

Permission to change banking details 2017

Broker House Name: Aon South Africa (Pty) Ltd

Broker House Code: 1004785125

Broker Code: 1020031108

Contact us

Tel (Members): 0860 99 88 77, Tel (Health partner): 0860 44 55 66, PO Box 784262, Sandton, 2146, www.discovery.co.za

Who we are

The Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme. This is a non-profit organisation, registered with the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

This is a form to change banking details.

What you must do

Step 1: Fill in the form.

Step 2: Sign the application form.

Step 3: You need to submit the following with this form:

- Copy of ID/ Passport (of the main member and the accountholder if the main member is not the accountholder)
- Bank statement/letter of confirmation from the bank (not older than 3 months).

When you sign this application, you confirm that the information provided is true and correct.

Alternatively, you can update your claims payment details by visiting www.discovery.co.za

How to complete this form

- Please complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Once it is complete, please fax the form to **011 539 2766** or email it to **administration@discovery.co.za**

1. What would you like to change?

Debit order details Claim payment details Both

2. Main member details

Membership number _____

ID number _____

Title _____

Initials _____

Surname _____

3. New account details for debit orders – Accountholder details

Please note that we cannot accept credit card details.

When should we start debiting the new banking details?

Y	Y	Y	Y	M	M	D	D
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Please tell us why you are updating your debit order banking details by choosing the correct option:

1. **Transfer of membership to private capacity** (if you are paying your full contributions) from your personal bank
2. **Normal debit order details update**
3. **Subsidy bank details** (Only if you pay a portion of your contribution and the balance is paid by your employer)

Accountholder _____

Bank _____

Account number _____

Type of account Cheque Savings

Branch code _____ Branch name _____

4. New account details for Claims Payments

Same as debit order details

When should we start using the new banking details?

Y	Y	Y	Y	M	M	D	D
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Please note that we cannot accept credit card details.

Accountholder _____

Bank _____

Account number _____

Type of account Cheque Savings

Branch code _____

Branch name _____

Your banking details will only be changed if:

- 4.1. All the relevant fields on this request form have been filled in.
- 4.2. The request has been signed by the main member.
- 4.3. Documentation required in step 3 and 4 of "What you must do" accompanies this form.


I, _____ (first and last name), as the main member, give Discovery Health Medical Scheme permission to change my banking details.

Signed at (town or city) _____

on

Y	Y	Y	Y	M	M	D	D
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Signature of main member _____

 Please do not sign incomplete forms.

Account holder (bank account to be debited)

1. I confirm that I have the right to give Discovery Health Medical Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Discovery Health Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise Discovery Health Medical Scheme to verify the banking details as provided above for the purposes of setting up the debit order, in need.
3. I confirm that the account listed above is compliant with the Financial Intelligence Centre Act ("FICA").

Signature of bank
accountholder _____

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

Acknowledgement of appointment

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

My ID and membership number

I have also been informed that the commission due to Aon, payable by the medical scheme as part of my monthly contribution, is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT).

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

Signature

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

I give consent for the disclosure of information about me.

Membership number

Medical Scheme Aon Broker Code

Title Initials Surname

First name(s) (as per identity document)

ID or passport number

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

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

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

Yes No

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

Signature