

## Request to change HealthSaver

2018

### Important notes:

- As a Momentum Health member, you can choose to make use of additional products available from Momentum Group (Momentum), a division of MMI Group Limited, to seamlessly enhance your medical aid. Please note that Momentum is not a medical scheme, and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.
- Please submit the completed and signed form via fax to **031 580 0613** or email at **membership@momentumhealth.co.za**.

### Section 1: Principal member's details

Membership number	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/> First name <input type="text"/>
Surname	<input type="text"/>
ID/Passport number	<input type="text"/>

### Section 2: Contract details

#### Section 2.1: Free HealthSaver account

- Tick this box if you would like to cancel your monthly HealthSaver contributions, but would like to continue using your free HealthSaver account. If you do not wish to continue contributing to HealthSaver, you only need to complete Section 2.1 and Section 7.

#### Section 2.2: HealthReturns

- Tick this box if you want your HealthReturns to be paid into your HealthSaver account.  
(And be eligible for HealthReturns Booster. If you do not select this option, HealthReturns will be paid into your bank account.)

#### Section 2.3: Monthly HealthSaver

- Tick this box if you want to start contributing to HealthSaver, or if you want to change the monthly contribution you pay. Complete the monthly amount you wish to contribute below. Please also complete Section 4, Section 5 and Section 7.

Monthly amount  R  Minimum of R100 per month

You can choose to contribute any amount in addition to the regular monthly payments. These additional amounts can be paid via Electronic Fund Transfer (EFT).

#### Section 2.4: Apply for credit

- Tick this box if you want to apply for credit on the above monthly amount and complete the credit assessment and credit provider information below.

#### Credit assessment inventory (complete if you are applying for credit on your monthly contributions.)

Joint gross monthly household income subtotal	R <input type="text"/>
Joint monthly household expenses	
a) Discretionary expenses (e.g. movies, eating out)	R <input type="text"/>
b) Contractual expenses (e.g. car repayments, retail accounts)	R <input type="text"/>
Expenses subtotal	R <input type="text"/>
<b>Net monthly income</b>	<b>R <input type="text"/></b>

#### Credit provider information

In terms of the regulations of the National Credit Act 34 of 2005, the following information must be supplied.

NCR number	NCR CP 173
Name of credit provider	MMI Group Limited
Physical Address	268 West Avenue Centurion Gauteng 0157
Contact number	0860 11 78 59 Weekdays 08:00 to 17:00

### Section 3: Claims payment

#### In-hospital claims:

Tick this box if you do not want any shortfalls in your in-hospital claims to be paid automatically from your available HealthSaver funds.

#### Day-to-day claims:

You can choose how your day-to-day claims will be paid from your available HealthSaver funds.

Tick this box if you want your claims to be paid in full

Tick this box if you want your claims to be paid at up to a maximum of 200% of the Momentum Health Rate

### Section 4: Banking details for payment of contributions

(Please do not provide credit card details. Momentum is not allowed to record your credit card details)

Name of account holder	<input type="text"/>											
Name of bank	<input type="text"/>											
Account number	<input type="text"/>											
Account type	Current/Cheque	Savings	Transmission									
Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Branch name	<input type="text"/>			

### Section 5: Authorisation for contribution collection

#### Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay per complementary product. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified.

If an **individual's** account is to be debited:

If a third party's account details are used, please provide a copy of their ID.

<b>Signature of account holder</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If a **company** account is to be debited:

- I/we warrant that the member referred to in this application is an employee of our organisation.
- Momentum may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

Name	<input type="text"/>											
Position in company	<input type="text"/>											

<b>Signature of account holder/ Authorised signatory</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Company stamp</b>	<input type="text"/>											

### Section 6: Terms and conditions

Please read the clause below carefully. It contains provisions that may impact on your rights.

1. I agree to be bound by the Rules and Conditions that apply to the HealthSaver and the terms and conditions of the loan agreement as set down in the Rules and Conditions.
2. I have been provided with a copy of the Rules and Conditions and I have been given an opportunity to consider, familiarise myself with and agree to the Rules and Conditions.
3. I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the Rules and Conditions.
4. I acknowledge that:
  - i In doing so, Momentum acts as my agent
  - ii I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
  - iii I will direct all enquiries in respect of the HealthSaver to Momentum

I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.

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## Section 6: Terms and conditions (continued)

### Credit granting for application

1. I confirm that the above information is true and complete.
  2. I understand that the information provided under the Credit Assessment Inventory will yield a net income figure and that this will determine whether credit will be granted.
  3. I understand that the maximum credit I can qualify for is R25 200.
  4. I agree that ad-hoc contributions and rebates will not affect the credit advanced to me.
  5. I agree that my application is subject to verification, processing and screening and that Momentum may decline an application based on these checks. In addition I give consent that upon acceptance my application will still be subject to continuous screening which may lead to the termination of my application or a reduction in the amount advanced to me when necessary.
  6. Momentum reserves the right to share my payment behaviour with various credit bureaus and I understand that this will have an impact on my credit worthiness.
  7. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, offset any debt owing by me to Momentum Health or any Momentum product from funds available in the HealthSaver;
  8. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, hand over my unpaid accounts in respect of the HealthSaver for collection and listing on the credit bureaus.
  9. I understand that credit granted will be subject to a variable interest rate.
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## Section 7: Declaration

I, the undersigned, agree to be bound by the rules and conditions applicable to HealthSaver as set out in the Terms and Conditions of the original contract.

Investor name

Start date

Signature

Date