

Continuation form

Application to change a main member

Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

This document is an application form to change the main member on an existing membership.

It also contains some rules for membership. Please make sure you read and understand the rules. It is important that the applicant is aware and understands the Scheme Rules.

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, is a non-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). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly or complete digitally.
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 Human Resources department.
5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

1. About your employer

Employer name	<input type="text"/>	Date of employment	<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"/>
Employer number	<input type="text"/>										
Branch name	<input type="text"/>	Branch 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"/>

2. About the new main member

Date membership of new main member starts	<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"/>	Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Surname	<input type="text"/>																		
First name(s) (as per identity document)	<input type="text"/>																		
Previous/maiden name	<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"/>	<input type="text"/>	<input type="text"/>		
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>											
ID or passport 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"/>		
Telephone (H)	<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"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Cellphone	<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"/>										
Email	<input type="text"/>																		
Physical address																			
Suite/Unit number	<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"/>	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"/>

3. Details about previous main member

If you need to change the main member due to the death of the previous 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)	<input type="text"/>			
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>	
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
ID or passport number	<input type="text"/>			
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>	
Cellphone	<input type="text"/>			
Email	<input type="text"/>			

4. 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 details belong to a Third party (spouse,parent,sister,aunt,etc):

1. A copy of your account holder ID
2. Bank statement/letter of confirmation from the bank.

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

Physical Address

Account holder's Physical Address (Own/Third Party/ Company/Trust)

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"/>			
City	<input type="text"/>		Post code	<input type="text"/>
Account holder's contact number	<input type="text"/>	<input type="text"/>		
Account holder's email address	<input type="text"/>			

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

Due to Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's 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.malcormedicalaid.co.za.

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.

5. Banking details for claim refunds

What you need to do

Submit the following documentation with this form if the bank details belong to a Third party (spouse, parent, sister, aunt, etc):

1. ID copy of account holder.
2. 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. Please note only a South African bank account is valid.

Same bank details as in section 4? Yes No

Please complete the below section if 'no' is selected.

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

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.

6. Malcor Medical Aid Scheme – Privacy Statement – how we will process and disclose your Personal Information and communicate with you

When you engage with Malcor Medical Aid 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, employees, dependants and beneficiaries, where applicable. To view and read our Privacy Statement, please follow this link: <https://www.malcormedicalaid.co.za/wcm/medical-schemes/malcor/assets/malcor-privacy-statement.pdf>.

Signature of main applicant

Date

7. Malcor Medical Aid Scheme terms and conditions for membership

Who “we” are

Malcor Medical Aid Scheme, registration no 1547, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Malcor Medical Aid Scheme, and an authorised financial services provider.

7.1. Rules for membership

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

Where applicable you also acknowledge and confirm that the financial adviser you or your employer appointed, may communicate with us on this application and your membership of the Scheme.

You give permission that the Scheme Parties can share your medical information and other relevant Personal Information about you and your dependant/s with your chosen financial adviser. The information will be shared so that he or she can help us if necessary while we process your membership application. Please speak to your financial adviser or us if there is anything you do not understand.

7.2. Who you are applying for

You may apply to join the 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 Scheme rules. For anyone to be treated as financially dependent for this application, you must have a legal responsibility to provide financially for that dependant. We might ask you to give us proof of financial or legal responsibility. You may be called the principal member or main member in our future communications to you.

7.3. 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
- I consent to my spouse and/or adult dependant, that is part of this application process, acting on my behalf and providing personal information, including health information, to Discovery Health for the purpose of my application to join Malcor Medical Aid Scheme.
- we may be able to retrieve certain previous medical information we have for you and your dependants (if applicable) from previous memberships, however, it is still the applicant's obligation to disclose any and all relevant information as required above.

7.4. Giving and getting information

You must give true, correct and complete information

To consider your application for membership, the 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 the Scheme Parties. It is important that you tell the Scheme Parties 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 more information about themselves.

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.

Malcor Medical Aid Scheme and Discovery Health (Pty) Ltd may record telephone calls

The Scheme Parties 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.

Malcor 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 risk assessments 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 the Scheme Parties 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, financial advisers, credit bureaus or industry regulatory bodies. The Scheme Parties 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 the Scheme Parties may get any information that is relevant to your application from your employer.

Tell Malcor Medical Aid Scheme or Discovery Health (Pty) Ltd immediately if your information changes

You, your employer or your financial adviser 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 the Scheme may cancel your membership/s

The Scheme may cancel any memberships immediately, if you and those you apply for:

- do not give the Scheme Parties information that later turns out to be relevant to this application
- give the Scheme Parties any information that is not true, correct and complete
- do not tell the Scheme Parties 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.

7.5. About becoming a member

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

The Scheme may apply waiting periods under certain circumstances. This means there may be a set time period before the Scheme starts paying for any general or specific medical conditions. Please speak to your financial adviser 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.

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. The Scheme has the right to amend monthly contributions and benefits from time to time.

7.6. Repaying money owed to the Scheme

The 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 will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number MAL CLWBCK will be used.

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
I confirm the information is accurate and complete**

8. Debit order mandate

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, the undersigned:

- Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;
- Authorise Malcor Medical Aid Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Malcor Medical Aid Scheme from the bank account (or any other bank or branch to which I may transfer my account) for any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the Agreement which shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving Malcor Medical Aid Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate.
- Confirm that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection and there is an amount outstanding, Malcor Medical Aid Scheme can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise Malcor Medical Aid Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement.
- Acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this agreement to Malcor Medical Aid Scheme as if each payment instruction came from me personally as the account holder.
- Undertake to advise Malcor Medical Aid Scheme in writing of any changes to my account details and acknowledge that Malcor Medical Aid Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Malcor Medical Aid Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership;
- Acknowledge that although I may terminate this authority and mandate, such termination does not necessarily terminate this agreement. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by Malcor Medical Aid Scheme whilst this authority and mandate was in force if such contributions or amounts were legally owing to Malcor Medical Aid Scheme in terms of the agreement;
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.

Privacy Statement

We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement by going to www.malcormedicalaid.co.za. By accepting these Terms and Conditions and/or by providing personal information to us you agree and give consent to the provisions of our privacy statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions, please let our privacy office know by contacting us on www.malcormedicalaid.co.za.

Reference number

This Agreement reference numbers are MALCOR, MAL CLWBCK

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment due date: as per signed contract

Signature of bank account holder

Please only sign if you have read and understand this statement

Date

Y	Y	Y	Y	M	M	D	D
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In addition to the above terms, the policyholder must agree to the following

1. I confirm that I have the right to give Malcor Medical Aid Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Malcor Medical Aid Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise Malcor Medical Aid Scheme to verify the banking details as provided above for the purposes of setting up the debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a premium collection date I authorise that Malcor Medical Aid Scheme may deduct a double debit of my premiums the following month.

I,

(full name(s) and surname according to your identity document), as the member, give Malcor Medical Aid Scheme and its administrator, in their relevant capacities, permission to change my banking details.

Signed at (town or city)

on

D	D	M	M	Y	Y	Y	Y
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Signature of main member

Please only sign if you have read and understand this statement

Signature of previous main member (if applicable)

Please only sign if you have read and understand this statement