

APPLICATION FOR REGISTRATION OF DEPENDANTS AANSOEK OM REGISTRASIE VAN AFHANKLIKES

DETAILS OF PRINCIPAL MEMBER / BESONDERHEDE VAN HOOFID

Membership number
Lidmaatskapnommer _____

Principal member's initials and surname
Hoofid se voorletters en van _____

Postal address
Posadres _____ Tel (w) _____

_____ Tel (h) _____

_____ Postal code
Poskode _____ Cell
Sel _____

Email
Epos _____

Member ID number
Lid ID nommer

PERSONAL DETAILS OF DEPENDANTS TO BE REGISTERED PERSOONLIKE BESONDERHEDE VAN AFHANKLIKES WAT GEREGISTREER MOET WORD

Title Titel	First name Voorname	Surname (if different to principal member) Van (indien verskillend van hoofid)	ID / Passport number ID / Paspoortnommer	Date of birth Geboortedatum	Gender Geslag (M/F)	Relationship to principal member Verwantskap teenoor hoofid	Adult over 21 (Yes/No) Volwasse ouer as 21 (Ja/Nee)
1.							
2.							
3.							
4.							
5.							

Children are regarded as such only up to the age of 21, unless studying (but not older than 26) or dependent on the member due to a mental or physical disability.
Tot op die ouderdom van 21, word kinders as minderjarig geag, tensy die kind studeer (nie ouer as 26 nie) of as gevolg van fisiese of verstandelike gestremdheid, afhanklik is van die hoofid.

Date of registration.
Datum van registrasie.

Are the adult dependants financially dependent on the principal member?
Is die volwasse afhanklik finansieel afhanlik van die hoofid? Yes / Ja No / Nee

Is dependant over 21 but younger than 26, a full time student and is student proof attached?
Is die afhanklike bo die ouderdom van 21, maar jonger as 26, 'n voltydse student en is die bewys van voltydse stude aangeheg? Yes / Ja No / Nee

Do the dependants receive an income, e.g. pension, salary?
Ontvang die afhanklikes 'n inkomste, bv. pensioen, salaris? Yes / Ja No / Nee

If yes, what is the monthly income? / Indien ja, wat is die maandelikse inkomste?

Dependant 1
Afhanklike 1

Dependant 3
Afhanklike 3

PREVIOUS MEDICAL SCHEME INFORMATION / VORIGE MEDIESE FONDS INLIGTING

Should additional space be required, copy this section and attach it to this application.
Indien nog spasie benodig word, dupliseer hierdie bladsy en heg dit aan hierdie aansoek.

Please list previous medical scheme details for dependants separately if different to the principal member.
Lys asseblief vorige mediese skema inligting vir afhanklikes apart indien verskillend as die hoofid.

Name of member Naam van lid	Name of scheme Naam van skema	Member number Lidnommer	Date joined Datum aangesluit	Date terminated Datum beëindig

PREVIOUS MEDICAL SCHEME INFORMATION continued / VORIGE MEDIESE FONDS INLIGTING vervolg

Name of member Naam van lid	Name of scheme Naam van skema	Member number Lidnommer	Date joined Datum aangesluit	Date terminated Datum beëindig

Late Joiner Penalty:

Late joiner penalties can be imposed on new members over the age of 35. Depending on the number of years that the member did not belong to a medical scheme, a late joiner penalty will be added to the member's monthly contribution. The penalty is calculated on a sliding scale as shown in the table below, based on the total number of years from age 35 being effective 1 April 2001, where a member did not belong to a medical scheme.

Laataansluitingsboete:

Laataansluitingsboetes kan gehef word op nuwe lede wat ouer as 35 jaar is. Afhange van die aantal jare waartydens die lid nie aan 'n mediese skema behoort het nie, sal 'n laataansluitingsboete by die maandelikse bydrae gevoeg word. Die boete word bereken op 'n glykskaal soos uiteengesit in die onderstaande tabel en word gebaseer op die totale aantal jare ná die ouderdom van 35 effektief 1 April 2011, waartydens die lid nie aan 'n mediese skema behoort het nie.

Number of years since age 35 where applicant was not a member of a medical scheme / Aantal jare sedert ouderdom 35 waartydens die aansoeker nie 'n lid van 'n mediese skema was nie	Penalty / Boete
1 - 4 years / jaar	0.05 x contribution / bydrae
5 - 14 years / jaar	0.25 x contribution / bydrae
15 - 24 years / jaar	0.50 x contribution / bydrae
25+ years / jaar	0.75 x contribution / bydrae

Are you changing your medical scheme due to a change in your employment?
Verander jy van mediese skema as gevolg van verandering van werkgewer?

Yes / Ja No / Nee

Have you, your spouse or any of your dependants ever had a waiting period, pre-existing condition, exclusions or a late joiner penalty? If yes, please attach previous membership certificate(s).

Yes / Ja No / Nee

Het jy, jou eggenoot of enige van jou afhanklikes ooit 'n wagperiode, bestaande toestand, uitsluitings of laat aansluitingsboete gehad? Indien ja, heg asseblief jou lidmaatskap sertifikaat(e) aan.

VERY IMPORTANT

Registered surname to be indicated in the case of step-children. Please attach copies of birth and marriage certificates, ID documents and membership certificates of previous medical schemes.

BAIE BELANGRIK

Stiefkinders se geregistreerde familienaam (van) moet aangedui word. Bewys van geboorte- en huweliksertifikate, ID dokumente en lidmaatskap sertifikate van vorige mediese skemas moet aangeheg word.

APPLICATION AND DECLARATION / AANSOEK EN VERKLARING

I herewith apply for:

Ek doen hiermee aansoek om:

Recognition of my abovementioned spouse and dependants as beneficiary/ies of the Scheme on the grounds that, to the best of my knowledge:

Erkenning van my bogenoemde gade en afhanklikes as begunstigde(s) van die Skema op grond daarvan dat na my wete:

- the details in respect of them set out above are true and correct and that they qualify for enrolment as beneficiary(ies) in terms of the Scheme Rules;
- my aforementioned children are fully dependent on me, or, if they have an income, the income does not exceed the maximum basic social pension per year and that they reside permanently with me; and
- my aforementioned spouse/dependants are in good health, both mentally and physically. Should an applicant be unable to sign the declaration as required in (2) and (3) on account of temporary absence of a dependant or on account of ill health or of a mental or physical disability of such a dependant, full details should be submitted to the Scheme for consideration.

- die bogenoemde besonderhede betreffend haar/sy/hulle juis en korrek is en sy/hy/hulle vir inskrywing as begunstigde(s) kragtens die Reëls van die Skema kwalifiseer;
- my bogenoemde afhanklike kinders geheel en al van my afhanklik is, of as hulle 'n inkomste het, die inkomste nie die maksimum basiese maatskaplike pensioen per jaar oorskry nie en dat hulle permanent by my inwoon; en
- my bogenoemde gade en afhanklikes in goeie gesondheid verkeer, sowel geestelik as liggaamlik. Indien 'n applikant vanweë 'n tydelike afwesigheid van 'n afhanklike of vanweë swak gesondheid, of 'n liggaamlike of geestelike gebrek van sodanige afhanklike nie die verklaring soos by (2) en (3) kan verstrek nie, moet volledige besonderhede aan die Skema verstrek word vir oorweging.

I undertake on behalf of my spouse and the abovementioned dependants to abide by the Rules of the Scheme.

Ek onderneem om myself namens my gade en bogenoemde afhanklikes te onderwerp aan die Reëls van die Skema.

Signature of principal member/Handtekening van hooflid

Date Datum

D	D	M	M	Y	Y	Y	Y
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7. MEDICAL QUESTIONNAIRE / MEDIËSE VRAELYS

Have you or your dependant(s) received any medical treatment or care in the past 12 months or medical advice relating to any of the following conditions? Het u of u afhanklike(s) in die laaste 12 maande enige mediese behandeling of sorg of advies rakende enige van die volgende toestande ontvang?	Indicate with an "x" in the appropriate column Toon aan met 'n "x" in die toepaslike kolom		Name of patient Naam van pasiënt	Condition Toestand		Level/stage of illness, condition, nature of treatment, medication dosage and hospitalisation Graad/stadium van toestand, aard van behandeling, medikasie, dosis en hospitalisasie
	Yes / Ja	No / Nee		Date Datum	Period Periode	
1. Congenital physical deviations e.g. bat-ears, valvular heart disease Kongenitale fisiese afwykings bv. bakore, hartklepsiektes	Yes / Ja	No / Nee				
2. Abnormality of skin (including allergies) e.g. eczema, psoriasis Velabnormaliteit (insluitende allergieë) bv. ekseem, psoriase	Yes / Ja	No / Nee				
3. Deviations and problems in skeleton, joints and muscles e.g. arthritis, back problems Skelet-, gewrigs- en spierafwykings en probleme bv. artritis, rugprobleme	Yes / Ja	No / Nee				
4. Sense organs: sight, hearing, speech, also state spectacles and/or contact lenses as well as visual strength reading if available Sintuie: sig, gehoor, spraak, meld brille en/of kontaklense asook oogsterktelesings indien beskikbaar	Yes / Ja	No / Nee				
5. Respiratory system e.g. asthma Siektes van die lugweë bv. asma	Yes / Ja	No / Nee				
6. Cardio-vascular systems e.g. hypertension, cholesterol Siektes van die kardiovaskulêre stelsel bv. hipertensie, cholesterol	Yes / Ja	No / Nee				
7. Digestive system e.g. hiatus hernia, stomach ulcer Spysverteringstelselsiektes bv. hiatus hernia, maagseer	Yes / Ja	No / Nee				
8. Bladder, kidney and sexual system Blaas-, nier- en geslagstelselsiektes	Yes / Ja	No / Nee				
9. Nervous system e.g. paralysis, epilepsy, parkinsonism Senuweestelselsiektes bv. verlamming, epilepsie, parkinsonisme	Yes / Ja	No / Nee				
10. Hormone system e.g. hormone replacement therapy Hormoonstelsel bv. hormoonvervangingsterapie	Yes / Ja	No / Nee				
11. Metabolic diseases e.g. obesity, diabetes, porphyria, thyroid problems Metaboliese siektes bv. vetsug, diabetes, porfirie, skildklierprobleme	Yes / Ja	No / Nee				
12. Psychiatric or psychological treatment e.g. depression, anxiety Psigiatriese of sielkundige behandeling bv. depressie, angs	Yes / Ja	No / Nee				
13. Substance dependence e.g. alcohol, drugs Substansafhanklikheid bv. alkohol, dwelms	Yes / Ja	No / Nee				
14. Dental treatment Tandheelkundige behandeling	Yes / Ja	No / Nee				
15. A condition for which you and/or your dependant(s) receive a payment and/or medical treatment of whatever nature e.g. third party claim 'n Toestand waarvoor u en/of u afhanklike(s) 'n uitbetaling en/of gewaarborgde mediese behandeling van welke aard ook ontvang bv. derdepartyeis	Yes / Ja	No / Nee				
16. Pregnant or suspected pregnancy Swanger of vermoede van swangerskap	Yes / Ja	No / Nee				

	Yes / Ja	No / Nee	Person(s) participating / Persoon wat deelneem	Injuries / Beserings
17. Previous abnormal pregnancies Vorige abnormale swangerskappe				
18. Contagious diseases e.g. HIV, Hepatitis B, Tuberculosis Oordraagbare / aansteeklike siektes bv. MIV, Hepatitis B, Tuberkulose				
19. Operations undergone Operasies ondergaan				
20. Are you and/or your dependant(s) currently being treated for a medical condition? Word u en/of u afhanklike(s) tans vir 'n mediese toestand behandel?				
21. Present medicine Huidige medisyne				
22. Any other medical condition not mentioned above, even though you or your dependant(s) did not receive treatment or advice or consult a doctor in the past 12 months? Enige ander mediese aangeleentheid wat nie hierbo gemeld is nie, selfs al het u of u afhanklike(s) nie behandeling of advies ontvang of 'n dokter gekonsul- teer in die laaste 12 maande nie?				
23. Do you and/or your dependant(s) participate in professional or dangerous amateur sport, like power-driven vehicle sport, glider sport, scuba diving, bungee or parachute jumping? If so, provide details: Neem u of u afhanklikes deel aan beroepsport- of gevaarlike amateursportsoorte soos kragaaangedrewe voertuigsport, sweeftuigsport, skubaduik / duiklongsport, rekspring en valskermspring? Indien wel, verstrek besonderhede:	Yes / Ja	No / Nee	Nature of the sport / Aard van sportsoort	Injuries / Beserings

IMPORTANT/BELANGRIK

I would like to receive Bestmed marketing material/Ek wil graag Bestmed bemarkingsmateriaal ontvang Yes / Ja No / Nee

I would like to receive Top Living, Bestmed's electronic magazine/Ek wil graag Top Living, Bestmed se elektroniese tydskrif ontvang Yes / Ja No / Nee

Date
Datum

<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"/>
D	D	M	M	Y	Y	Y	Y	Y	Y

Signature of member/Handtekening van lid _____

Broker House: Aon South Africa (Pty) Ltd
Tel No: 0860 835 272
Broker Code:
AONN01A1IBBF

Contact us on: **0860 tel arc / 0860 835 272**, P.O. Box 1874, Parklands, 2121, www.aon.co.za
 FSB number: 20555; CMS number: ORG895

Acknowledgement of appointment

I hereby authorise Aon South Africa (Pty) Ltd to be my duly appointed Broker with immediate effect.

My ID and membership number

I have also been informed of the commission due to Aon, payable by the medical scheme as part of my monthly contribution, is 3% of the contribution to a maximum of R75.00 excl. Vat per month. I have further been issued with a Statutory Notice and Section 13 certificate.

Signed at (town or city) on yy/mm/dd

Signature

Permission to make certain information available to Aon South Africa (Pty) Ltd

I give consent for the disclosure of information about me.

Membership number
 Medical Scheme Aon Broker Code
 Title Initials Surname
 First name(s) (as per identity document)
 ID or passport number

To clarify this, the following information will be made available:

Personal examples	Benefit examples	Financial examples	Medical examples
Membership number Date of birth ID number Postal and e-mail Address Contact details Physical address Telephone numbers	Plan type Medical Savings Account amounts available Medical Savings Account choice Scheme Rate or Cost Current Medical Savings Account spent Limits Waiting period: details Wellness benefits Self-payment Gap Above Threshold Benefit	Tax certificate and tax reports Banking details Total contribution and breakdown	Chronic indicator Chronic condition PMB Chronic condition details Confirmation of claims paid (excluding amount and paid from where) Claims transaction history Hospital procedures Procedures codes Procedures done in doctor's rooms paid from Hospital Benefit

I hereby also authorise Aon South Africa (Pty) Ltd to provide me with any products that they consider appropriate to me.

Yes No

Signed at (town or city) on yy/mm/dd

Signature