

REPORT OF THE BOARD OF TRUSTEES

AND

SUMMARISED ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2015



TOPMED MEDICAL SCHEME
ANNUAL FINANCIAL STATEMENTS
for the year ended 31 December 2015

REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees hereby presents its report for the year ended 31 December 2015.

Registration Number: 1422

1. MANAGEMENT

1.1 Board of Trustees in office during the year under review

Trustees: 1 January - 31 December 2015

Jerry van Vuuren (Chairman)	Member trustee	
Callie du Plessis (Vice Chairman)	Member trustee	
Jan Burger	Member trustee	(resigned 31 October 2015)
Jakobus Viljoen	Member trustee	
Martyn Evers	Member trustee	(resigned 31 March 2015)
Alistair Dry	Member trustee	(term of office ended 30 June 2015)
Martin Neethling	Member trustee	
Nicolaas Byrne	Member trustee	
Arletta Ngobese	Member trustee	(co-opted 01 August 2015)
Johannes Marthinus Kemp	Member trustee	(appointed 01 November 2015)

1.2 Principal Officer

Barbara J Duffy

50 Bowes-Lyon Avenue
Glenwood
Durban
4001

1.3 Registered Office address and Postal address

70 Buckingham Terrace
Westville
3629

PO Box 1462
Durban
4000

1.4 Medical Scheme Administrator during the year

Private Health Administrators (Pty) Ltd
70 Buckingham Terrace
Westville
3629

PO Box 343
Westville
3630

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1.5 Consultants and Actuaries

Cadiant Partners Actuarial and Consulting Solutions (Pty) Ltd
2nd Floor Private Bag X24
3 Gwen Lane Sandton
Sandton 2146

1.6 Independent Auditors

Deloitte & Touche
Deloitte Place
2 Pencarrow Crescent PO Box 243
Pencarrow Park Durban
La Lucia Ridge 4000
4051

1.7 Controlling Investment manager

acsis Limited
Old Mutual Square
93 Grayston Drive PO Box 2444
Sandton Saxonwold
2196 2132

1.8 Principal Banker

Standard Bank of South Africa Limited

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REPORT OF THE BOARD OF TRUSTEES (continued)

2. DESCRIPTION OF THE MEDICAL SCHEME

2.1 Terms of registration

The Scheme is a not for profit open membership Medical Scheme registered in terms of the Medical Schemes Act 131 of 1998 (“the Act”), as amended.

2.2 Benefit options within TopMed Medical Scheme

The Scheme focuses on offering a wide range of products that provide value for money. The Scheme offers 8 options to employers and members of the public, in a number of differing benefit structures, utilising both risk benefits and medical savings benefits. The 8 options offered at year-end are:

New generation benefit options	Comprehensive benefit options	Traditional benefit options
TopMed Professional TopMed Savings TopMed Active Saver	TopMed Rainbow Comprehensive TopMed Paladin Comprehensive	TopMed Limited TopMed Network TopMed Hospital Plan

2.3 Savings plan

In order to provide for out of hospital benefits and a facility for members to set funds aside to meet future healthcare costs not covered in the benefit options, the Trustees have made the medical savings account available.

Members that belong to the TopMed Professional, TopMed Active Saver and TopMed Savings benefit options pay an agreed portion of their gross contributions into Savings Plan Investments so as to help fund their portion of healthcare costs that are not covered under “Major Medical Benefits”. Members on the TopMed Professional Option contribute 25% (2014: 25%) towards savings, members on TopMed Active Saver contribute 20% (2014: 25%) and members on the TopMed Savings Option contribute 20% (2014: 20%) towards savings.

Unexpended savings amounts are accumulated for the long-term benefit of the member. Interest is paid on members’ positive balances at the net rate earned on the savings plan investments.

The liability to the members in respect of the savings plan is reflected as a current liability in the financial statements, repayable in terms of Regulation 10 of the Medical Schemes Act.

In terms of the Regulations to the Act, the Scheme carries the risk associated with regard to the non recovery of overdrawn savings balances advanced to members.

2.4 Risk transfer arrangements

Risk transfer arrangements are contractual arrangements entered into by the Scheme with third parties who undertake to indemnify the Scheme against all or part of the loss that the Scheme may incur as a result of it carrying on the business of a medical scheme. Risk transfer arrangements do not reduce the Scheme’s primary obligations to its members, and their dependants. These arrangements serve to decrease the loss that the Scheme may incur as a result of it carrying on the business of a medical scheme.

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REPORT OF THE BOARD OF TRUSTEES (continued)

2.4 Risk transfer arrangements (Continued)

Risk transfer arrangement fees are recognised as an expense over the indemnity period on a straight-line basis.

For the year under review, the Scheme entered into the following risk transfer arrangements, further details of which are set out in Note 12 of the annual financial statements (AFS):

- Emergency Room Company (Pty) Ltd t/a ER24
- CareCross Health (Pty) Ltd
- HIV Managed Care Solutions (Pty) Ltd t/a Careworks

3. INVESTMENT STRATEGY OF THE MEDICAL SCHEME

The Scheme's long-term investment objective is to maximize the return on its investments at acceptable levels of risk. A dedicated primary investment advisor supports the Investment Committee in their Board-delegated mandate to balance the following requirements:

- The Scheme must remain financially sound and solvent at all times;
- The Scheme must maintain sufficient liquidity to meet payments as and when they fall due;
- The Scheme must make provision for likely above medical-inflation claims experience over the long-term; and
- The Scheme must comply with regulatory investment requirements.

During 2015 the Scheme invested in various short, medium and longer term instruments to optimise these requirements. However, in line with the risk profile of the Scheme, the overall strategy was prudent, with a substantial portion of the portfolio in shorter-term instruments.

Net investment return on average investments (including unrealised gains or losses) of 5.5% (2014: 9.8%) was achieved during 2015.

The investment policy is reviewed annually, taking into account the investment objectives, the risk and returns of available or allowed instruments, the surplus funds available and the liquidity constraints over the short term. For more detail on the Scheme's investments refer to notes 3 and 5.

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REPORT OF THE BOARD OF TRUSTEES (continued)

4. MANAGEMENT OF INSURANCE RISK

The primary insurance activity carried out by the Scheme assumes the risk of loss from members and their dependants that are directly subject to the risk. This risk relates to the health of the Scheme members. As such the Scheme is exposed to the uncertainty surrounding the timing and severity of claims under the contract.

The Scheme manages its insurance risk through benefit limits and sub-limits, approval procedures for transactions that involve pricing guidelines, pre-authorisation and case management, service provider profiling, centralised management of risk transfer arrangements, and the monitoring of emerging issues. The Scheme has the flexibility to review benefits and pricing annually, or as required.

The Scheme uses several methods to assess and monitor insurance risk exposures both for individual types of risks insured and overall risks. These methods include internal risk management models, sensitivity analyses and scenario analyses. Actuarial principles are applied to the pricing and provisioning for a portfolio of insurance contracts.

Insurance events are, by their nature, random, and the actual number and size of events during any one year may vary from those estimated with statistical techniques. There are no changes to assumptions used to measure insurance assets and liabilities that have a material effect on the annual financial statements and there are no terms and conditions of insurance contracts that have a material effect on the amount, timing and uncertainty of the Scheme's cash flows.

5. REVIEW OF THE ACCOUNTING PERIOD'S ACTIVITIES

5.1 Operational statistics

Refer Item 5.1 on page 16 for a comparative analysis of the operational statistics of the Scheme.

5.2 Results of operations

The medical scheme environment in South Africa remains a challenging one for many reasons; not least of which is the generally depressed economic conditions. These economic conditions, exacerbated by nervousness in financial markets driven by political uncertainty have resulted in investment returns being severely negatively impacted. Total investment income at R41 799 526 is materially down on the R72 903 359 achieved in 2014. This is solely due to market returns being significantly down in 2015. This has had a marked impact on the results for 2015.

Despite the tough environment and depressed investment returns, the Scheme has again shown pleasing progress at the gross healthcare level. The marketing strategy has yielded positive results with strong membership growth; this somewhat against the industry trend where many schemes are losing members. Furthermore the Scheme has attracted younger members in a competitive environment, and the age profile has benefited from this. Membership at 31 December 2015 was 25 665 members; up from the 22 519 members at December 2014. Relevant healthcare expenditure as a percentage of gross contributions has improved to 86.3 % (2014: 86.5%).

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REPORT OF THE BOARD OF TRUSTEES (continued)

5.2 Results of operations (Continued)

As set out in the Annual Financial Statements (AFS), the Scheme has generated a net deficit for the year of R32 415 849 (2014: R10 059 000 surplus). The Scheme's total comprehensive income for the year is a deficit of R35 858 571 (2014: R17 146 461 surplus). The difference between the net surplus and total comprehensive income is other comprehensive income. Other comprehensive income is those revenues, expenses, gains, and losses under International Financial Reporting Standards that are excluded from the net surplus. For the Scheme, this is made up of unrealised gains/(losses) on available-for-sale investments for the year to date.

In addition to the focus on improving healthcare margins, the Scheme continues to closely manage non healthcare overheads. These overheads have increased due to the intensified marketing undertaken during 2015, however this is still less than the market norm.

	2015	2014
Administration cost per average member per month	228	209

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REPORT OF THE BOARD OF TRUSTEES (continued)

5.3 Accumulated funds ratio

The Scheme's solvency ratio is 86.42% at 31 December 2015, comfortably above the minimum requirements of 25% as laid out by the Medical Schemes Act. The reduction in the solvency ratio is principally due to the mechanics of the regulatory formula and should not be interpreted as a worsening of the true economic solvency position of the Scheme. When considering the reserves held by the Scheme it is important to consider the Rand amount (see table immediately below) as well as the percentage change in reserves from one year to the next. The Scheme is strongly reserved from a regulatory perspective, with little risk of dropping below the regulatory minimum requirement in the foreseeable future.

	2015	2014
The accumulated funds ratio is calculated on the following basis:		
Total members' funds per statement of financial position	699 681 182	735 539 753
Cumulative net gain on remeasurement to fair value of financial instruments (refer Item 5.3.1)	(36 950 624)	(116 657 486)
	<hr/>	<hr/>
Accumulated funds per Regulation 29 of the Act	<u>662 730 558</u>	<u>618 882 267</u>
	<hr/>	<hr/>
Gross contributions (refer note 10 of the AFS)	<u>766 897 795</u>	<u>685 828 509</u>
	<hr/>	<hr/>
Accumulated funds ratio (Accumulated funds / Gross contributions x 100%) *	<u>86.42%</u>	<u>90.24%</u>

* The solvency ratio as per the Medical Schemes Act is calculated by taking the total members funds less cumulative net gains on remeasurement to fair value of financial instruments and dividing it by annual gross contributions (i.e. inclusive of savings contributions). The Scheme holds 2 types of investments namely, Fair Value Through Profit and Loss and Available for Sale investments (refer accounting policies note 1.3). The net gains on remeasurement to fair value on both these investments are deducted from the members funds when calculating the solvency ratio.

The solvency ratio has decreased due to a combination of two reasons:

-A portion of the total members funds attributable to the unrealised gains on the Scheme's investment portfolio. These gains are excluded from the accumulated reserves value used in the solvency ratio calculation, which results in a diluted solvency ratio.

-The Scheme's solvency is further diluted by the growth in membership during the year. This increases the gross contributions of the Scheme i.e. the denominator in the calculation.

On 25 November 2015 the Council for Medical Schemes issued circular 68 of 2015 which invited comment on the review of the solvency framework to move to a risk based capital model. The comment period closes on 20 May 2016 and the Scheme will be providing a response to these proposals, and we are working with our actuaries to understand the impact of these proposals.

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REPORT OF THE BOARD OF TRUSTEES (continued)

5.3.1 Cumulative net gains on remeasurement to fair value of financial instruments

The gain is made up as follows:

Investments held at fair value through profit and loss	17 589 794	93 853 934
Available-for-sale reserve (#)	19 360 830	22 803 552
Total	<u>36 950 624</u>	<u>116 657 486</u>

The cumulative unrealised gains on investments held at fair value through profit and loss:

Opening balance of cumulative unrealised gains on investments held at fair value	93 853 934	133 141 016
Less: Realised gains (Refer note 17.2 of AFS)	(41 098 375)	(40 438 233)
Net unrealised gain on investments held at fair value for the year (Refer note 17.2 of AFS)	(35 165 766)	1 151 151
Closing balance of cumulative unrealised gains on investments held at fair value	<u>17 589 794</u>	<u>93 853 934</u>

(#) The balance at 31 December 2015 of the Available-for-Sale Reserve is disclosed in the Statement of Changes in Funds and Reserves. The cumulative movement in the Available-for-Sale investments is only eliminated from the total member's funds if it is a net gain.

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REPORT OF THE BOARD OF TRUSTEES (continued)

5.4 Reserve accounts

Movements in the reserves are set out in the Statement of Changes in Funds and Reserves (refer page 25). There have been no unusual movements that the Trustees believe should be brought to the attention of the members of the Scheme.

5.5 Outstanding claims

The basis of calculation and the outstanding claims provision is set out in note 9 to the AFS and this is consistent with the prior year. There have been no unusual movements that the Trustees believe should be brought to the attention of the members of the Scheme.

6. ACTUARIAL SERVICES

The Scheme's actuaries (Cadiant Partners Actuarial and Consulting Solutions) formally report to the Scheme on a regular basis in respect of the contribution and benefit levels of the Scheme. The Scheme's actuaries were consulted during August 2015 in determination of the contribution and benefit levels for 2016 and also performed various analyses for the Scheme during the year.

7. SUBSEQUENT EVENTS

Subsequent to the year end the scheme has been advised of the termination of 2,100 Members with effect from 1 July 2016. This will have an impact on the TopMed Network Option, which the Board has noted and will be monitoring and addressing as part of the 2017 benefit review.

8. RELATED PARTY TRANSACTIONS

Refer to related parties disclosure in note 22 of the annual financial statements.
Trustee remuneration is disclosed in note 14.1 of the annual financial statements.

9. AUDIT COMMITTEE

An Audit Committee exists in accordance with the provisions of the Act. The Audit Committee is mandated by the Board of Trustees by means of written terms of reference as to its membership, authority and duties. The Board of Trustees appoint an Audit Committee of at least five fit and proper persons of which at least two are members of the Board of Trustees. The chairperson of the Board of Trustees may not serve on the Audit Committee. The Audit Committee elects from its members a chairperson. None of the members, including the Chairperson, are officers of the Scheme or its third party administrator.

The financial manager of the Administrator, the internal auditors and the external auditors have unrestricted access to the Chairman of the Audit Committee. The external auditors formally report to the Audit Committee on critical findings arising from audit activities.

In accordance with the provisions of the Act, and as set out in the Audit Committee Charter the primary responsibility of the Audit Committee is to assist the Board of Trustees in carrying out its duties relating to:

1. the safeguarding of assets;
2. the operations of adequate systems and controls;
3. reviewing of financial information including the annual financial statements; and
4. oversight of risk management and governance.

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REPORT OF THE BOARD OF TRUSTEES (continued)

9. AUDIT COMMITTEE (continued)

At the year end the Committee comprised: JP du Toit, Callie du Plessis, Nicolaas Byrne and Johan Kemp under the external chairmanship of Timothy Vieyra (it being a statutory requirement that the chairman be an independent party). The Principal Officer attended all Audit Committee meetings.

The Committee met on three occasions during the course of the year as follows: 19 March 2015, 15 April 2015 and 22 October 2015.

10. INVESTMENT COMMITTEE

An Investment Committee operates in terms of a mandate from the Board of Trustees by means of a written terms of reference as to its membership, authority and duties. This Investment Committee consists of three trustee members. The Principal Officer also attends these meetings. The primary responsibility of the Investment Committee is to assist the Board of Trustees in carrying out its duties relating to the investment policy of the Scheme.

11. MARKETING AND PRODUCT COMMITTEE

The marketing and product committee operates under mandate of the Board of Trustees and fulfils its functions under 3 broad categories:

- i) Brand development to enhance the marketability of the Scheme
- ii) Sales channel development to ensure that the Scheme continues to grow appropriately
- iii) Product development to ensure that the Scheme remains sustainable

Members will note a number of initiatives undertaken to enhance the marketability of the Scheme such as the social media and mobile application undertakings.

REPORT OF THE BOARD OF TRUSTEES (continued)

12. TRUSTEE AND SUB-COMMITTEE MEETING ATTENDANCE AND REMUNERATION

During the year the Board of Trustees performed a very active role in the day to day management of the Scheme as illustrated by the number of meetings that the board members attended for the year ended 31 December 2015. The following schedule sets out Board of Trustee meeting attendances and attendances by members of Board Sub-Committees. Changes in terms of office are set out in note 1.1 of the Report of the Board of Trustees. Trustee and Sub-Committee remuneration is set out in Note 14.1 to the full AFS.

MEETING ATTENDANCE	Board of Trustees Meetings	Audit Committee Meetings	Investment Committee Meetings	Marketing & Product Meetings	Annual General Meeting	Special Meetings	Meeting Fees R
Number of meetings for the year	5	3	5	6	1	nil	
Trustee members							
Jerry van Vuuren #	5		4	6	1		206 702
Jan Burger #	4		5		1		129 164
Callie du Plessis *	5	3			1		149 112
Johan Kemp #	1	3	5				99 704
Martin Neethling	5			3	1		152 190
Nicolaas Byrne *	5	3			1		152 190
Martyn Evers #	0		1				36 939
Alistair Dry	2			1			73 878
Arletta Ngobese	2			3			65 260
Jakobus Viljoen	5			3	1		152 190
Non-Trustee members							
Timothy Vieyra		3			1		46 364
JP du Toit		3					26 363
Principal Officer							
BJ Duffy	5	3	4	6	1		@

* - serve on Audit Committee as Trustee member

- member of Investment Committee

@ - the Principal Officer earns remuneration (see note 14)

REPORT OF THE BOARD OF TRUSTEES (continued)

12. TRUSTEE AND SUB-COMMITTEE MEETING ATTENDANCE AND REMUNERATION (continued)

The Trustees were paid fees of R1,217,329 to attend to their duties as Trustees in 2015 (2014: R1,228,476). Trustee accommodation, travelling and other expenses of R134,496 were paid in 2015 (2014: R206,135). Please see note 14.1

13. NON-COMPLIANCE WITH THE MEDICAL SCHEMES ACT

The Trustees are of the opinion that there are no material deviations from the Act.

Not all contributions billed are received within 3 days as required by the Act. Any financial risk is mitigated by the credit control policies in place which minimise the risk of non-recoverability.

Claims are generally paid within 30 days of receipt but due to certain procedures such as clinical auditing, there are exceptions where certain claims are only paid after 30 days of receipt.

Section 35(8) (c) of the Medical Schemes Act 131 of 1998 states that a Medical Scheme shall not invest any of its assets in any administrator. The Scheme's investment funds are managed by independent third party asset managers which have a full discretionary mandate to invest in order to achieve their stipulated benchmark. Given this approach, the Scheme may be exposed to shares in an administrator at any stage during the year. The Scheme has made an application to the Council for Medical Schemes and received an exemption from this section of the Medical Schemes Act on the 1 July 2015.

Four (2014: four) of the eight benefit options incurred net deficits, whereas the Act requires that all benefit options are self-supporting and financially sound. To ensure that the Scheme is not at risk, the Trustees have taken this into account in the Scheme strategy that has been communicated to the Council for Medical Schemes. Refer note 28 of the AFS for details.

Regulation 30 (3) of the Medical Schemes Act 131 of 1998 provides limitations on a schemes' assets. Due to the Scheme's investment strategy the Scheme has exceeded the allowable limit that can be placed in local equities. A certified statement from a suitably qualified professional who has no direct or indirect financial interest in the outcome or interest in the decision to apply alternative allocation percentages than those specified in Annexure B has been sent to the Council for Medical Schemes.

14. GOVERNANCE

The Scheme subscribes to the highest standards of governance; following relevant frameworks such as King wherever applicable.

REPORT OF THE BOARD OF TRUSTEES (continued)

15. KEY MATTERS

The Board of Trustees have identified the following as key matters:

Solvency

The solvency of the Scheme remains strong. This means that the Scheme is in a sound financial position and is able to pursue its growth strategy.

Management of claims

Claims incurred during the year (see notes 11 and 25) were within reasonable levels. Active health risk management and carefully considered risk transfer arrangements are in place and have resulted in ensuring that appropriate treatments are afforded to members without undue costs being incurred by the Scheme. This is vital if reserves are to be maintained.

Profile of members

This has a critical impact on future claims. As can be seen in the table at 5.1 of the Report of the Board of Trustees, membership has grown solidly during 2015 with membership at 31 December 2015 of 25 665 being 14.0% up on the membership at 31 December 2014 of 22 519. It is relevant to note that the average age of beneficiaries at 31 December 2015 is 36.32; over a year better than the average age of beneficiaries at 31 December 2014 which was 37.56. The reduction in average age is primarily due to the positive membership growth on Active Saver. The continued increase in the number of younger members is expected to have a positive impact on this option going forward.

Governance

Strong governance structures are necessary not only to prevent and detect fraud but also to ensure that appropriate and professional clinical management of claims is in place. The Board of Trustees regularly reviews the governance structures of the Scheme. In addition, stringent internal and external audit processes are in place. The governance structures of the Scheme are sound.

16. GENERAL

The Chairman of the Board of Trustees would like to thank the Trustees, Principal Officer, the members of the Audit and other Committees, and professional service providers, for their positive and meaningful contributions during the year. On behalf of the Board of Trustees, the Chairman would also like to extend our sincere thanks to all our members and brokers who have continued to support the Scheme during this past year.



J van Vuuren
Chairman



B J Duffy
Principal Officer



N Byrne
Trustee

21 April 2016

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REPORT OF THE BOARD OF TRUSTEES (continued)

REVIEW OF THE ACCOUNTING PERIOD'S ACTIVITIES

5.1 Operational statistics

5.1.1 Operational statistics per benefit option (Continued)

Current year	2015								
	Total Scheme	Topmed Savings	Topmed Professional	Topmed Hospital	Topmed Network	Topmed Rainbow Comprehensive	Topmed Paladin Comprehensive	Topmed Active Saver	Topmed Limited
Number of members at the end of the accounting period	25 665	6 212	1 482	3 315	4 432	955	1 193	7 029	1 047
Average number of members for the accounting period	24 088	6 197	1 500	3 266	4 450	996	1 212	5 410	1 058
Number of beneficiaries at the end of the accounting period	51 113	14 248	2 870	6 855	6 918	1 612	2 499	13 744	2 367
Average number of beneficiaries for the accounting period	48 069	14 173	2 921	6 781	6 986	1 695	2 552	10 568	2 393
Beneficiaries per member at 31 December	1.99	2.29	1.94	2.07	1.56	1.69	2.09	1.96	2.26
Average age of beneficiaries for the accounting period	36.32	38.72	53.39	39.72	30.17	58.95	44.75	26.17	43.95
Pensioner ratio (beneficiaries > 65 years) at 31 December	13.1%	14.3%	36.0%	15.1%	6.3%	47.9%	24.7%	1.5%	23.1%
Net contributions per average beneficiary per month #	R1 177	R1 071	R2 154	R959	R859	R4 048	R2 193	R736	R995
Relevant healthcare expenditure per average beneficiary per month	R1 147	R1 121	R2 611	R947	R830	R3 933	R1 893	R5780	R7238
Relevant healthcare expenditure as a % of gross contributions	86.3%	84.7%	91.4%	98.8%	96.7%	97.2%	86.3%	62.9%	74.2%
Non-healthcare expenditure per average beneficiary per month	R145	R131	R155	R137	R175	R176	R143	R146	R130
Non-healthcare expenditure as a % of gross contributions	10.9%	9.9%	5.5%	14.3%	20.4%	4.3%	6.5%	15.9%	13.1%
Average accumulated funds per member at 31 December	R27 262	x	x	x	x	x	x	x	x
Return on investments as a percentage of investments	5.5%	x	x	x	x	x	x	x	x

REPORT OF THE BOARD OF TRUSTEES (continued)

REVIEW OF THE ACCOUNTING PERIOD'S ACTIVITIES

5.1 Operational statistics

5.1.1 Operational statistics per benefit option (Continued)

Prior year	2014								
	Total Scheme	Topmed Savings	Topmed Professional	Topmed Hospital	Topmed Network	Topmed Rainbow Comprehensive	Topmed Palatin Comprehensive	Topmed Active Saver	Topmed Limited
Number of members at the end of the accounting period	22 519	6 183	1 562	3 157	5 187	1 146	1 324	2 899	1 061
Average number of members for the accounting period	21 712	6 148	1 584	3 164	4 955	1 198	1 381	2 210	1 072
Number of beneficiaries at the end of the accounting period	45 392	14 297	3 098	6 567	8 454	1 993	2 877	5 686	2 420
Average number of beneficiaries for the accounting period	44 003	14 245	3 163	6 596	8 096	2 095	3 016	4 963	2 429
Beneficiaries per member at 31 December	2.02	2.31	1.98	2.08	1.63	1.74	2.17	1.96	2.28
Average age of beneficiaries for the accounting period	37.56	37.94	51.96	39.01	29.40	57.16	42.90	27.15	43.51
Pensioner ratio (beneficiaries > 65 years) at 31 December	14.5%	13.1%	32.4%	14.3%	5.7%	44.7%	21.2%	2.0%	23.0%
Net contributions per average beneficiary per month #	R 1 155	R981	R 1 935	R873	R807	R3 620	R 1 952	R651	R874
Relevant healthcare expenditure per average beneficiary per month	R 1 123	R 1 006	R2 094	R929	R667	R3 435	R 1 687	R626	R789
Relevant healthcare expenditure as a % of gross contributions	86.5%	82.3%	81.7%	106.4%	82.7%	94.9%	86.4%	71.0%	90.3%
Non-healthcare expenditure per average beneficiary per month	R 130	R 118	R 140	R 125	R 151	R 153	R 126	R 133	R 100
Non-healthcare expenditure as a % of gross contributions	8.9%	9.7%	5.5%	14.3%	18.8%	4.2%	6.5%	15.0%	11.4%
Average accumulated funds per member at 31 December	R32 663	x	x	x	x	x	x	x	x
Return on investments as a percentage of investments	9.8%	x	x	x	x	x	x	x	x

- Net contributions represent gross contributions after the deduction of savings plan contributions.

x - Accumulated funds are not allocated per option.

TOPMED MEDICAL SCHEME

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REVIEW OF THE ACCOUNTING PERIOD'S ACTIVITIES

5.1.2 Operational statistics for the Scheme

Breakdown of total amount paid to the Administrator:	2015	2014
Administration fees (note 14)	R46 312 916	R39 476 784
Managed care fees (note 13)	R13 233 374	R11 301 359
Total	R59 546 290	R50 778 143

Above fees on an average per member per month basis	2015	2014
Administration fees (note 14)	R160	R152
Managed care fees (note 13)	R46	R43

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SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	2015 R'000	2014 R'000
Net contribution income	679 158	609 942
Relevant healthcare expenditure	(661 620)	(592 942)
Net claims incurred	(636 087)	(573 186)
Claims incurred	(636 401)	(574 456)
Third Party claim recoveries	314	1 270
Net income on risk transfer arrangements	(2 316)	290
Risk transfer arrangement fees paid	(23 534)	(23 855)
Recoveries from risk transfer arrangements	21 218	24 145
Accredited managed healthcare services	(23 217)	(20 046)
Gross healthcare result	17 538	17 000
Administration expenses	(65 777)	(54 511)
Broker service fees	(15 953)	(13 450)
Net impairment losses on healthcare receivables	(2 101)	(469)
Net healthcare result	(66 293)	(51 431)
Other income	41 800	72 904
Investment income	41 800	72 576
Sundry income	-	328
Other expenditure	(7 924)	(11 413)
Asset management fees	(4 478)	(3 693)
Performance fees	(545)	(5 630)
Interest paid on savings accounts	(2 901)	(2 095)
Loss on sale of assets	-	5
Net (deficit) / surplus for the year	(32 417)	10 060
Other comprehensive income		
Fair value adjustment on available-for-sale investments	(1 861)	9 461
Items subsequently reclassified to profit and loss		
Realised losses on available-for-sale investments	(1 581)	(2 374)
Total comprehensive income for the year	(35 859)	17 147

TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

STATEMENT OF FINANCIAL POSITION

ASSETS		
Non-current assets	44 513	45 872
Office furniture and equipment	10	21
Available-for-sale investments	44 503	45 851
Current assets	756 664	773 509
Trade and other receivables	8 880	8 118
Investments held at fair value through profit and loss	671 921	664 561
Cash and liquid investments	31 368	63 900
Personal medical savings account assets	44 495	36 930
Total assets	801 177	819 381
FUNDS AND LIABILITIES		
Members' funds	699 681	735 540
Accumulated funds	680 320	712 736
Available-for-sale reserve	19 361	22 804
Current liabilities	101 496	83 841
Savings plan liability	46 201	39 885
Trade and other payables	26 161	18 555
Outstanding claims provision	29 134	25 401
Total funds and liabilities	801 177	819 381

TOPMED MEDICAL SCHEME

SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

STATEMENT OF CHANGES IN FUNDS AND RESERVES

	Accumulated Funds R'000	Available- for-sale Reserve R'000	Total Members Funds R'000
Balance at 31 December 2013	663 352	15 715	679 067
Add: Funds from amalgamated scheme	39 326		39 326
Surplus for the year	10 060	-	10 060
Net gain on fair value of available-for-sale invest- ments	-	7 087	7 087
Balance at 31 December 2014	712 738	22 802	735 540
Deficit for the year	(32 417)	-	(32 417)
Net loss on fair value of available-for-sale investments	-	(3 442)	(3 442)
Balance at 31 December 2015	680 321	19 360	699 681

TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

STATEMENT OF CASH FLOWS

	2015 R'000	2014 R'000
Cash flows used in operating activities		
Cash used in operations before working capital changes	(64 180)	(50 617)
Working capital changes		
- Decrease / (increase) in trade and other receivables	(2 862)	2 303
- (Decrease) / increase in trade and other payables	7 607	(3 967)
- (Decrease) / increase in outstanding claims provision	3 733	(5 461)
- Increase in savings plan assets	(7 565)	(9 104)
- Increase in savings plan liability	6 316	9 888
Return on personal medical savings account trust monies invested	2 902	2 095
Interest paid on members' personal medical savings accounts trusts monies	(2 902)	(2 095)
Cash utilised in operations	(56 951)	(56 958)
Cash flows from investing activities		
Acquisition of office furniture and equipment	-	(5)
Proceeds on disposal of fixed assets	-	5
Acquisition of available-for-sale investments	(5 902)	(8 182)
Proceeds on disposal of available-for-sale investments	5 389	2 374
Acquisition of investments held at fair value through profit and loss	(164 526)	(198 339)
Proceeds on disposal of investments held at fair value through profit and loss	163 098	242 286
Interest received	22 049	17 413
Dividends received	9 334	9 105
Asset management and performance fees paid	(5 022)	(9 324)
Net cash generated by investing activities	24 420	55 333
Net decrease in cash and liquid investments	(32 531)	(1 624)
Cash and liquid investments at the beginning of the year	63 900	65 525
- TopMed cash and liquid investments at the beginning of the year	63 900	14 314
- Amalgamated scheme cash and liquid investmentst at the beginning of the year	-	51 211
Cash and liquid investments at the end of the year	31 369	63 900

TOPMED MEDICAL SCHEME

SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

BASIS OF PREPARATION

The annual financial statements ("AFS"), from which these summarised annual financial statements are derived, have been prepared in conformity with International Financial Reporting Standards (IFRS) and in the manner required by the Medical Schemes Act of South Africa.

The Scheme adopted all new and revised accounting standards and interpretations that became effective during the current year. The adoption of these revised standards has resulted in certain disclosures but has not resulted in any changes in accounting policies.

SUMMARY OF OPERATIONS

The medical scheme environment in South Africa remains a challenging one for many reasons; not least of which is the generally depressed economic conditions. These economic conditions, exacerbated by nervousness in financial markets driven by political uncertainty have resulted in investment returns being severely negatively impacted. Total investment income at R41 799 526 is materially down on the R72 903 359 achieved in 2014. This is solely due to market returns being significantly down in 2015. This has had a marked impact on the results for 2015.

Despite the tough environment and depressed investment returns, the Scheme has again shown pleasing progress at the gross healthcare level. The marketing strategy has yielded positive results with strong membership growth; this somewhat against the industry trend where many schemes are losing members. Furthermore the Scheme has attracted younger members in a competitive environment, and the age profile has benefited from this. Membership at 31 December 2015 was 25 665 members; up from the 22 519 members at December 2014. Relevant healthcare expenditure as a percentage of gross contributions has improved to 86.3% (2014: 86.5%).

As set out in the Annual Financial Statements (AFS), the Scheme has generated a net deficit for the year of R32 415 849 (2014: R10 059 000 surplus). The Scheme's total comprehensive income for the year is a deficit of R35 858 571 (2014: R17 146 461 surplus). The difference between the net surplus and total comprehensive income is other comprehensive income. Other comprehensive income is those revenues, expenses, gains, and losses under International Financial Reporting Standards that are excluded from the net surplus. For the Scheme, this is made up of unrealised gains/(losses) on available-for-sale investments for the year to date.

KEY OPERATIONAL STATISTICS

	2015	2014
Principal membership at 31 December	25 665	22 519
Average membership for the period	24 088	21 712
Beneficiaries at 31 December	51 113	45 392
Average age of beneficiaries	36.32	37.56
Pensioner ratio (beneficiaries > 65 years)	13.1%	14.5%
Beneficiaries per member	1.99	2.02
Non-healthcare expenses as a % of gross contribution	10.9%	8.9%
Solvency ratio	86.4%	90.2%

SUBSEQUENT EVENTS

Subsequent to the year end the scheme has been advised of the termination of 2,100 Members with effect from 1 July 2016. This will have an impact on the TopMed Network Option, which the Board has noted and will be monitoring and addressing as part of the 2017 benefit review.

COMPLIANCE WITH THE MEDICAL SCHEMES ACT

The Trustees are of the opinion that there are no material deviations from the Act.

Not all contributions billed are received within 3 days as required by the Act. Any financial risk is mitigated by the credit control policies in place which minimise the risk of non-recoverability.

Claims are generally paid within 30 days of receipt but due to certain procedures such as clinical auditing, there are exceptions where certain claims are only paid after 30 days of receipt.

Section 35(8) (c) of the Medical Schemes Act 131 of 1998 states that a Medical Scheme shall not invest any of its assets in any administrator. The Scheme's investment funds are managed by independent third party asset managers which have a full discretionary mandate to invest in order to achieve their stipulated benchmark. Given this approach, the Scheme may be exposed to shares in an administrator at any stage during the year. The Scheme has made an application to the Council for Medical Schemes and received an exemption from this section of the Medical Schemes Act on 1 July 2015.

Four of the eight benefit options incurred net deficits, whereas the Act requires that all benefit options are self-supporting and financially sound. To ensure that the Scheme is not at risk, the Trustees have taken this into account in the Scheme strategy that has been communicated to the Council for Medical Schemes.

Regulation 30 (3) of the Medical Schemes Act 131 of 1998 provides limitations on a schemes assets. Due to the Scheme's investment strategy the Scheme has exceeded the allowable limit that can be placed in local equities. A certified statement from a suitably qualified professional who has no direct or indirect financial interest in the outcome or interest in the decision to apply alternative allocation percentages than those specified in Annexure B has been sent to the Council for Medical Schemes.

**TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015**

**REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF TOPMED MEDICAL
SCHEME**

To the Members of TopMed Medical Scheme

Report on the Financial Statements

We have audited the annual financial statements of TopMed Medical Scheme, set out on pages 14 to 43, which comprise the statement of financial position as at 31 December 2015, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and the notes, comprising a summary of significant accounting policies and other explanatory information.

Trustees' Responsibility for the Financial Statements

The Trustees are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these annual financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of TopMed Medical Scheme as at 31 December 2015, and its financial performance and its cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Act.

ORIGINAL DOCUMENT SIGNED

Deloitte & Touche

Per B Botes

21 April 2016

**TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015**

RELATED PARTIES

The Scheme's Administrator from 1 June 2013, Private Health Administrators (Pty) Ltd (PHA) has significant influence over the Scheme since PHA participates in and influences the financial and operating policy decisions of the Scheme, but does not control the Scheme. PHA received administration fees of R46,312,916 (2014: 39,476,784) and managed healthcare care fees of R13,233,374 (2014: R11,301,359) for the year ended 31 December 2015.

The Trustees of the Scheme are considered to be key management personnel. Contributions billed to, contributions received from, and claims paid in respect of Trustees of the Scheme during the period, were done so in accordance with the Rules of the Scheme and the provisions of the Medical Schemes Act."

**TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015**

NET INCOME ON RISK TRANSFER ARRANGEMENTS

	2015 R'000	2014 R'000
Emergency Room Company (Pty) Ltd	(139)	968
CareCross Health (Pty) Ltd	(2 161)	(643)
HIV Managed Care Solutions (Pty) Ltd t/a Careworks	(15)	(34)
	<u>(2 315)</u>	<u>291</u>

Emergency Room Company (Pty) Ltd t/a ER24 provide emergency transportation by road or air to members on all benefit options of the Scheme.

CareCross Health (Pty) Ltd provide primary care to members on the TopMed Network option of the Scheme within Carecross facilities nationwide. The capitation fee covers the provision of basic out-of-hospital day-to-day benefits including, but not limited to, chronic and acute medicines, and GP consultations. The Scheme covers these members in respect of their in-hospital benefits.

HIV Managed Care Solutions (Pty) Ltd t/a Careworks is the HIV program applicable to members on the TopMed Network option.

NET INVESTMENT INCOME

	2015 R'000	2014 R'000
-Interest income	22 049	17 414
-Return on personal medical savings account trust monies invested	2 902	2 095
-Dividend income	9 335	9 104
-Net realised gains on disposal of investments	1 581	2 374
-Net gains on investments held at fair value through profit and loss	5 933	41 589
	<u>41 800</u>	<u>72 576</u>

NET CONTRIBUTION INCOME

	2015 R'000	2014 R'000
Gross contributions	766 898	685 829
Less: Savings contributions	(87 740)	(75 887)
Net contribution income	<u>679 158</u>	<u>609 942</u>

TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

ADMINISTRATION EXPENSES

	2015 R'000	2014 R'000
Administrator's fees	46 313	39 477
Legal fees	-	174
Principal Officer fees	1 309	943
Trustees remuneration and expenses	1 352	1 435
Remuneration	1 218	83
Expenses	134	1 352
Audit fees	626	590
Association fees-Council for Medical Schemes	699	620
Office expenses	-	9
Marketing materials, advertising and staff expense	11 310	7 321
Marketing materials and advertising	11 310	4 983
Staff expenses	-	2 338
Publication costs	263	231
Actuarial consulting fees	880	1 020
Other expenses	3 025	2 691
	<u>65 777</u>	<u>54 511</u>

OUTSTANDING CLAIMS PROVISION

	2015 R'000	2014 R'000
Balance at beginning of year	25 401	20 215
Payments in respect of prior year	(24 326)	(21 306)
(Over)/under provision in prior year	1 075	(1 091)
Transfer of under/(over) provision to the statement of comprehensive income	(1 075)	1 091
Adjustment for current year	29 134	25 401
Balance at end of year	<u>29 134</u>	<u>25 401</u>

The outstanding claims provision represents the Trustees' estimate of the ultimate cost of settling all healthcare benefit costs that have occurred before the statement of financial position date, but have not been reported to the Scheme by that date. The method used to determine this provision is consistent with that used for the prior year.

**TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR
ENDED 31 DECEMBER 2015**

	TopMed Rainbow Comprehensive	TopMed Savings	TopMed Professional	TopMed Hospital	TopMed Network	TopMed Paladin Comprehensive	TopMed Active Saver	TopMed Limited	Total Scheme
2015	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Net contribution income	82 328	182 230	75 505	78 017	72 014	67 173	93 318	28 573	679 158
Relevant healthcare expenditure	(79 998)	(190 696)	(91 519)	(77 085)	(69 620)	(57 956)	(73 549)	(21 196)	(661 619)
Gross healthcare result	2 330	(8 466)	(16 014)	932	2 394	9 217	19 769	7 377	17 539
Non-healthcare expenditure	(3 578)	(22 344)	(5 440)	(11 166)	(14 661)	(4 368)	(18 529)	(3 746)	(83 832)
Net healthcare result	(1 248)	(30 810)	(21 454)	(10 234)	(12 267)	4 849	1 240	3 631	(66 293)
Net investment and other income	3 627	9 917	4 361	3 436	3 171	2 959	5 147	1 258	33 876
Net surplus/(deficit)	2 379	(20 893)	(17 093)	(6 798)	(9 096)	7 808	6 387	4 889	(32 417)
	TopMed Rainbow Comprehensive	TopMed Savings	TopMed Professional	TopMed Hospital	TopMed Network	TopMed Paladin Comprehensive	TopMed Active Saver	TopMed Limited	Total Scheme
2014	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Net contribution income	91 014	167 767	73 427	69 113	78 365	70 662	34 111	25 483	609 942
Relevant healthcare expenditure	(86 351)	(171 938)	(79 494)	(73 537)	(64 797)	(61 068)	(32 755)	(23 002)	(592 942)
Gross healthcare result	4 663	(4 171)	(6 067)	(4 424)	13 568	9 594	1 356	2 481	17 000
Non-healthcare expenditure	(3 843)	(20 239)	(5 325)	(9 896)	(14 710)	(4 566)	(6 944)	(2 907)	(68 430)
Net healthcare result	819	(24 410)	(11 392)	(14 320)	(1 142)	5 028	(5 588)	(426)	(51 431)
Net investment and other income	9 493	16 192	7 320	7 204	8 170	7 366	3 090	2 656	61 491
Net surplus/(deficit)	10 312	(8 218)	(4 072)	(7 116)	7 028	12 394	(2 499)	2 230	10 060

**TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015**

STATEMENT OF RESPONSIBILITY BY THE TRUSTEES

The Trustees are responsible for the preparation, integrity and fair presentation of the summarised annual financial statements of TopMed Medical Scheme, which have been prepared in accordance with International Financial Reporting Standards (IFRS), and in the manner required by the Medical Schemes Act of South Africa, and include amounts based on judgements and estimates made by management.

In preparing the summarised annual financial statements, the Trustees have used the most appropriate accounting policies, consistently applied and supported by reasonable and prudent judgements and estimates. The Trustees are satisfied that IFRS has been complied with where applicable.

The going concern basis has been adopted in preparing the summarised annual financial statements. The Trustees have no reason to believe that the Scheme will not be a going concern in the foreseeable future, based on forecasts and available cash resources. These summarised annual financial statements support the viability of the Scheme.

The Trustees are satisfied that the information contained in the summarised annual financial statements fairly presents the results of operations for the year and the financial position of the Scheme at year end.

The Scheme subscribes to the highest standards of governance; following relevant frameworks such as King wherever applicable.

For and on behalf of the Board:

ORIGINAL DOCUMENT SIGNED

J van Vuuren (Chairman)

N Byrne (Trustee)

B J Duffy (Principal Officer)

21 April 2016

INVESTMENT STRATEGY

The Scheme's long term investment objectives is to maximize the return on its investments at acceptable levels of risk. During 2015 the Scheme invested in various short, medium and longer term instruments to optimise these requirements. However, in line with the risk profile of the Scheme, the overall strategy was prudent, with the bulk of the portfolio in shorter-term instruments.

Net investment return on average investments (including unrealised gains or losses) of 5.5% (2014: 9.8%) was achieved during 2015.

**TOPMED MEDICAL SCHEME
SUMMARISED ANNUAL FINANCIAL STATEMENTS PREPARED FROM THE AUDITED FINANCIAL
STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015**

NOTE TO MEMBERS

For a better understanding of the financial position and the results of operations, these summarised financial statements are to be read in conjunction with the audited annual financial statements from which they were derived, which include all disclosures required by International Financial Reporting Standards ("IFRS"). These can be accessed via the Scheme's website: www.topmed.co.za.

These summarised annual financial statements have been prepared in accordance with the requirements of IFRS and in the manner required by the Medical Schemes Act of South Africa , and have been reviewed by the Scheme's independent auditors.

REGISTERED OFFICE

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Westville, 3630

POSTAL ADDRESS

PO Box 1462
Durban, 4000

TRUSTEES

J van Vuuren (Chairman), C du Plessis (Vice-Chairman), N Byrne, J Kemp, M Neethling, A Ngobese, J Viljoen

PRINCIPAL OFFICER

B J Duffy

TopMedtm

Your Plan For A Healthier Life



Contact Details

Client Services	Tel: 0860 00 21 58 International: 087 740 2899 (for calls outside SA) email: info@topmedms.co.za Fax: 086 762 4050
Hospital Pre-Authorisation	Tel: 0860 00 21 58
Chronic Medication OR Contact Mediscor directly	Tel: 0860 00 21 58 Fax: 086 762 4050 Tel: 0860 11 95 53 Fax: 086 615 1509 email: Preauth@mediscor.co.za
Case Management or Disease Management Programmes	Tel: 0860 00 21 58 Fax: 086 762 4050
HIV/Aids Management Programme	Tel: 0860 448 22 73 (0860 HIV CARE) Fax: 086 662 0282
ER24 (Emergency Assistance) If you need an ambulance or Assistance Hotline For claims enquiries	Tel: 084 124 Tel: 0861 084 124
Preferred Provider Negotiators (PPN) Website:	Tel: 0860 10 35 29 www.preferredprovider.co.za
CareWorks (Network HIV/Aids Provider)	Tel: 0860 10 11 10
Mail your claims to	TopMed Medical Scheme PO Box 1462, Durban, 4000 email: claims@topmedms.co.za
To report possible fraud	fraudtipoff@pha.co.za
Website	www.topmed.co.za
CMS- Council for Medical Schemes	Tel: 012 431 0500 Fax: 012 431 0680 email: support@medicalschemes.com Website: www.medicalschemes.com