



Administered by

Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Continuation form

Application to register a new a main member

Who we are

Retail Medical Scheme registration number 1176, referred to as "the Scheme" is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

This document is a request to register a new main member on an existing membership. It also contains some terms and conditions for membership. Please make sure you read and understand the terms and conditions.

If you have any questions, please let us know. Once we have assessed your request, we will let you know what will happen next.

How to complete this form

- 1. Please use one letter per block, complete with black ink and print clearly or complete electronically.
2. This form must be completed by the person applying to be the main member.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your People Team Department.

When you sign this request, you confirm that you have read and understood the terms and conditions for membership and agree to them.

1. About the new main member

Form fields for membership details including: Date membership of new main member starts, Membership number, Tax number, Job title, Title, Initials, Surname, First name(s), ID or passport number, Gender, Date of birth, Marital status, Employee number, Telephone (H), Telephone (W), Cellphone, Personal address, Unit/suite number, Complex name, Street number, Street name, Suburb, Postal code, Email.

## 2. Details of the current main member

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

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
ID or passport number	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	Telephone (W) <input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	
Personal email	<input type="text"/>		

## 3. Banking details for the new main member's monthly contribution (if applicable)

### What you must do

Submit the following with this form if the bank account used belongs to a Third Party (Spouse, brother, sister, relative, etc): (1) copy of ID of the account holder (2) Bank Statement/letter of confirmation from the bank not older than three months.

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account number	<input type="text"/>	Type of account	Current <input type="checkbox"/> Savings <input type="checkbox"/>
Name of account holder	<input type="text"/>		

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

Signature of account holder	<input type="text"/>
Signature of new main member	<input type="text"/>

**Please note:** If you are using someone else's bank account, the account holder must sign above to confirm this.

Account holders Physical Address (own/3rd Party's/Company or the Trust's address)

Unit/suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>
Account holder's contact number	<input type="text"/>		
Account holder's email address	<input type="text"/>		

As part of the Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit [www.retailmedicalscheme.co.za](http://www.retailmedicalscheme.co.za)

## 4. Banking details for claim refunds

### What you must do

Submit the following with this form if the bank details belong to a Third Party (Spouse, parent, relative, etc) - Copy of ID of account holder - Bank statement/letter of confirmation from the bank not older than three months.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account, or an account held in any country in Africa, including Lesotho and Swaziland.

Same as section 3? Yes  No

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>

Account number

Type of account Current  Savings

Name of account holder

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

Signature of new main member

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

## 5. Privacy Statement – how we will process and disclose your Personal Information and communicate with you

We process your personal information as we set out in the Retail Medical Scheme Privacy Statement, available at [www.retailmedicalscheme.co.za](http://www.retailmedicalscheme.co.za). By accepting these terms and conditions or by providing personal information to us, you agree and give permission for us to use your personal information as we set out in the Scheme's Privacy Statement.

## 6. Terms and Conditions applicable to Retail Medical Scheme

### 1. Who “we” / “us” are

Retail Medical Scheme, registration no 1176, is a medical scheme, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, is the administrator and managed care organisation for Retail Medical Scheme. Discovery Pty (Ltd) is an authorised financial services provider.

### 2. Rules for membership

The Rules of Retail Medical Scheme, “the Scheme”, give you details about the rights and responsibilities for your membership of the Scheme. You may ask us for a copy of the Rules at any time. These Rules may change from time to time. When you sign this application, you confirm that you have read and understood, and you agree that you and those you apply for will be bound by these terms and conditions and the Scheme Rules.

### 3. Who you are applying for

You may apply to join Retail Medical Scheme on your own or together with your spouse, your partner and children and other people who are financially dependent on you, as defined in the Retail Medical Scheme Rules. For anyone to be treated as financially dependent for the purpose of this application, you must have a legal responsibility to provide financially for that dependant. We might ask you to give us proof of financial responsibility.

You may be called the principal member or main member in our future communications to you.

### 4. Acting for others

#### You confirm you have the right to act for others

By signing this document, you confirm that:

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

### 5. Giving and getting information

#### You must give true, correct, and complete information

To consider your application for membership, Retail Medical Scheme must learn more about you and those you apply for. Information about you and those you apply for must be true, correct, and complete. This includes the details you give in this application form and in future dealings with us. We may ask those you apply for, who are 18 and older, for information and this will be treated as if Retail Medical Scheme had asked you in your role as main member.

It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application.

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

No, thank you  Yes, I agree

#### Your legal address

We will send documents to you at the valid email address. 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 to us. It is your responsibility to make sure we have the correct address for you.

#### The Scheme and Discovery Health (Pty) Ltd (“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.

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

The Scheme and Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies ("relevant sources") and further process such information to consider your membership application, to conduct underwriting or risk assessments, to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete.

You give your permission that the Scheme and Administrator may get any information that is relevant to your application from your employer.

To consider your application for membership, conduct underwriting or risk assessments, or to consider a claim for medical expenses, 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 the 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 the cancellation of your 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.

**7. About becoming a member**

**The Scheme might not pay for certain expenses immediately after you become a member**

The Scheme may in certain circumstances apply waiting periods to a membership. 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 us to find out if waiting periods apply to your membership and the memberships of those you apply for.

**Resign from your current medical scheme 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 Retail Medical Scheme, by letter, email or SMS, telling you that you and those you apply for have been accepted.

**You must ensure contributions are paid on time**

As the main member of 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 and membership termination.

**8. Repaying money owed to the Scheme**

We have 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 claims payment amounts that are due to be refunded to you.

**You must repay any medical savings owing when your Retail Medical Scheme membership ends.**

When you become a member, and if you chose to belong to the Essential Plus Option, you may have benefits available in advance to use for medical expenses during the year. These benefits are made available in the 'Medical Savings Account'. If you leave Retail Medical Scheme before the year is up, you must repay any portion of the medical savings you that you may have used over and above the amount that you have already paid for those benefits via the Savings portion of your monthly contributions 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 claims refund 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**

### 7. For office use only

New main membership commencement date 

D	D	M	M	Y	Y	Y	Y
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 Employee number 

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Branch name

Branch code 

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Division

Group number (billing category)

Additional details or comments


### 8. 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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