

Application to register an additional adult dependant



Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

1. Details of principal member

| | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Membership number | <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"/> | <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"/> | |
| Initials and surname | <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| Unit/Suite number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Complex name | <input type="text"/> | | | | | | | | | | | |
| Street number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Street name | <input type="text"/> | | | | | | | | | | | |
| Suburb | <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| City | <input type="text"/> | | | | | | | | | | | | | | Post code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. Details of dependant (use one application form per adult dependant)

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|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------|---------|--------------------------|--------|--------------------------|
| Initials and surname | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | <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"/> | | | | | |
| Requested benefit date | <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"/> | <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"/> | | | | | |
| Relationship of dependant to principal member (e.g. parent, brother, sister, etc.) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | M | <input type="checkbox"/> | F | <input type="checkbox"/> | | | | | | | | | | | | | | | | Marital status: | Married | <input type="checkbox"/> | Single | <input type="checkbox"/> |
| If married, please state date of wedding | <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"/> | <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"/> | | | | | |
| Where does the dependant reside? (Place X in appropriate box): | | | | | | | | | | | | | | | | | | | | | | | | |
| With the principal member | <input type="checkbox"/> | Own accommodation | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| If other, please specify | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Since when has the dependant resided at the above location? | <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"/> | <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"/> | | | | | |

3. Financial details of dependant

1. Income of dependant

Is the dependant currently employed? (Place X in appropriate box)

1.1 Yes, on a full-time basis

Please provide details of the position

1.2 Yes, on a part-time basis

Please provide details of the position

1.3 No

If the dependant is currently employed on a full or part-time basis, the attached schedule (Adultdep001) has to be completed by your dependant's employer. Applications will not be considered without a duly completed form.

6. Terms and conditions applicable to Remedi Medical Aid Scheme (Remedi Medical Aid Scheme)

Who we are

Remedi is the medical scheme, registration number 1430, which is 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), which takes care of the administration of your membership of Remedi.

1. Scheme Rules for membership

The rules of Remedi Medical Aid Scheme record your rights and responsibilities for your membership of the Remedi Medical Aid Scheme. They may change from time to time. You may ask us for a copy at any time.

When you sign this application, you confirm that you have read and understood the terms and conditions and you agree that you and those you apply for will be bound by these and Scheme Rules. Where applicable you also acknowledge and confirm that the broker you or your employer appointed, may communicate with us on this application and your membership of Remedi Medical Aid Scheme and give permission we share your medical information and other relevant personal information about you and your dependant/s. The information will be shared so that he or she can help us if necessary while we process your membership application.

2. Who you are applying for

You may apply to join Remedi Medical Aid Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Remedi Medical Aid Scheme rules. For anyone to be treated as financially dependent for this application, you must have a 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.

3. 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.

4. Giving and getting information

You must give true, correct and complete information

To consider your application for membership, we 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. 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. We may ask those you apply for who are 18 and older for information.

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.

Remedi Medical Aid Scheme and Discovery Health (Pty) Ltd 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.

Remedi Medical Aid Scheme and Discovery Health (Pty) Ltd may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or 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), you agree that we can get information about you and those you apply for from other medical practitioners, brokers, 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 Remedi Medical Aid 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 Remedi Medical Aid Scheme or Discovery Health (Pty) Ltd immediately if your information changes

You, your employer or your broker 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 we do not accept backdated changes.

When Remedi Medical Aid Scheme may cancel your membership/s

- Remedi Medical Aid 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.

5. About becoming a member

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

Waiting periods may apply in certain circumstances to your membership. This means there may be a set time period before Remedi Medical Aid Scheme starts paying for any general or specific medical conditions. Please speak to your employer 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 Remedi Medical Aid 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 Remedi Medical Aid 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. The Scheme has the right to amend monthly contributions and benefits from time to time. If you pay your own contributions, you will be able to identify the debit order for your monthly contributions on your bank statement, the reference number REMEDICONT will be used.

6. Repaying money owed to the Scheme

Remedi Medical Aid 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.

You must repay any medical savings owing if you leave Remedi Medical Aid Scheme

When you become a member, depending on the benefit option you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the 'Medical Savings Account'. If you leave Remedi Medical Aid 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 Remedi Medical Aid Scheme during the specific year

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

Signed at (town or city) on

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of main member

**The main member must sign and date any changes.
Please do not sign an incomplete application form.
I confirm the information is accurate and complete.**

7. Recommendation by employing company

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Completed by (print name)

Position in organisation

Contact telephone number

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Signature

STAMP

Please note: Where you may be unable to sign and return this form electronically with the approval of your employer, please return the form via email including your employer in the email that is returned to us inserting the following paragraph into the email to read as follows:

I, (full names) confirm that i am unable to meet my employer,
(full names) confirm that i am unable to meet my employer, (full names) to sign the application.

I authorise Discovery and Remedi (as referred to in the application) to accept this email as my confirmation, consent and signature for this application.

The employer, (full names) who are included in this email, has fully explained the application process and confirmed approval of the application, which I hereby accept and confirm as understood.

My acceptance of the terms and conditions associated with this application and/or its amendments is voluntary and I understand that I am legally bound to the terms and conditions of the application and/or amendments to it as confirmed in this email.

I hereby indemnify Discovery, its employees and representatives, as well as Remedi against any loss or damage I may suffer, which may arise directly or indirectly from my decision to submit this application for processing by Discovery on behalf of Remedi.

Regards
Name: (Full name and surname)