throat (ENT) and dentistry conditionsYes No

Example: otitis media (middle ear infection), otitis externa (ear canal infection), hearing problems, hearing aid, cochlear implant, tonsillitis, adenoiditis, vertigo, deafness, sinus problem, nasal surgery, dental treatment or dental surgery, any autoimmune conditions, any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.15 Male urogenital conditionsYes No

Example: prostate disorders, urogenital defects, varicocele, undescended testes, phimosis, urinary incontinence, infertility, any autoimmune conditions, abnormal PSA tests (prostate specific antigen), any congenital conditions.

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.16 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/seen in casualty in the last 12 months?Yes No

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.17 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?Yes No

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

5.18 Have you or any of your dependants ever been diagnosed with or received treatment for, any condition/symptoms or any allergic reactions or side-effects, not mentioned in the questions above, in the last 12 months before this application?Yes No

Patient name	Symptoms/Medical diagnosis	Date first diagnosed/ Symptoms	Date of last symptoms, consultations and/or hospitalisation within the last 12 months	Medicine used for this condition and dosage	Date of last treatment taken within the last 12 months

HIV and AIDS

If you, or one or more of your dependants, are HIV-positive, you or they must call us on **0860 101 252** within seven working days from the date we activate your Retail Medical Scheme 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 HIVCare Programme. Retail Medical Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Scheme starts paying for any general or specific medical conditions. A 12-month condition specific waiting period or a three-month general waiting period may therefore apply to this condition or any related condition. If you do not let us know about you or your dependant's HIV status within 7 days of your membership being active, we may end your membership.

6. Privacy Statement – how we will process and disclose your personal information and communicate with you

When you engage with Retail Medical 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, children, and other dependants, collectively “your dependants”, where applicable. To view and read our Privacy Statement, please follow this link: <https://www.retailmedicalscheme.co.za/wcm/medical-schemes/retail/assets/retail-medical-scheme-privacy-statement.pdf>

May the Scheme and its Administrator send you direct electronic marketing (related to the business of the Scheme) from time to time?

Yes, I agree No, thank you

Signature of main member

Please sign that you have read and understand this statement

Date

D	D	M	M	Y	Y	Y	Y
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7. Terms and Conditions applicable to Retail Medical Scheme

Scheme terms and conditions for membership

The Rules of the Scheme give you details about the rights and responsibilities for your membership. You may ask us for a copy of the terms and conditions at any time. These terms and conditions may change from time to time.

When you sign this application, you confirm that you have read and understood the terms and conditions and you agree that you will be bound by them.

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.

The Scheme and the Administrator 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.

The Scheme and Administrator may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, to profile and risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers). You agree that we can get information about you and those you apply for from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, 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 Retail Medical 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 the Scheme or Administrator immediately if your information changes

You or your employer 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 backdated changes may not be accepted.

When the Scheme may cancel your membership/s

The 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.

About becoming a member

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

Certain waiting periods may apply to your membership in certain circumstances. This means there may be a set time period before the Scheme starts paying claims for any general or specific medical conditions. Please speak to your People Team Department 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 the Scheme by letter, email or SMS telling you that you and those you apply for have been accepted as members of the Scheme.

You must ensure contributions are paid on time

As the main member of the 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.

Repaying money owed to the Scheme

Retail Medical 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. 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 must repay any medical savings owing if you leave the Scheme

When you become a member, and if you chose to belong to the Essential Plus Option, you may have money available in advance to use for medical expenses during the year. This money is made available in the 'Medical Savings Account'. If you leave the 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 the Scheme during the specific year.

By signing this form, you agree to the terms as stipulated, and in particular 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.

Signature of main member

Date

Y	Y	Y	Y	M	M	D	D
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**The main member must sign and date any changes
Please do not sign an incomplete application form**

8. For office use only

Membership commencement date

Y	Y	Y	Y	M	M	D	D
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Underwriting? Yes No

Late joiner penalty Yes No Group number (billing category)

Comments:

9. Retail Medical Scheme approval

This application form has been duly approved.

Name

Signature

Date

Y	Y	Y	Y	M	M	D	D
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