

## **Remedi underwriting policies and protocols – 2024**

**(reviewed 27 July 2023)**

### **Who we are**

Remedi is the medical scheme, registration number 1430, a not for profit organisation 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.

## Remedi Medical Aid Scheme underwriting guidelines

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## 1. Contact details

Fund manager	Elma Fourie	021 527 1159
Fund coordinator	Karen Lamb	021 527 1010
Billing specialist	Ashwin Isaacs	021 527 1611
Billing specialist	Ashwin Rambath	021 527 1111

## 2. Employer numbers

- Sanlam – 3527080
- Remgro – 3527090
- BAT – 3527110
- Transhex – 3527131
- RLG Africa – 3527151
- Tracker – 3527156
- ER24 – 3527176
- Ex-Distell only. Now Heineken Beverages SA – 3527161
- Mediclinic – 3527164
- WWF – 3701350
- AF Pensioners
- Remedi Pensioners – 3527181
- Mediclinic Disability – 3527172
- Vumatel (Pty) Ltd – 4373733

### 3. Definitions

Employer	Remgro Limited and any of its associated or subsidiary companies, including former associated or subsidiary companies, nominated by it, which have contracted with the Scheme for purposes of admission of its employees as members of the Scheme.
Child	A member's natural child, or a stepchild or legally adopted child, or a child in the process of being legally adopted, or a child in the process of being placed in foster care, or a child for whom the member has a duty of support, or a child who has been placed in the custody of the member, or his spouse, or partner and who is not a beneficiary of any other medical scheme.
Dependant	<ul style="list-style-type: none"> <li>• A member's spouse or partner who is not a member or a registered dependant of a member of a medical scheme</li> <li>• A member's dependent child who is under the age of 26, who is not in receipt of a regular remuneration of more than the amount annually agreed and set out in this document determined in consultation</li> <li>• with the Principal Officer of the Scheme for the sole purposes of determining financial dependency.</li> <li>• Or a child who, due to a mental or physical disability, is dependent upon the member</li> <li>• Or a child who is not older than 26 years, who is a student at a recognised tertiary institution, who is financially dependent upon the member.</li> <li>• The immediate family of a member in respect of whom the member is responsible for family care and support.</li> <li>• Any person who is recognised by the Board of Trustees as a dependant for purposes of these Rules.</li> </ul>
Spouse	The spouse of a member to whom the member is married in terms of any law or custom.
Partner	A person with whom the member has a committed and serious relationship similar to a marriage, based on objective criteria of mutual dependency and a shared and common household, irrespective of the gender of either party.

#### 4. Abbreviations

Date of employment	DOE
Date of commencement	DOC
Late-joiner penalty	LJP
Date of birth	DOB
General waiting period	GWP
Condition-specific waiting period	CSWP
Main member	MM
Spouse	SP
Principal officer	PO

#### 5. Regulations

The Medical Schemes Act 131 of 1998 allows the following waiting periods to be imposed on members applying to join a medical scheme:

- A general waiting period of not more than three months
- A condition-specific waiting period of not more than 12 months
- A late-joiner penalty.

##### 5.1. Waiting periods

Applicants can be divided into three categories for the purposes of underwriting.

###### 5.1.1. Category A

Applicants who have had no previous medical cover or have allowed more than 90-day break in membership since resigning from their previous scheme.

###### 5.1.2. Category B

Applicants who have had less than two years' cover and applied to the medical scheme less than 90 days after termination from the previous scheme.

###### 5.1.3. Category C

Applicants who have had two years' or more cover and applied for cover less than 90 days from the date of termination from the previous scheme.

#### 5.2. Late-joiner penalties

##### 5.2.1. Council definition

"A late joiner is an applicant or the adult dependant of an applicant who at the date of application for membership of admission as a dependant, as the case may be, is 35 years of age or older, but excludes any beneficiary who enjoyed coverage with one or more medical schemes preceding 1 April 2001, without a break in coverage exceeding three consecutive months since 1 April 2001."

### 5.2.2. What this means?

- An applicant, or dependant of an applicant, aged 35 years or older at the time of registration, whose date of employment and date of registration are not the same
- Who did not belong to a medical scheme since 1 April 2001
- Who had more than 90 days' consecutive break in coverage between medical schemes.

The penalty does not affect benefits but will increase contributions for the duration of the membership. The penalty is only calculated on the member or dependant's risk portion of the contribution, including the employer's portion and excluding Personal Medical Savings Account (PMSA) (if applicable).

The penalty will apply for the duration of the membership.

### 5.2.3. Remedi's reasoning behind LJPs

- To motivate employees, where membership is not a condition of employment, to join the Scheme from as young an age as possible
- To protect the interests of members who have joined Remedi at a young age and have contributed to the Scheme for a long period of time
- To motivate new employees to join from their date of employment.

### 5.2.4. LJP calculations for Remedi

- Only applies to members for whom Remedi deducted an LJP on 31 December 2012:
  - LJPs for the main member and spouse's dependants will continue to be calculated on the old Remedi basis.
  - In terms of this calculation, the employer's portion is deducted from the main member and spouse's dependant's premium before the industry-standard penalty (as per table below) is deducted from the reduced premium.
  - For adult dependants and additional adult dependants, the standard LJP calculation as allowed by the Medical Schemes Act (1998) will be applied.
  - For all Remedi members who join the scheme from 1 January 2013 and have been working for their current employer for longer than 90 days:
    - LJPs will be calculated based on the standard LJP calculation, as allowed by the Medical Schemes Act (1998)
    - The LJPs are calculated automatically by the Discovery Health administration system, according to these industry standards
- The percentage in this table will be added to the contribution you pay for your risk benefits (for example, for hospital stays and chronic medicine).

Penalty bands	Maximum penalty
1 to 4 uncovered years	5%
5 to 14 uncovered years	25%
15 to 24 uncovered years	50%
25 or more years uncovered years	75%

### 5.2.5. Calculation of uncovered years

Age of member minus (35 + creditable coverage) = uncovered years

For example, if the applicant is 58 years old on the date of registration and belonged to another medical aid for 12 years (membership certificate attached as proof), the following LJP penalty band would apply:

$58 - (35+12) = 11$  uncovered years = 25% LJP

### 5.2.6. Which members will not pay LJPs?

- New members joining Remedi under the following conditions will experience no LJP's:
  - Where Remedi membership is a condition of employment and members join Remedi within 30 days of joining the participating employer.
  - Where Remedi membership is not a condition of employment and members join Remedi within 90 days of joining the participating employer.

Remedi is a restricted/closed medical scheme, open to employees of the Remgro Limited group of companies on a compulsory or voluntary basis.

## 6. Underwriting guidelines

### 6.1.1. New employees

No underwriting and LJPs will apply to new, eligible employees, spouse and children (as defined under point 3) who apply to join Remedi under the following circumstances:

- They apply within 30 or 90 days of starting employment. The time limit depends on whether joining Remedi is compulsory or not.
  - If membership with Remedi is compulsory, the employee's DOC must be within 30 days of the DOE for the application to be free of underwriting and LJP.
  - If membership with Remedi is voluntary, the employee's DOC must be within 90 days of the DOE for the application to be free of underwriting and LJP.
- Spouse and Children who have met the eligibility requirements and are joining at the same time as the MM will receive the same underwriting decision as that of the MM.
- Additional adult dependants, 21 years and older, (for example parents) who have met the eligibility requirements and are joining at the same time as the MM will however be subject to full underwriting.
- New employees who do not apply within 30 or 90 days of starting employment and are Category A, are subject to full underwriting and will receive a blanket three-month GWP, even if the application is clear.

- The table below shows with which employers' Remedi membership is compulsory.

Remedi employer	Employer number	Compulsory or non-compulsory
Sanlam	3527080	Not applicable because pensioner group
Remgro	3527090	Compulsory – apply 30-day underwriting rule
BAT	3527110	Compulsory – apply 30-day underwriting rule
Transhex	3527131	Non-compulsory – apply 90-day underwriting rule
RLG Africa	3527151	Compulsory – apply 30-day underwriting rule
Tracker	3527156	Compulsory – apply 30-day underwriting rule
ER24	3527176	Non-compulsory – apply 90-day underwriting rule
Ex-Distell only. Now Heineken Beverages SA	3527161	Compulsory – apply 30-day underwriting rule Non - Compulsory – apply 90-day underwriting rule (only compulsory for certain job grades)
Mediclinic	3527164	Non-compulsory – apply 90-day underwriting rule
WWF	3701350	Compulsory – apply 30-day underwriting rule
AF Pensioners		Not applicable because pensioner group
Remedi Pensioners	3527181	Not applicable because pensioner group
Mediclinic Disability	3527172	Not applicable because members are only ever transferred onto this employer group
Vumatel (Pty) Ltd	4373733	Compulsory – apply 30-day underwriting rule



No waiting periods will apply to new, eligible employees, spouse and children recruited from overseas countries under the following circumstances

- They apply within 3 months of relocating to South Africa
- The DOC must be within 90 days of DOE in South Africa
- LJP's may apply
- Waiting periods apply to additional adult dependants 21 years and older (example parents)
- Require proof of relocation in the form of a confirmation letter from the employer
- Dependants are subject to eligibility criteria – see eligibility table

## **6.2. Existing employees**

### **6.2.1. Previously uninsured, or previously insured with more than a 90-day break between previous insurer and date of application to Remedi**

- Apply 3-month GWP as blanket, even if the application is clear due to potential non-disclosure
- 12-month CSWP
- LJPs are applicable
- If previously insured, we require proof of previous membership. If proof of membership is unavailable, confirmation of the previous membership details must be confirmed on an affidavit.

### **6.2.2. Less than two years' previous membership with less than a 90-day break between previous insurer and date of application to Remedi**

- Apply 12-month CSWP
- LJPs are applicable and carried over from the previous scheme
- Access to PMBs
- If previously insured, we require proof of previous membership. If proof of membership is unavailable, confirmation of the previous membership details must be confirmed on an affidavit.
- Application to Remedi from another scheme as a result of retrenchment or divorce will be seen as an involuntary move and Remedi will consider waiving the waiting period (approved through the PO)
- Letter of retrenchment from employer or copy of divorce decree is required
- Proof of retrenchment or divorce must then be sent to the PO for review

All other applications to Remedi that is involuntary in nature from a closed/restricted or open medical scheme (i.e., dependant eligibility, death, retirement etc.) must also be referred to the PO for review

- Send an email to the Fund Coordinator to query the review with the PO

### **6.2.3. Longer than two years' previous membership with less than a 90-day break between previous insurer and date of application to Remedi**

- Apply a mandatory 3-month GWP
- LJPs are applicable and carried over from the previous scheme
- Access to PMBs
- If previously insured, we require proof of previous membership. If proof of membership is unavailable, confirmation of the previous membership details must be confirmed on an affidavit.
- Applications to Remedi from another scheme as a result of retrenchment or divorce will be seen as an involuntary move and Remedi will consider waiving the waiting period (approved through the PO)
- Letter of retrenchment from employer or copy of divorce decree is required
- Proof of retrenchment or divorce must then be sent to the PO for review
- All other applications to Remedi that is involuntary in nature from a closed/restricted or open medical scheme (i.e., dependant eligibility, death, retirement etc.) must also be referred to the PO for review
- Send an email to the Fund Coordinator to query the review with the PO

### **6.2.4. Moving from a medical scheme recognised and subsidised by their employer**

When an existing employee moves to Remedi from a medical scheme that is recognised and by their employer (i.e., have been employed by a Remgro company)

- If the break in cover is less than 90 days between previous insurer and date of application to Remedi
  - Apply a mandatory 3-month GWP
  - No LJPs (retain LJPs if deducted at previous scheme)
  - Access to PMBs
- If previously insured, we require proof of previous membership. If proof of membership is unavailable, confirmation of the previous membership details must be confirmed on an affidavit.
  - If application to Remedi is involuntary in nature from a closed/restricted or open medical scheme (i.e., spouse/partner retrenched), Remedi will consider waiving the waiting period (approved through the PO) send an email to the Fund Coordinator to query the review with the PO
- If the break in cover is more than 90 days between previous insurer and date of application to Remedi
  - Full underwriting according to category, in this case Category A
  - Apply a three-month GWP and 12-month CSWP
  - No LJPs (retain LJPs if deducted at previous scheme)

### 6.2.5. Promotion

Existing employees who are promoted to a level where membership of a medical scheme becomes a condition of employment (irrespective of previous cover) and apply for membership within 90 days of the promotion, and the DOC is the same as the date of such promotion (except for employees of Heineken Beverages SA, where the date of promotion must be within 30 days of DOC)

- No waiting periods
- No LJPs
- Proof of promotion must be supplied in the form of a letter from the employer or indicated on the application form.

If the member applies after 90 days of the promotion date (or after 30 days of the promotion date for employees of Heineken Beverages SA), underwriting in line with 6.2.1 or 6.2.2 or 6.2.3, depending on previous cover.

### 6.3. Seconded members

An employee who proceeds to work outside South Africa and chooses not to continue with his membership or that of his dependants during the period of absence, will be entitled, along with his dependants, to re-instated membership without a waiting period or restrictions on account of health status, regardless of the age of the member.

### 6.4. Seconded employees retiring outside the borders of South Africa. Seconded employees that retire from the participating employer and chooses not to return to South Africa has to:

- Re-instate membership for mm and dependants within 90 days following the date of retirement (DOR).
- No waiting periods or LJPs to apply to MM and dependants (if within 90 days).
- If an employee wants to re-instate membership after the 90 days' period full underwriting will apply (waiting periods and LJPs).

For the purposes of calculating LJPs, overseas years in employment will be counted as "covered" years while the years between retirement and re-instatement will be regarded as "uncovered" years.

## 6.4 Underwriting decision matrix for new and existing employees

New employees	First date of membership	LJPs applied	PMBs are covered	Three-month general waiting period	12-month condition - specific waiting period	Proof of previous membership
If compulsory and the member joins within 30 days of starting employment	Date of employment	x	✓	x	x	x
If non-compulsory and the member joins within 90 days of starting employment	Date of employment	x	✓	x	x	x
Existing employees						
Previously uninsured		✓	x	✓	✓	x
Less than two years previous membership	Joins within 90 days of withdrawal from the previous scheme	✓	✓	x	✓	✓
	More than 90 days break in cover	✓	x	✓	✓	✓
Longer than two years previous membership	Joins within 90 days of withdrawal from the previous scheme	✓	✓	✓	x	✓
	More than 90 days break in cover	✓	x	✓	✓	✓

Legend:	Won't apply	x
	Applies	✓

#### **6.5. Outdated application form**

- If the application form is signed more than 60, but less than 90 days before the time of underwriting then a health declaration is required
- If the application form is signed more than 90 days before the time of underwriting, then a newly completed application form is required.

#### **6.6. Eligibility rules**

- Eligibility rules for all dependants are summarised in the table below.
- All dependants joining after the MM (addition of dependant) will be fully underwritten according to the category stipulated under section 6.2, except for newly married spouses, newborns and non-biological children joining within 30 days of adoption, foster care and legal guardianship.

Dependant				
Dependant type	Eligibility	Requirement/proof	If requirement/proof not supplied or criteria not met	Underwriting
Spouse – newly wed	Application to be received by Remedi within 30 days of marriage	Marriage certificate proving date of marriage	If more than 30 days, full underwriting to apply	<ul style="list-style-type: none"> <li>If marriage in line with marriage certificate was within 30 days of date application received – free of underwriting and LJP. DOC must be the first day of the month following the date of marriage or first day of the month following date of withdrawal from previous Medical Aid (allow for 30-day notice period provided, application received within 30 days)</li> <li>If not – subject to full underwriting and LJP</li> </ul>
Common law, same sex partners and additional spouse	<ul style="list-style-type: none"> <li>Serious relationship akin to marriage</li> <li>Living together</li> </ul>	Partnership declaration	Request the partnership declaration to be fully completed	<ul style="list-style-type: none"> <li>If dependant joins with MM who is free of underwriting and LJP – free of underwriting and LJP</li> <li>If dependant joins after MM – subject to full underwriting and LJP</li> </ul>
Second spouse (traditional or customary marriage)	<ul style="list-style-type: none"> <li>Application to be received by Remedi within 30 days of marriage</li> </ul>	<ul style="list-style-type: none"> <li>Married according to customary or traditional law</li> <li>If traditional marriage, we require a copy of the traditional marriage certificate</li> <li>If customary marriage, we require a copy of the customary marriage certificate</li> </ul>	Request marriage certificate	<ul style="list-style-type: none"> <li>If date of traditional or customary marriage was within 30 days of date application received – free of underwriting and LJP. DOC must be the first day of the month following the date of marriage or first day of the month following date of withdrawal from previous Medical Aid (allow for 30-day notice period, provided application received within 30 days)</li> <li>If not – subject to full underwriting and LJP</li> </ul>

Dependant type	Eligibility	Requirement/proof	If requirement/proof not supplied or criteria not met	Underwriting
Newborn	The DOC must be within 30 days of birth to be added free of underwriting	<ul style="list-style-type: none"> <li>• Birth certificate or</li> <li>• Hospital notification of birth</li> </ul> <p>Note: Remedi might consider adding the newborn free of underwriting within 90 days of birth.</p>	<ul style="list-style-type: none"> <li>• Request a copy of the birth certificate</li> <li>• Full underwriting if joining 30 days after birth</li> </ul> <p>Note: Remedi might consider adding the newborn free of underwriting within 90 days of birth.</p>	<ul style="list-style-type: none"> <li>• Request to add and DOC within 30 days of birth free of underwriting</li> <li>• Request to add or DOC 30 days after DOB subject to full underwriting</li> </ul>
Child dependants (under age 21)	<ul style="list-style-type: none"> <li>• Under age 21</li> <li>• Children of MM or registered SP</li> </ul>	N/A	N/A	<ul style="list-style-type: none"> <li>• If dependant joins with MM who is free of underwriting and LJP – free of underwriting</li> <li>• If dependant joins after MM – subject to full underwriting</li> </ul>
Children of common law spouse and additional spouses	<ul style="list-style-type: none"> <li>• If SP on policy, accept if CD is the biological CD of the SP</li> <li>• If SP not on the policy require legal marriage certificate and unabridged birth certificate</li> </ul>	<ul style="list-style-type: none"> <li>• Biological parent of the child must be on the policy</li> <li>• If the MM is divorced from the biological parent of the CD, we require a copy of the divorce agreement as proof</li> <li>• If the biological parent is not joining for any particular reason, we require: <ul style="list-style-type: none"> <li>◦ A copy of the legal marriage certificate to confirm that the main member is a legal spouse to the child dependant's biological parent and a copy of the unabridged birth certificate arrangement/court order</li> </ul> </li> </ul> <p>If:</p> <ul style="list-style-type: none"> <li>◦ Adopted – adoption papers</li> <li>◦ Fostered – legal proof of fostering arrangement</li> <li>◦ Guardians – legal proof of guardianship</li> </ul>	Request necessary information	<ul style="list-style-type: none"> <li>• If the dependant joins with the MM who joins free of underwriting, free of underwriting</li> <li>• If an addition of dependant – subject to full underwriting</li> </ul> <p>–</p>

Dependant Type	Eligibility	Requirement or proof	If requirement or proof not supplied or criteria not met	Underwriting when addition of dependant
Adopted and any other non-biological child dependants (under age 21)	Legal documents showing adoption, foster care or legal guardianship	If: <ul style="list-style-type: none"> <li>Adopted – adoption papers</li> <li>Fostered – legal proof of fostering arrangement</li> <li>Guardians – legal proof of guardianship</li> </ul>	Request a copy of the legal proof	<ul style="list-style-type: none"> <li>If dependant joins with MM who is free of underwriting and LJP – free of underwriting</li> <li>If an addition of dependant – subject to full underwriting as set out below:</li> <li>Policy DOC within 30 days of date of adoption, fostering arrangement, legal guardianship – free of underwriting</li> <li>Policy DOC after 30 days of date of adoption, fostering arrangement, legal guardianship – subject to full underwriting</li> </ul>
Disabled dependant (21 years and older)	<ul style="list-style-type: none"> <li>Mental or physical disability</li> <li>Children of MM or registered SP</li> <li>Grandchildren – refer to the criteria for Grandchildren</li> </ul>	<ul style="list-style-type: none"> <li>Financial dependency specified on application</li> <li>Medical report confirming nature of disability</li> </ul>	<ul style="list-style-type: none"> <li>If report does not confirm mental or physical disability – decline</li> <li>If medical report confirming disability is not supplied – request a copy</li> </ul>	<ul style="list-style-type: none"> <li>If dependant joins with MM who is free of underwriting and LJP – free of underwriting and LJP</li> <li>If dependant joins after MM – subject to full underwriting and LJP</li> </ul>
Students (21 to 26 years)	<ul style="list-style-type: none"> <li>Student</li> <li>Not married</li> <li>Children of MM or registered SP</li> <li>Grandchildren – refer to the criteria for grandchildren</li> </ul>	<ul style="list-style-type: none"> <li>Copy of registration as a student at an educational institution</li> <li>Financial dependency specified on application</li> <li>Copy of last 3 months' bank statements or an affidavit confirming that they do not have a bank account</li> <li>No to marriage on Application</li> <li>Income less than R10 200 each month, or R122 400 each year</li> </ul>	<ul style="list-style-type: none"> <li>If not financially dependent or married according to the application form or earns more than the income allowed – decline the applicant</li> <li>If a copy of registration is not supplied – request a copy</li> </ul>	<ul style="list-style-type: none"> <li>If dependant joins with MM who is free of underwriting and LJP – free of underwriting</li> <li>If dependant joins after MM – subject to full underwriting</li> </ul>



Dependant Type	Eligibility	Requirement or proof	If requirement or proof not supplied or criteria not met	Underwriting when addition overdependent
Grandchildren	<ul style="list-style-type: none"> <li>Biological parent of the grandchild must be a dependant on membership when grandchild is born, or Legal documents showing adoption, foster care or legal guardianship</li> </ul>	<ul style="list-style-type: none"> <li>We require a copy of the unabridged birth certificate to check if the biological parent is a dependant on the membership</li> <li>Underwriting to ensure that the DOC of the biological parent is prior to DOB of the grandchild</li> <li>If the biological parent is not a dependant on the policy, we require:               <ul style="list-style-type: none"> <li>adopted – adoption papers</li> <li>fostered – legal proof of fostering arrangement</li> <li>guardians proof – legal proof of guardianship</li> </ul> </li> </ul>	Decline	<ul style="list-style-type: none"> <li>If dependant joins with MM who is free of underwriting and LJP – free of underwriting. Note: Only if eligible and younger than 21</li> <li>If dependant joins after MM – subject to full underwriting</li> </ul>
<p>Adult dependants who are not students:</p> <p>Children of the MM and Spouse over age 21 who are not disabled or a student</p>	<ul style="list-style-type: none"> <li>MM must be responsible for family care and financial support</li> <li>Income less than R10 200 each month, or R122 400 each year per dependent</li> </ul>	<ul style="list-style-type: none"> <li>Affidavit confirming MM is financially responsible and supporting the dependant</li> <li>Schedule specifying financial support rendered to applicant for previous 12 months in line with the Application to register an additional adult dependant</li> <li>Proof of dependants income as per Application to register an additional adult dependant</li> <li>Proof of municipal and market valuations of property in line with the Application to register an additional adult dependant is less than R1025900</li> <li>Vehicle less than R105 300</li> <li>Assets less than R240 900</li> </ul>	<ul style="list-style-type: none"> <li>Request a fully completed affidavit to add an adult dependant</li> <li>If members exceed any of the financial limits – decline</li> </ul>	<ul style="list-style-type: none"> <li>If dependant joins with MM who is free of underwriting and LJP – free of underwriting and LJP</li> <li>If dependant joins after MM – Subject to full underwriting and LJP</li> </ul>

Dependant Type	Eligibility	Requirement or proof	If requirement or proof not supplied or criteria not met	Underwriting when addition overdependent
Parents of MM and SP	<ul style="list-style-type: none"> <li>MM must be responsible for family care and financial support</li> <li>Income less than R10 200 each month, or R122 400 each year per dependent</li> </ul>	<ul style="list-style-type: none"> <li>Affidavit confirming MM is financially responsible and supporting the dependant</li> <li>Schedule specifying financial support rendered to applicant for previous 12 months in line with the Application to register an additional adult dependant</li> <li>Proof of dependants income as per Application to register an additional adult dependant</li> <li>Proof of municipal and market valuations of property in line with the Application to register an additional adult dependant is less than R1 025 900</li> <li>Vehicle less than R105 300</li> <li>Assets less than R240 900</li> </ul>	<ul style="list-style-type: none"> <li>Request a fully completed affidavit to add an adult dependant</li> <li>If members exceed any of the financial limits – decline</li> </ul>	<ul style="list-style-type: none"> <li>Subject to full underwriting and LJP</li> </ul>

## Exclusions

- Ex-Spouse
- Nieces and nephews (21 years and older)
- Siblings of MM and SP (21 years and older)
- Other children outside the Immediate family definition
- Uncles and aunts
- Grandparents
- Anybody other than specified in the approved list of dependents or above will be excluded.

## 6.7. Version Control

Date	Author	Details
24 July 2023	Fund Manager – Elma Fourie	Section 6.1.1 updated – Name of employer 3527161 (ex-Distell) changed to Heineken Beverages SA
27 July 20023	Fund Manager – Elma Fourie	Section 6.6 updated – Eligibility rule regarding non-biological children to be accepted free of UW and LJP if joining with MM who is accepted free of UW and LJP updated

## Contact us

You can call us on 0860 116 116 or visit [www.yourremedi.co.za](http://www.yourremedi.co.za) for more information.

## Complaints process

You may lodge a complaint or query with Remedi Medical Aid Scheme directly on 0860 116 116 or address a complaint in writing directly to the Principal Officer. If your complaint remains unresolved, you may lodge formal dispute by following Remedi Medical Aid Scheme’s internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za). Customer Care Centre: 086123267/website [www.medicalschemes.co.za](http://www.medicalschemes.co.za).