

APPLICATION FOR REGISTRATION OF DEPENDANTS - CORPORATE AANSOEK OM REGISTRASIE VAN AFHANKLIKES - KORPORATIEF



1. APPLICANT (PRINCIPAL MEMBER) / AANSOEKER (HOOFID)

Title
Titel

Surname
Van

Full names
Volle name

Date of birth of principal member
Geboortedatum van hooflid

Language preference
Taalvoorkeur

Marital status
Huwelikstatus

Date of marriage
Datum van huwelik

ID/passport number
ID-/paspoortnommer

Gender
Geslag

2. DEPENDANTS / AFHANKLIKES

Name Naam	Surname (if different from principal member) Van (indien verskil van hooflid)	Gender Geslag	ID number (date of birth for non-SA citizens: DDMMYYYY) ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ)	Relationship* Verwantskap*
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

* The rules of the Scheme will determine admission and the applicable rates. * Die Skemareëls sal die toelating en die toepaslike tariewe bepaal.

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 hooflid.

Date of registration.
Datum van registrasie.

Are the adult dependants financially dependent on the principal member?
Is die volwasse afhanklik finansieël afhanlik van die hooflid?

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 studie aangeheg?

Do the dependants receive an income, e.g. pension, salary?
Ontvang die afhanklikes 'n inkomste, bv. pensioen, salaris?

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

Dependant 1
Afhanklike 1

Dependant 3
Afhanklike 3

Dependant 2
Afhanklike 2

Dependant 4
Afhanklike 4

3. PREVIOUS MEMBERSHIP STATUS / VORIGE LIDMAATSKAPSTATUS

Have you and/or your spouse/partner and/or dependant(s) been a member(s) or dependant(s) of a medical scheme(s)?
Was u en/of u gade/metgesel en/of afhanklike(s) 'n lid/afhanklike van 'n mediese skema(s)?

Yes/Ja No/Nee If "yes" attach termination certificate
Indien "ja" heg beëindigingsertifikaat aan

Name of scheme Naam van skema	Member number Lidmaatskapnommer	Principal member Hooflid	Dependant Afhanklike	Date from Datum vanaf	Date to Datum tot

It is important to note that proof of previous membership may prevent possible waiting periods being imposed:

The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a Dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application:

- A general waiting period of up to 3 (three) months;
- A condition-specific waiting period of up to 12 (twelve) months.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application:

- A condition-specific waiting period of up to 12 (twelve) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits; or
- In respect of any person contemplated in this sub-rule, where the previous medical scheme had imposed a general or condition-specific waiting period, and such waiting period had not expired at the time of termination, a general or condition-specific waiting period for the unexpired duration of such waiting period imposed by the former medical scheme.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of more than 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application, a general waiting period of up to 3 (three) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits.

Late Joiner Penalty (in terms of Regulation 131 of the Medical Schemes Act (Act 131 of 1998))

Late joiner penalties can be imposed on new members over the age of 35. Depending on the number of years 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 (in gevolge Regulasie 131 van die Wet op Mediese Skemas (Wet 131 van 1998))

Laataansluitingsboetes kan op nuwe lede wat ouer as 35 jaar is gehef word. Afhangende 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 glyskaal soos uiteengesit in die onderstaande tabel en word gebaseer op die totale aantal jare ná die ouderdom van 35 effektief 1 April 2001, 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

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

4. MEDICAL QUESTIONNAIRE / MEDIESE VRAELYS

Please note: Where the answer is YES, please give full details of the person concerned in the space provided. If you or any of your dependant(s) are suffering from a chronic condition, a medical report is required setting out details of the condition. If the space provided is insufficient, write the details on a separate page and attach it to this questionnaire.

Let wel: In die geval van 'n JA, moet die volle besonderhede van die betrokke persoon voorsien word in die beskikbare spasie. Indien u of enige van u afhanklikes aan 'n chroniese siektetoestand lei, word 'n mediese verslag benodig wat die besonderhede uiteensit. Indien die spasie wat voorsien word nie voldoende is nie, verskaf asseblief besonderhede op 'n afsonderlike bladsy en heg dit by hierdie vraelys aan.

Have you or any of your proposed beneficiary(-ies) received any medical advice, diagnosis, care or was treatment recommended or received for the following within the 12-month period ending on the date on which you are applying for membership? Het u of u voorgestelde begunstigde(s) in die laaste 12 maande voor hierdie aansoek om lidmaatskap enige mediese behandeling of sorg, of advies rakende enige van die volgende toestande ontvang?	Indicate with an "X" (compulsory) Dui aan met 'n "X" (verpligtend)	Name of patient Naam van pasiënt	Date diagnosed Datum gediagnoseer	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			
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. Sensory organs: sight, hearing, speech, also state spectacles and/or contact lenses Sintuie: sig, gehoor, spraak, meld brille en/of kontaklense	Yes /Ja No / Nee			
5. Respiratory system e.g. asthma, COPD Siektes van die lugweë bv. asma, KOLS	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. Urinary system, e.g. kidney problems (infections, failure, dialysis, stones) or bladder problems (infection, incontinence) Urienwagsisteem, bv. nierprobleme (infeksies, versaking, dialise en stene) of blaasprobleme (infeksie, inkontinensie)	Yes /Ja No / Nee			
9. Male reproductive system, e.g. prostate and testes problems Manlike reproduktiewe sisteem, bv. prostaat- en testesprobleme	Yes /Ja No / Nee			
10. Female reproductive system, e.g. endometriosis, menstrual problems and infertility Vroulike reproduktiewe sisteem, bv. endometriose, menstruele probleme en onvrugbaarheid	Yes /Ja No / Nee			
11. Hormone system e.g. hormone replacement therapy Hormoonstelsel bv. hormoonvervangingsterapie	Yes /Ja No / Nee			
12. Pregnancy or suspected pregnancy Swanger of vermoede van swangerskap	Yes /Ja No / Nee			
13. Nervous system e.g. paralysis, epilepsy, Parkinson's disease Senuweestelselsiektes bv. verlamming, epilepsie, Parkinson se siekte	Yes /Ja No / Nee			
14. Metabolic diseases e.g. obesity, diabetes, porphyria, thyroid problems Metaboliese siektes bv. vetsug, diabetes, porfirie, skildklierprobleme	Yes /Ja No / Nee			

	Yes / Ja	No / Nee		
15. Psychiatric or psychological treatment e.g. depression, anxiety Psigiatriese of sielkundige behandeling bv. depressie, angs				
16. Substance dependence e.g. alcohol, drugs Middelafhanklikheid bv. alkohol, dwelms				
17. Have you ever been diagnosed with cancer? Please state type and date. Is kanker ooit voorheen by u gediagnoseer? Spesifiseer tipe en datum.				
18. Operations undergone. Please state type and date. Operasies ondergaan. Spesifiseer tipe en datum.				
19. Are you and/or your dependant(s) currently being treated for a medical condition or symptoms not stipulated above? Word u en/of u afhanklike(s) tans vir 'n mediese toestand of simptome behandel wat nie bo vermeld word nie?				
20. A condition for which you and/or your dependant(s) received 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 het, bv. derdeparty eis				
21. Current medication used Huidige medisyne wat gebruik word				
22. Dental treatment Tandheilkundige behandeling				
23. Contagious diseases e.g. positive for HIV/AIDS, hepatitis B, tuberculosis Oordraagbare / aansteeklike siektes bv. positief vir MIV/VIGS, hepatitis B, tuberkulose If you and/or any of your dependants are HIV positive or have AIDS and would prefer not to disclose your and/or their HIV status on this form due to confidentiality, then you must call 012 472 6249 or send an e-mail to mhcbestmed.co.za in order to notify Bestmed of your and/or your dependant(s) that you and/or your dependants are living with HIV/AIDS. This information must be disclosed to Bestmed within seven (7) working days from the application date of your and/or your dependant(s) membership. On receipt of this request Bestmed will determine whether underwriting conditions will be applied, and if this is the case, you will receive an amended proof of membership document. Indien u en/of enige van u afhanklikes MIV-positief is, of VIGS het en verkies om nie u en/of hul MIV-status op hierdie vorm te meld nie, weens vertroulikheid, moet u 012 472 6249 skakel of 'n e-pos stuur na mhcbestmed.co.za om Bestmed in kennis te stel van u en/of u afhanklike(s) dat u en/of u afhanklikes met MIV/Vigs saamleef. Hierdie inligting moet binne sewe (7) werksdae vanaf die datum van u aansoek vir u en/of u afhanklike(s) se lidmaatskap aan Bestmed gemeld word. By ontvangs van die versoek sal Bestmed bepaal of onderskrywingstoestande toegepas sal word, en indien dit die geval is, sal u 'n dokument met 'n gewysigde bewys van lidmaatskap ontvang.	Yes / Ja	No / Nee		
24. 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 gekonsulteer in die laaste 12 maande nie?	Yes / Ja	No / Nee		

Please note: If you are currently using chronic medication, also complete the separate application form available on the website, or call 086 000 2378. Let wel: Indien u tans chroniese medisyne gebruik, voltooi ook die afsonderlike aansoekvorm wat beskikbaar is op die webwerf, of skakel 086 000 2378.

