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For use by corporate clients

Employer's office stamp

Payroll number

Registration of my new-born baby

Enquiries: 086 0100 678

Email: newbusiness@medihelp.co.za

www.medihelp.co.za

How to comp	lete th	is form
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- Please complete the editable PDF form and add your signature electronically before you email it to us. Printed forms must be completed in print using black ink. Please make sure to email or post all pages of the form to Medihelp. For your convenience, you can complete this form online on the Member Zone at https://toolbox.medihelp.co.za/login.
- Please complete all sections in full and sign the application form. Incomplete information may delay

	the application process. Never sign a blank applic			igii ti	іс аррііі	catio	11101111.	IIICOIII	piete	mormati	OTTTTIA	iy uci	ay						
Imp	portant information that y Read and make sure you Email the completed and	understa	and the	cond	itions o	f mei	mbershi	p in Se			you si	ign th	ne form						
1.	Details of the princip	al meml	ber																
	Member number																		
	ID/passport number									Title	Mr		Mrs	Ms	Other(sp	pecify)			
	A copy of your passport	must be a	attache	d if y	ou use y	our p	oasspor	t numk	oer.										
	First names																		
	Surname																		
	Telephone number (W)									Te	lephoi	ne nu	ımber (I	H)					
	Cell phone number*																		
	Personal email address*																		
	* This information is computable application for membersh				commun	icate	importan	t inforr	natior	to you abo	ut your	r right	s, benef	its, and	duties as a ı	membe	r. If not cor	npleted, yo	our
	Marital status	commu prop custo	ied in unity of erty/ omary riage	CO	rried ou mmunit propert	y of	1	igle/ narried	i	Engaged cohabitar life partn	nt/	Div	vorced		Widow/ widower		Other	(specify)	
	Date of marriage	уу	уу	m	m d	d													
	Please indicate your race	e only if y	ou wish	to d	o so (the	e info	rmatior	n is cor	mpile	d for natio	onal st	atisti	ical pur	poses	by the Cou	ıncil for	Medical :	Schemes):
	Black		С	olour	ed			Indi	an/As	sian			Wh	ite			Other		
2.	Date on which my nev		-			_			0)	y m	m such r	d	on is a b	enefic	iary of ano	ther m	edical sch	neme. Re	fer to
	paragraph 11 of Section 4										,				, , , , , ,				
3.	Details of my new-bo	rn baby																	
	In the case of dependant	ts who ar	e not So	outh i	African	citize	ens, a co	py of	their	passport	must b	oe su	bmitte	d with	the comple	eted ap	plication	form.	
	Dependant 1																		
	Surname																		
	First names in full																		
	Known as								_										
	ID/passport number												Gen	der	М	lale		Female	2
	Date of birth	у у	уу	m	m d	d													

3. Details of my new-born baby (continued)

Relationship to member (please select one by marking	with an X)			
Child dependant Own child	Child born in terms of a surrogate motherhood agree	ment Other rela	ative Gra	andchild
If you are registering a grandchild as dependant, is the				
Financially dependent on you?	Living with yo	u? Yes	No	
NB: Your grandchild will pay adult dependant members	hip fees, unless legally adop	ed.		
Please indicate your dependant's race only if you wish to	o do so (the information is comp	iled for national statistical p	urposes by the Council for M	ledical Schemes):
Black Coloured	Indian/Asian	White	Oth	ner
Is this dependant's residential address the same as the	principal member's residenti	al address?		Yes No
If "No", provide your dependant's residential address:				
House/unit number and building name	Hous	e/building number and sti	eet name	
Suburb	City			
Province	Posta	ll code		
Dependant 2				
Surname				
First names in full				
V				
Known as				
ID/passport number		Gender	Male	Female
	d	Gender	Male	Female
ID/passport number	d with an X)	Gender	Male	Female
ID/passport number Date of birth Relationship to member (please select one by marking to the condent of the	d with an X) Child born in terms of a surrogate motherhood agree	Other rela		Female andchild
ID/passport number Date of birth Relationship to member (please select one by marking to the condent of the	Child born in terms of a surrogate motherhood agree	Other rela		
ID/passport number Date of birth V V V W M M d Relationship to member (please select one by marking v Child dependant Own child	Child born in terms of a surrogate motherhood agreed dependant:	ment Other rela		
ID/passport number Date of birth Relationship to member (please select one by marking to the control of the	Child born in terms of a surrogate motherhood agreed dependant: Living with yo	ment Other related	ative Gra	
ID/passport number Date of birth Relationship to member (please select one by marking to the control of the	Child born in terms of a surrogate motherhood agree dependant: Living with your chip fees, unless legally adopted to the surrogate of the sur	other relative. "Yes red.	ative Gra	andchild
ID/passport number Date of birth Relationship to member (please select one by marking of the control of the	Child born in terms of a surrogate motherhood agree dependant: Living with your chip fees, unless legally adopted to the surrogate of the sur	other relative. "Yes red.	No Gra	andchild
ID/passport number Date of birth V V V W M M D Relationship to member (please select one by marking of the control of the c	Child born in terms of a surrogate motherhood agree dependant: Living with your chip fees, unless legally adopted to do so (the information is composited in the composite of the information is composite of the information in the information is composite of the information is composite	went Other relative of the section o	No Gra	andchild ledical Schemes):
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ID/passport number Date of birth Relationship to member (please select one by marking of the control of the c	Child born in terms of a surrogate motherhood agree dependant: Living with your ship fees, unless legally adopted to do so (the information is composite in the information in the information is composite in the information in the information is composite in the information in the information in the information is composite in the information in the i	wed. Ided for national statistical property White all address?	No Graurposes by the Council for M	andchild ledical Schemes): ner

3. Details of my new-born baby (continued)

Dependant 3

Surname			
First names in full			
Known as			
ID/passport number	Gender	Male	Female
Date of birth y y y y m m d d			
Relationship to member (please select one by marking with an X)			
Child born in terms of	a Other rela	tive Cr	andahild
Child dependant Own child surrogate motherhood	d agreement Other rela	itive Gr	andchild
If you are registering a grandchild as dependant, is the dependant: Financially dependent on you? Yes No Living	with you? Yes	No	
I municially dependent on you.	with you.	110	
NB: Your grandchild will pay adult dependant membership fees, unless legally Please indicate your dependant's race only if you wish to do so (the information)	•	urnoses by the Council for N	1edical Schemes):
Black Coloured Indian/As			her
Is this dependant's residential address the same as the principal member's res			Yes No
If "No", provide your dependant's residential address:	sucritial address:		133 113
House/unit number and building name	House/building number and str	eet name	
	•		
Suburb	City		
Province	Postal code		
Dependant 4			
Surname			
First names in full			
Known as			
ID/passport number	Gender	Male	Female
Date of birth y y y y m m d d			
Relationship to member (please select one by marking with an X)			
Child dependant Own child Child born in terms of surrogate motherhood		tive Gr	andchild
If you are registering a grandchild as dependant, is the dependant:			
Financially dependent on you? Yes No Living	with you? Yes	No	
NB: Your grandchild will pay adult dependant membership fees, unless legally	/ adopted.		
Please indicate your dependant's race only if you wish to do so (the information)	is compiled for national statistical ρι	rposes by the Council for N	1edical Schemes):
Black Coloured Indian/As	ian White	Ot	her
ls this dependant's residential address the same as the principal member's res	sidential address?		Yes No
If "No", provide your dependant's residential address:			
House/unit number and building name	House/building number and str	eet name	
Suburb	City		
Province	Postal code		

4. Conditions of membership, declaration by member, and consent for Medihelp to process personal information

Medihelp confirms that:

- 1. Your and your registered dependants' personal and medical information will be treated confidentially and will not be sold to a third party or used for commercial or related purposes.
- 2. Security measures have been implemented to protect your data and that Medihelp employees and contracted parties have access to your data to process and pay claims, among other things, and that they have signed a confidentiality agreement in terms of which they undertake not to disclose your personal information to any unauthorised parties.
- 3. Your personal information will only be used for purposes such as processing your application for the registration of your new-born baby, paying your medical claims, determining whether you are entitled to benefits, managing risks, and for any communication purposes or marketing initiatives undertaken by Medihelp.
- 4. The Scheme will accept liability for any breach of confidence and will manage such occurrences in accordance with its internal policy.
- 5. Should you make use of a Medihelp-contracted brokerage's services then relevant membership information will be made available to the appointed brokerage to render a service to you, and any authorised person at the brokerage may instruct Medihelp to change any of your personal information except for your banking details, unless you instruct Medihelp otherwise.

Your responsibilities as a member of Medihelp

- 6. I will ensure that I know all the provisions of Medihelp's Rules and will read all the correspondence from Medihelp, such as newsletters and statements. I will also study my benefit guide and familiarise myself with the coverage offered by the benefit plan that I have chosen.
- 7. I undertake to abide by the Rules, as amended from time to time and available at www.medihelp.co.za on the secured website for members, and to not submit any fraudulent claims or commit any fraudulent acts. I understand that on approval of my application for the registration of my new- born baby, the Rules of Medihelp will be binding on my registered dependants, as the Rules are binding on me.
- 8. By signing this application I confirm that I have the right to apply for the registration of my new-born baby and to act for those that I apply for, in any matter relating to this application.
- 9. I declare that the information provided in this application to register my new-born baby is accurate and complete. I understand that any false declaration or omission of information may result in the termination of my membership and that of my registered dependants or any other measures which Medihelp, in its sole discretion, may decide to take, subject to appeal procedures. I understand that it is my responsibility to ensure that the details provided in this application are true and complete for myself and my dependants, even if my financial adviser or any other third party completed this application on my behalf. I undertake to notify Medihelp in writing should there be any future changes in my personal details, and/or banking details, and I understand that any non-adherence hereto may result in my membership being terminated in accordance with the provisions of the Medical Schemes Act and Medihelp's registered Rules.
- 10. I understand that this application form is valid for a period of 30 days from the date of signature. The period may be further extended, subject to Medihelp's discretion, up to a maximum of 60 days, whereafter the application form will be cancelled and I will be required to submit a new application form.
- 11. I confirm that my dependants will not be registered as beneficiaries of another registered medical scheme on the date on which I requested their registration with Medihelp.
- 12. I take note that the monthly contribution fees will be due as per arrangement with Medihelp and thereafter on the same day of every subsequent calendar month. Should my employer/institution, as my authorised agent, undertake to pay my contributions to Medihelp, I give permission to my employer/institution to deduct the amount payable to Medihelp from my salary and pay such amount over to Medihelp. I furthermore give permission that Medihelp may provide the following information to my employer/institution to pay contributions: my identity number, my tax certificate information, as well as my dependants' dates of birth, ages and relationship. I am also responsible for repaying any debt outstanding on my medical savings account, if applicable, should I terminate my membership of Medihelp.
- 13. I confirm that I am responsible to give advance notice of termination of membership, and that my dependants will not be registered as beneficiaries of another registered medical scheme while still members of Medihelp.

Medihelp's rights as a medical scheme

- 14. I am aware that Medihelp may restrict benefits to be granted and limit amounts/tariffs to be paid in respect of particular services, for example by enforcing co-payments and exclusions.
- 15. Medihelp's Rules may provide for various interventions designed to promote cost-effectiveness and appropriateness of services, such as preauthorisation and using designated service providers.
- 16. Medihelp may also restrict interchanges between benefit plans to the beginning of a year and require a notice period as set out in the Rules.
- 17. Medihelp may refuse to pay a claim that is submitted after the period as prescribed in the Rules.
- 18. I am further aware that my benefits may be suspended should I not pay my contributions or debt in full, that my membership may be terminated should any amount still be outstanding 30 days after the date of suspension, and that my account will be handed over for collection.
- 19. I am aware that Medihelp may increase its contributions annually at the beginning of the year.

Protection of information

- 20. I hereby give permission that:
- 20.1 Medihelp may enquire about the health status of my dependants at any medical doctor or any person who is in possession of such information, and give permission for the doctor or person concerned to make such information available to Medihelp and its contracted third parties for the administration of my health plan;
- 20.2 My dependants may enquire about my personal and medical information and that of any of my dependants at Medihelp's disposal;
- 20.3 Any adviser whom I appoint and whose appointment Medihelp accepts may have access to my personal and medical information and that of any of my registered dependants at Medihelp's disposal, and that such adviser or an authorised person at the brokerage may instruct Medihelp to change any of my personal information for the purpose of proper administration and underwriting, except for my banking details;
- 20.4 Medihelp may disclose my and my dependants' medical and personal information to medical service providers for the purpose of delivering medical services to me and my dependants and to pay for such services; and
- 20.5 Medihelp may share my information for statistical analysis and academic research purposes.

4. Conditions of membership, declaration by member, and consent for Medihelp to process personal information (continued)

Protection of information (continued)

5.

- 21. I take note that Medihelp complies with the stipulations of the Protection of Personal Information Act (POPIA), No. 4 of 2013.
- 22. I agree that all my telephone conversations and/or that of my dependants with Medihelp and/or its contracted third parties may be recorded for quality control purposes, and to help detect and prevent fraud.
- 23. I agree that Medihelp may, for the purpose of considering my application for the registration of my new-born baby or conducting underwriting or risk assessments or considering a claim for medical expenses, request information about me and my dependants from medical practitioners, financial advisers, industry regulatory bodies or employers.
- I further consent, and declare that I have obtained the consent of all my dependants, that Medihelp may provide any credit bureau or credit 24. providers industry association with any information about my/my dependants' consumer credit record, including and not limited to information about my/my dependants' credit history, financial history, personal information (excluding medical information) and judgment or default history.
- If you believe that Medihelp has used your personal information contrary to its Privacy Policy, you have the right, under the Protection of Personal 25. Information Act, to lodge a complaint with the Information Regulator, but we encourage you to first follow our internal complaints process to resolve the matter. If, thereafter, you believe that we have not resolved the matter adequately, you can contact the Information Regulator at The Information Regulator (South Africa), JD House, 27 Siemens Street, Braamfontein 2017, Telephone number: 010 023 5207, Email: PAIAComplaints@inforegulator.org.za or POPIAComplaints@inforegulator.org.za.
- If you believe that Medihelp has not handled your enquiry satisfactorily, please first follow our internal complaints process to resolve the matter. 26. If thereafter, you believe that we have not resolved the matter adequately, you can contact the Council for Medical Schemes (CMS), as Medihelp is edical scheme and regulated by the CMS. The CMS' contact details are as follows

Block A, Eco Gla Email: complain	des 2 Of	fice Pa	rk, 42	0 Witch	n-Haze	el Aven	ue, Ed	co Pa	rk, C	Centuri	on, Custo			e: 08 0	61 123	26	7,					
Signature of memb	er												С)ate	2	0	У	У	m	m c	l d	
Should you be applying o	n behalf	of ano	ther p	erson a	as gua	rdian, d	curato	or or a	auth	orised	represe	ntative,	please c	ompl	ete th	ie f	ollow	/ing	:			
In your capacity as	Memb	er	Guardian Cura						Curat	itor Po				Power of attorney (legal appointment)								
ID/passport number										Title	Mr	Mrs	Ms	Oth	ner(s	pec	ify)					
A copy of your passport/ID document, as well as the document confirming your appointment as guardian/curator/power of attorney, must accompany this application. If you are signing as the applicant's parent, a copy of your passport/ID document and the applicant's birth certificate must accompany this application.																						
First name											Surnam	ne										
Telephone number (W)											Cell pho	one num	ber									
Undertaking and decided NB: If this section is not I declare that: 1. the applicant has ap 2. I have signed a valid 3. the applicant has signed a valid I take note that the advise Name of brokerage	pointed contract gned the ser/brok	ed in fu me as h t with n applica	ull by t nis or ny Med ation i	he adv her adv dihelp- n perso	riser ar contra	nd is ei	ntitle: roker	d to c	ance and	el my s				ents a	as que	ote	d abo	ove.				
Brokerage code	Α										Adviser	code										
Name and surname of ac	dviser							1														
Telephone number																						
Email address																		_				_
Signature of advise	er												С	Date	2	0	у	У	m	m c	l d	

For office use only

In case of a dispute, the registered Rules of Medihelp will apply.

Enquiries: 086 0100 678, **Email:** newbusiness@medihelp.co.za 189 Clark Street, Brooklyn, Pretoria, 0181, **www.medihelp.co.za**

Medihelp is an authorised financial services provider (FSP No 15738)

