

EMPLOYER AGREEMENT FORM

Full name of company

Company registration number

Nature of business

Physical address Postal code

Postal address Postal code

Contact person/s

Designation

Telephone number Cell number

Fax number E-mail address

Number of principal members

Medical Aid Scheme	Option	Number of members

Desired date of entry

D D M M Y Y

Percentage of payments to be made:

	Company	Member
Employees		
Pensioners		

Will pensioners pay their portion of subscriptions directly to the Scheme? YES NO

Method of payment: Cheque Debit order EFT

NOTE: Subscriptions must be paid directly into the Scheme's bank account and a detailed remittance advice sent to the Administrator.

Is the medical aid membership a condition of employment if the employee is not covered by his/her spouse's medical aid scheme? YES NO

(Please provide a list of your current staff complement. All current employees who decline to join the Plan or Option/s elected will be subject to normal underwriting rules upon future application to the Scheme).

Are your staff required to serve a trial or probationary period or fulfil any other conditions before becoming eligible for membership? YES NO

If yes, please provide details:

Number of months

Signed membership application forms for all the employees who fall into the categories nominated for participation in the Scheme must be furnished to the Scheme.

Group rules	Yes	No	Group rules explanation
Member portion deduction			Yes: Any amount outstanding for Member portion owing will be a salary deduction by the company/ employer and be paid to the Scheme No: No salary deductions applicable
Electronic Group Statement			Yes: Statement created as an Excel spreadsheet and e-mailed to the member company. Spreadsheet is e-mailed back and payment details posted to the main system No: Statement is printed and forwarded to the member company
Group Statement			Yes: Amounts raised in the cheque run to be recovered by way of a salary deduction are transferred to a "Group Statement". Amounts due are deducted from members salary and paid over to the Scheme by the employer company No: No salary deductions applicable

DEBIT ORDER

I/We hereby authorise the Scheme (or their nominee) to debit my/our banking account (wherever it may be), the necessary amount for any contributions and changes in relation to this agreement, incorporating the contribution rate changes.

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Branch name	<input type="text"/>		
Branch code	<input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Type of account (please tick)	Current (Cheque) <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>

Authorised signatory

BROKER DETAILS (if applicable)

Brokerage name	<input type="text" value="Aon South Africa (Pty) Ltd"/>	Broker code	<input type="text" value="8503"/>
Broker's name	<input type="text" value="Aon South Africa (Pty) Ltd"/>		
Broker's cell	<input type="text"/>	Brokers Tel: Code (086)	<input type="text" value="083 5272"/>

SIGNATURE OF BROKER _____

DECLARATION

We declare and warrant the answers to the foregoing questions are true and agree that this declaration shall be the basis of the proposed contract with the Scheme.

We also agree that the Scheme's Rules as amended from time to time and any regulations made hereafter shall be binding on us, (the contents of which we declare ourselves to be fully acquainted), and we undertake to observe and carry out (in so far as applicable to us) the provisions of the said Rules, as amended by the Scheme from time to time.

Should we wish to cease membership with the Scheme, we hereby undertake to give three (3) months written notice of such intentions.

We also agree that no statements, promises or information made or given by, nor any information or statements given or made to the person canvassing for or handling this application, or any other person, shall be binding on the Scheme or affect its rights in any way whatsoever unless such statement, promises or information are reduced to writing and incorporated in or indorsed on this application when it is accepted by the Scheme.

We undertake to pay contributions by no later than the 3rd of the month following that in which the invoice is raised. Members' portions will be paid over in full within 30 days of the "Group Statement" date.

Signed at _____ this _____ day of _____ 20 _____.

Signature

Designation

Date

I declare that I, the above-signed signatory am entitled to sign this document on behalf of:

(Company name)

Universal House, 15 Tambach Road, Sunninghill Park, Sandton
PO Box 1411 Rivonia 2128
Tel: 011 208 1000 Fax: 011 208 1028
E-mail: admin@universal.co.za Website: www.compcarewellness.co.za

Adminstrated by Universal Healthcare Administrators (Pty) Ltd

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