

# CORPORATE APPLICATION FORM KORPORATIEWE AANSOEKVORM



## 1. APPLICANT (PRINCIPAL MEMBER) / AANSOEKER (HOOFLID)

|   |   |  |  |                      |                      |                      |                      |                      |                      |                      |                              |                      |                      |                      |                      |                      |                      |
|---|---|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title<br>Titel                          | <input type="text"/>  | Bestmed Join date<br>Bestmed aanvangsdatum | <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"/> |                      |                      |                      |                      |
| First Name<br>Eerste naam               | <input type="text"/>  |  |  |                      |                      |                      |                      |                      |                      |                      |                              |                      |                      |                      |                      |                      |                      |
| Middle Name<br>Middel Naam              | <input type="text"/>  |  |  |                      |                      |                      |                      |                      |                      |                      | Initials<br>Voorletters      | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |
| Surname<br>Van                          | <input type="text"/>  |  |  |                      |                      |                      |                      |                      |                      |                      |                              |                      |                      |                      |                      |                      |                      |
| Gender<br>Geslag                        | <input type="checkbox"/> M  | <input type="checkbox"/> F                 | ID number<br>ID-nommer                                   | <input type="text"/> |                      |                      |                      |                      |                      |                      |                              |                      |                      |                      |                      |                      |                      |
| Passport Number<br>Paspoortnommer       | <input type="text"/>  |  |  |                      |                      |                      |                      |                      |                      |                      |                              |                      |                      |                      |                      |                      |                      |
| Preferred language<br>Taalvoorkeur      | <input type="checkbox"/> Eng <input type="checkbox"/> Afr           |  | Date of birth<br>Geboortedatum                           | <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<br>Huweliksstatus        | <input type="checkbox"/> Unmarried <input type="checkbox"/> Married |  | Date of marriage/divorce<br>Datum van huwelik/egskeuding | <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"/> |                      |                      |                      |                      |
| Current employer<br>Huidige werkgever   | <input type="text"/>  |  |  |                      |                      |                      |                      |                      |                      |                      |                              |                      |                      |                      |                      |                      |                      |
| Date of Employment<br>Aanstellingsdatum | <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"/> |                      |                      |                      |                      |
|   |   |  |  |                      |                      |                      |                      |                      |                      |                      | Employee Number<br>Werknemer | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## 2. BENEFIT OPTION / VOORDEELOPSIE

### Benefit option (indicate with 'X') / Voordeelopsie (dui aan met 'X')

|       |                          |                    |                          |       |                          |            |                          |
|-------|--------------------------|--------------------|--------------------------|-------|--------------------------|------------|--------------------------|
| Beat1 | <input type="checkbox"/> | Beat1N (Network) † | <input type="checkbox"/> | Pace1 | <input type="checkbox"/> | Pulse1 * ‡ | <input type="checkbox"/> |
| Beat2 | <input type="checkbox"/> | Beat2N (Network) † | <input type="checkbox"/> | Pace2 | <input type="checkbox"/> | Pulse2 ‡   | <input type="checkbox"/> |
| Beat3 | <input type="checkbox"/> | Beat3N (Network) † | <input type="checkbox"/> | Pace3 | <input type="checkbox"/> |            |                          |
| Beat4 | <input type="checkbox"/> |                    |                          | Pace4 | <input type="checkbox"/> |            |                          |

Basic salary per anum/  
Jaarlikse basiese salaris R

### Income bracket if you are joining on the Pulse 1 Option/ Inkomste kategorie as u aansluit op die Pulse 1 opsie:

|                                   |   |  |
|-----------------------------------|---|--|
| 0 - R 5 500<br>monthly/maandeliks | R 5 501 - R 8 500<br>monthly/maandeliks | Above/Bo R 8 501<br>monthly/maandeliks |
|-----------------------------------|---|--|

\* Please note that you will be registered on the highest interval, pending confirmation from your HR.  
\* Let wel dat u op die hoogste interval geregistreer sal word, tot bevestiging van u Personeelkontoor ontvang word.

|  |                     |
|--|---------------------|
| † Take note: If any of the BeatN options is selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following:<br>Let wel: Indien enige van die BeatN opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die doeltreffendheidsafslag wat op die BeatN opsies van toepassing is, neem ek kennis en stem toe tot die volgende: | Initial<br>Parafeer |
| 1. I am limited to a hospital network and designated service providers as determined by the Scheme.<br>1. Ek is beperk tot 'n hospitaalnetwerk en aangewese diens verskaffers soos deur die Skema bepaal.  |                     |
| 2. I am aware of the location of the nearest above-mentioned network hospital providers.<br>2. Ek is bewus van die naaste bovermelde hospitaal netwerkverskaffers se ligging.  |                     |
| 3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules.<br>3. As ek uit vrye keuse nie van die voormelde netwerkverskaffers gebruik maak nie, is ek bewus daarvan en stem ek toe dat ek verantwoordelik gehou sal word vir 'n bybetaling in gevolg die Skemareëls.   |                     |
| 4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year.<br>4. Ek is bewus dat hierdie 'n unieke voordeelopsie is en dat ek nie gedurende die jaar van 'n BeatN-opsie na 'n standaard Beat-opsie, in gevolg van die Skemareëls, mag skuif nie.   |                     |

|   |                     |
|---|---------------------|
| ‡ Take note: If any of the Pulse options is selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following:<br>Let wel: Indien enige Pulse opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die gekontrakteerde aangewese diensverskaffersnetwerk wat betrekking het tot die Pulse opsies, neem ek kennis en stem toe dat my gekose unieke voordeelopsie onderhewig is aan die volgende: | Initial<br>Parafeer |
| 1. Primary care service provider network<br>1. Primêresorg diensverskaffersnetwerk  |                     |
| 2. Specialist network<br>2. Spesialisnetwerk  |                     |
| 3. Hospital network<br>3. Hospitaalnetwerk  |                     |

### 3. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER) / ADRES EN KONTAKBESONDERHEDE (HOOFID)

Email Address  
E-pos adres

Telephone number (w)  
Telefoonnommer (w)

Cell phone number  
Selfoonnommers

Fax number  
Faksnommer

Is your physical address the same as your postal address?  
Is u fisiese adres dieselfde as u posadres?

Yes/Ja No/Nee

Please take note that all future hard-copy correspondence will be sent to the postal address provided below.  
Let wel dat alle toekomstige hardekopie korrespondensie gestuur sal word na die posadres soos onder verskaf

#### Physical Address Details/Fisiese adres besonderhede

Address  
Adres

Street  
Straat

Suburb  
Voorstad

Town/City  
Dorp/Stad

Postal Code  
Poskode

#### Postal Address Details/ Pos adres besonderhede (Domicilium citandi et executandi)

Address  
Adres

Street  
Straat

Suburb  
Voorstad

Town/City  
Dorp/Stad

Postal Code  
Poskode

Total member cards required  
Aantal lidmaatskapkaarte benodig

Until receiving your membership card/s via post, you are able to download your e-card via the Bestmed app.  
Tot tyd en wyl u lidmaatskap kaart/e u bereik, kan u gerus u e-kaart aflaai via die Bestmed-app.

### 4. THE FOLLOWING DOCUMENTS ARE COMPULSORY / DIE VOLGENDE DOKUMENTE IS 'N VEREISTE

|  |   |
|--|---|
| If a child is older than 21, proof of registration at a tertiary institution (up to the age of 26) is required in order to qualify as a child dependant. If a child is older than 21 and unemployed, a declaration statement is required and adult rates will apply. | As 'n kind ouer as 21 is, word 'n bewys van registrasie by 'n tersiêre instelling (tot op ouderdom van 26) verlang om as kinderafhanklike te kwalifiseer. Indien 'n kinder-afhanklike ouer as 21 jaar en werkloos is, word 'n beëdigde verklaring tot die effek benodig. Volwasse-afhanklike tariewe sal van toepassing wees. |
| In the case of extended family (parent, brother or sister only) - affidavit of dependant(s) with regards to dependency on principal member.  | In die geval van uitgebreide familie (slegs ouer, broer of suster) - beëdigde verklaring van afhanklike(s) met betrekking tot afhanklikheid van hooflid.  |
| Proof of previous medical scheme membership must be provided; this applies to members and all dependants (NB: Not a membership card). The aforesaid proof must contain the period and type of cover.   | Bewys van Lidmaatskap van vorige mediese skemas; dit geld vir lede sowel as alle afhanklikes (LW: Nie 'n lidmaatskapkaart nie). Die bogenoemde bewys moet die soort en tydperk van dekking insluit.   |
| In the case of a handicapped child dependant, a report from a medical practitioner.  | In die geval van 'n gestremde kinderafhanklike, 'n verslag van 'n mediese praktisyn.  |

### 5. YOUR BANKING DETAILS / U BANKBESONDERHEDE

#### CLAIMS REFUND BANKING DETAILS / EISE TERUGBETALINGS BANKBESONDERHEDE

Bank  
Bank

Branch  
Tak

Branch code  
Takkode

Type of account  
Tipe rekening

Cheque/current  
Tjek/lopende

Savings  
Spaar

Account number  
Rekeningnommer

Name of the account holder  
Naam van Rekeninghouer

If account holder differs to Principal member, please confirm Account holder ID number  
Indien die rekeninghouer verskil van die hooflid, bevestig asseblief rekening houer ID nommer

Signature of applicant/  
Handtekening van aansoeker

Signature of account holder  
(if different from applicant)/  
Handtekening van getuie (indien  
verskillend van aansoeker)

## 6. DEPENDANTS / AFHANKLIKES

|              |   |                  |   |
|--------------|---|------------------|---|
| Name<br>Naam | Surname (if different from principal member)<br>Van (indien verskil van hoofid) | Gender<br>Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY)<br>ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 1.           |   | M   F            |   |

### Relationship/Verwantskap

Spouse     Partner/Fiance/common law spouse (complete declaration)     Child (if difference in surname, complete declaration)   
 Gade     Lewensmaat/verloofde/gemeenregtelike gade (Voltooi verklaring)     Kind (Indien verskil in van, voltooi verklaring)

Other please specify: (Affidavit/legal documents and proof of income required)     Dependant contact number   
 Ander: Spesifiseer asseblief: (Beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)     Afhanklike kontak nommer

|              |   |                  |   |
|--------------|---|------------------|---|
| Name<br>Naam | Surname (if different from principal member)<br>Van (indien verskil van hoofid) | Gender<br>Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY)<br>ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 2.           |   | M   F            |   |

### Relationship/Verwantskap

Spouse     Partner/Fiance/common law spouse (complete declaration)     Child (if difference in surname, complete declaration)   
 Gade     Lewensmaat/verloofde/gemeenregtelike gade (Voltooi verklaring)     Kind (Indien verskil in van, voltooi verklaring)

Other please specify: (Affidavit/legal documents and proof of income required)     Dependant contact number   
 Ander: Spesifiseer asseblief: (Beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)     Afhanklike kontak nommer

|              |   |                  |   |
|--------------|---|------------------|---|
| Name<br>Naam | Surname (if different from principal member)<br>Van (indien verskil van hoofid) | Gender<br>Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY)<br>ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 3.           |   | M   F            |   |

### Relationship/Verwantskap

Spouse     Partner/Fiance/common law spouse (complete declaration)     Child (if difference in surname, complete declaration)   
 Gade     Lewensmaat/verloofde/gemeenregtelike gade (Voltooi verklaring)     Kind (Indien verskil in van, voltooi verklaring)

Other please specify: (Affidavit/legal documents and proof of income required)     Dependant contact number   
 Ander: Spesifiseer asseblief: (Beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)     Afhanklike kontak nommer

|              |   |                  |   |
|--------------|---|------------------|---|
| Name<br>Naam | Surname (if different from principal member)<br>Van (indien verskil van hoofid) | Gender<br>Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY)<br>ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 4.           |   | M   F            |   |

### Relationship/Verwantskap

Spouse     Partner/Fiance/common law spouse (complete declaration)     Child (if difference in surname, complete declaration)   
 Gade     Lewensmaat/verloofde/gemeenregtelike gade (Voltooi verklaring)     Kind (Indien verskil in van, voltooi verklaring)

Other please specify: (Affidavit/legal documents and proof of income required)     Dependant contact number   
 Ander: Spesifiseer asseblief: (Beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)     Afhanklike kontak nommer

|              |   |                  |   |
|--------------|---|------------------|---|
| Name<br>Naam | Surname (if different from principal member)<br>Van (indien verskil van hoofid) | Gender<br>Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY)<br>ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 5.           |   | M   F            |   |

### Relationship/Verwantskap

Spouse     Partner/Fiance/common law spouse (complete declaration)     Child (if difference in surname, complete declaration)   
 Gade     Lewensmaat/verloofde/gemeenregtelike gade (Voltooi verklaring)     Kind (Indien verskil in van, voltooi verklaring)

Other please specify: (Affidavit/legal documents and proof of income required)     Dependant contact number   
 Ander: Spesifiseer asseblief: (Beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)     Afhanklike kontak nommer

|              |   |                  |   |
|--------------|---|------------------|---|
| Name<br>Naam | Surname (if different from principal member)<br>Van (indien verskil van hoofid) | Gender<br>Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY)<br>ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 6.           |   | M   F            |   |

### Relationship/Verwantskap

Spouse     Partner/Fiance/common law spouse (complete declaration)     Child (if difference in surname, complete declaration)   
 Gade     Lewensmaat/verloofde/gemeenregtelike gade (Voltooi verklaring)     Kind (Indien verskil in van, voltooi verklaring)

Other please specify: (Affidavit/legal documents and proof of income required)     Dependant contact number   
 Ander: Spesifiseer asseblief: (Beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)     Afhanklike kontak nommer



## 9. 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. *The examples listed under each condition below is not intended as a full list of conditions, disorders or symptoms, but only serve as examples.*

**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 siektoestand 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. *Die voorbeelde wat onder by die toestande geelys is nie 'n volledige lys van toestande, versteurings of simptome nie, maar dien slegs as voorbeelde.*

| Have you or any of your proposed beneficiary(-ies) received any medical advice, diagnosis, care or was recommended for treatment? Please clearly specify diagnosed condition in relevant tables. Non-disclosure of medical treatment/ conditions will result in your membership being terminated.<br>Het u of u voorgestelde begunstigde(s) enige mediese behandeling of sorg, of advies rakende enige toestande ontvang? Dui asseblief duidelik die gediagnoseerde toestand aan in die verwante tabelle. | Indicate with an "X" (compulsory)<br>Dui aan met "X" in "X" (verpligtend) | Name of patient<br>Naam van pasiënt | Date diagnosed<br>Datum gediagnoseer | Last treatment date<br>Laaste datum van behandeling | Level/stage of illness, condition, nature of treatment, medicine, dosage and hospitalisation<br>Graad/stadium van siekke toestand, aard van behandeling, medisyne, dosis en hospitalisasie |
|---|---|-------------------------------------|--------------------------------------|---|--|
| 1. Congenital physical deviations e.g. bat ears, valvular heart disease<br>Kongenitale fisiese afwykings bv. bakore, hartklepsiektes  | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| 2. Abnormality of skin (including allergies) e.g. eczema, psoriasis, acne<br>Velabnormalliteit (insluitende allergieë) bv. ekseem, psoriase, aknee  | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| 3. Deviations and problems in skeleton, joints and muscles e.g. arthritis, back problems<br>Skelet-, gewrigs- en spierafwykings en probleme bv. artritis, rugprobleme   | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| 4. Sensory organs: sight, hearing, speech, also state spectacles and/or contact lenses<br>Sinuities: sig, gehoor, spraak, meld brille en/of kontaklenne   | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| 5. Respiratory system e.g. asthma, COPD<br>Siektes van die lugweë bv. asma, KOLS  | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| 6. Cardio-vascular systems e.g. hypertension, high cholesterol, heart failure, thrombosis<br>Siektes van die kardiovasculêre stelsel bv. hipertensie, hoë cholesterol, hartversaking, trombose  | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| 7. Digestive system e.g. hiatus hernia, stomach ulcer, spastic colon, gallstones<br>Spysverteringstelselsiektes bv. hiatus hernia, maagseer, spastiese kolon, galstene  | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| 8. Urinary system, e.g. kidney problems (infections, failure, dialysis, stones) or bladder problems (infection, incontinence)<br>Urienwagsisteem, bv. nierprobleme (infeksies, versaking, dialise en stene) of blaasprobleme (infeksie, inkontinensie)  | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| <b>9. For Males only / Alleenlik op Manlikke begunstigdes</b>   |   |                                     |                                      |   |  |
| Male reproductive system, e.g. prostate and testes problems<br>Manlike reproduktiewe sisteem, bv. prostaat- en testesprobleme   | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| Hormone system e.g. hormone replacement therapy<br>Hormoonstelsel bv. hormoonvervangingsterapie   | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| <b>10. For Females only / Alleenlik op vroulike begunstigdes</b>  |   |                                     |                                      |   |  |
| Pregnancy or suspected pregnancy<br>Swanger of vermoede van swangerskap   | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |
| Female reproductive system, e.g. endometriosis, menstrual problems and infertility<br>Vroulike reproduktiewe sisteem, bv. endometriose, menstruele probleme en onvrugbaarheid   | Yes / No /<br>Ja / Nee  |                                     |                                      |   |  |

|   |                      |          |  |  |  |  |
|---|----------------------|----------|--|--|--|--|
| 11. Metabolic diseases e.g. obesity, diabetes, porphyria, thyroid problems<br>Metaboliese siektes bv. vetsug, diabetes, porfirie, skildklierprobleme  | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 12. Psychiatric or psychological treatment e.g. depression, anxiety, sleeping disorders, counselling<br>Psigiatriese of sielkundige behandeling bv. depressie, angs, slaapversteurings, berading  | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 13. Nervous system e.g. paralysis, epilepsy, Parkinson's disease, headaches, stroke<br>Senuweestelselsiektes bv. Verlamming, epilepsie, Parkinson se siekte, hoofpyne, beroerte   | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 14. Substance dependence e.g. alcohol, drugs, rehabilitation<br>Middelafhanklikheid bv. alkohol, dwelms, rehabilitasie  | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 15. Have you ever been diagnosed with cancer, a growth or tumour of any kind?<br>Please state type and date.<br>Is kanker, 'n vergroeiing of gewas van enige soort ooit voorheen by u gediagnoseer? Spesifiseer tipe en datum.  | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 16. Dental treatment<br>Tandheelkundige behandeling   | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 17. Ear, Nose and throat related treatment, e.g. grommets, nasal surgery, tonsils<br>Oor, neus en keel behandeling, bv. oorpypies, neus chirurgie, mangels  | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 18. Operations undergone. Please state type and date.<br>Operasies ondergaan. Spesifiseer tipe en datum.  | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 19. Are you and/or your dependant(s) currently being treated for a medical condition or symptoms not stipulated above?<br>Word u en/of u afhanklike(s) tans vir 'n mediese toestand of simptome behandel wat nie bo vermeld word nie?   | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 20. Current medication used, not yet stated above<br>Huidige medisyne wat gebruik word en nog nie hier bo gemeld is nie   | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 21. Contagious diseases e.g. positive for HIV/AIDS*, hepatitis B, tuberculosis<br>Oordraagbare / aansteeklike siektes bv. positief vir MIV/AIDS*, hepatitis B, tuberkulose  | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| <p>* 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 <a href="mailto:mhc@bestmed.co.za">mhc@bestmed.co.za</a> 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.</p> |                      |          |  |  |  |  |
| 22. 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<br>'n Toestand waarvoor u en/of u afhanklike(s) 'n uitbetaling en/of gewaarborgde mediese behandeling van welke aard ookal ontvang het, bv. derdeparty eis   | Yes / Ja<br>No / Nee | No / Nee |  |  |  |  |
| 23. 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?<br>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<br>No / Nee | No / Nee |  |  |  |  |

\* 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 [mhc@bestmed.co.za](mailto:mhc@bestmed.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.

|  |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 24. Are you or any of your dependant(s) expecting any planned surgery/ hospitalisation/treatment within the next 12 months?<br>Verwag u of enige van u afhanklike(s) om beplande chirurgie/hospitalisasie/ behandeling binne die volgende 12 maande te ontvang?  | Yes / Ja | No / Nee |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Please note: if you are currently using chronic medicine, also complete the separate chronic application form available on the website, or call 086 000 2378. Let wei: Indien u tans chroniese medisyne gebruik, voltooi ook die afsonderlike chroniese aansoekvorm wat beskikbaar is op die webwerf, of skakel 086 000 2378.</b> |          |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Important:** It remains the responsibility of the applicant to make full disclosure of the required information pertaining to the applicant and/or all the dependants. Should you wish to add a medical report from your family practitioner you are welcome to do so. The Medical Schemes Act makes provisions for a membership to be terminated where non-disclosure of material information is proven and the law does not recognise ignorance as an excuse. Your signature to the application form indicates, amongst others, that you understand the terms and conditions of membership, and that the information furnished in the application form is true and correct. If you are unsure about any of the questions, please do not hesitate to contact Bestmed's Contact Centre.

**Belangrik:** Dit bly die verantwoordelikheid van die aansoeker om die vereiste inligting ten opsigte van alle afhanklikes en/of die aansoeker, volledig openbaar te maak. Indien u wil, is u welkom om 'n mediese verslag, van u gesins praktisyn, by te voeg. Die Wet op mediese skemas bepaal dat die Skema die reg het om lidmaatskap te beëindig indien nie alle vereiste inligting openbaar gemaak was nie. Onkunde sal nie as geldige verskoning aanvaar word nie. U handtekening op die aansoekvorm dui aan, onder andere, dat u die terme en voorwaardes van lidmaatskap verstaan, en dat die inligting in die aansoekvorm verskaf, waar en korrek is. Indien u onseker is oor enige van die vrae, moet asseblief nie huiwer om Bestmed se kontak sentrum te kontak nie.

I/ek

(principal member name and surname) declare that all information declared above is true and correct. (hooflid naam en van) verklaar dat alle inligting, soos hierbo verklaar, is waar en korrek.

Signed by me  
Onderteken deur my

Signature of principal member/Handtekening van hooflid

on this / op die   day of / dag van   month/maand   Y Y Y Y Y Y

Initial of applicant:  
Paraaf van aansoeker:

## 10. PREVIOUS MEMBERSHIP STATUS / VORIGE LIDMAATSKAPSTATUS

Please supply previous membership certificates, from a South African registered medical scheme, as relevant proof of previous medical aid cover. This submission of previous medical aid certificates will ensure correct and relevant underwriting is placed on your new profile.

Verskaf asseblief vorige lidmaatskap sertifikate, van 'n Suid-Afrikaanse geregistreerde mediese skema, as bykomende bewyse van vorige mediese fonds dekking. Hierdie voorlegging van vorige mediese sertifikate sal verseker dat korrekte en toepaslike onderskrywing op jou nuwe profiel geplaas word.

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/<br>Ja | No/<br>Nee |
|------------|------------|

If "yes" attach termination certificate  
Indien "ja" heg beëindigingsertifikaat aan

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

**It is important to note that proof of previous membership may prevent possible waiting periods being imposed:  
Dit is belangrik om daarop te let dat bewys van vorige lidmaatskap, moontlike wagtydperke kan voorkom:**

Bestmed will do NO risk underwriting in respect of staff of participating employers who apply for registration as principal members within 90 days of the date of permanent appointment, marriage or divorce.

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 (during this general waiting period no claims will be funded by the Scheme)
- 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 **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.

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.

**Bestmed will implement waiting periods and evaluate and/or investigate information and membership in all cases where adverse selection is exercised to obtain specific 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 extended family over the age of 35. Depending on the number of years the dependant did not belong to a medical scheme, a late joiner penalty will be added to the dependant'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 dependant 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 uitgebreide gesin wat ouer as 35 jaar is gehef word. Afhangende van die aantal jare waartydens die afhanklike 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 afhanklike nie aan 'n mediese skema behoort het nie.







## 14. STATEMENT BY EMPLOYER / VERKLARING DEUR WERKGEWER

To be completed by Employer (**ALL FIELDS COMPULSORY**) / Moet deur werkgewer voltooi word (**ALLE VELDE VERPLIGTEND**)

Employer name  
Naam van werkgewer

### HR practitioner details:

#### Menslikehulpbronne-praktisyn besonderhede:

Surname  
Van

Full names  
Volle name

E-mail  
E-pos

Telephone number  
Telefoonnommer

State that the applicant/Verklaar dat die aansoeker:

a. Has been **permanently** employed by us since/Is **permanent** in ons diens is vanaf

b. Bestmed membership to start/Bestmed lidmaatskap aanvangsdatum

c. Department/Departement

d. Personnel number/Personeelnommer

e. Total monthly contribution to be paid to Bestmed

Remarks/Kommentaar \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of HR practitioner/Handtekening van MH-praktisyn

Date  
Datum

Name stamp of employer/Naamstempel van werkgewer

