

PLEASE MAIL COMPLETED FORM TO: : E-MAIL TO:  
Fedhealth Medical Scheme : update@fedhealth.co.za  
Private Bag X3045 :  
Randburg :  
2125 :

### SECTION 1: INTERMEDIARY This section to be signed by the broker / agent

Broker code	<input type="text"/>	FSCA number	<input type="text"/>
Name of brokerage/ broker/ agent	<input type="text"/>		
Telephone number (W)	( <input type="text"/> )	Cell	<input type="text"/>
E-mail address	<input type="text"/>		
Broker's / agent's signature .....	Date		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### SECTION 2: EMPLOYER DETAILS

Company name	<input type="text"/>		
Legal entity	<input type="text"/>		
Company registration number	<input type="text"/>		
<b>Contact person</b>			
Title	<input type="text"/>	Initials	<input type="text"/> First name <input type="text"/>
Surname	<input type="text"/>		
ID number	<input type="text"/>	Gender	<input type="text"/> M <input type="text"/> F
Business postal address	<input type="text"/>		
	<input type="text"/>	Postal	<input type="text"/> c <input type="text"/> o <input type="text"/> d <input type="text"/> e
Business street address	<input type="text"/>		
	<input type="text"/>	Postal	<input type="text"/> c <input type="text"/> o <input type="text"/> d <input type="text"/> e
Telephone (W)	( <input type="text"/> )	Fax	( <input type="text"/> )
E-mail address	<input type="text"/>		
Position in company	<input type="text"/>		
Type of business	<input type="text"/>		
	COIDA (workmen's compensation) registration number	<input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>Additional contact person</b>			
Title	<input type="text"/>	Initials	<input type="text"/> First name <input type="text"/>
Surname	<input type="text"/>		
ID number	<input type="text"/>	Gender	<input type="text"/> M <input type="text"/> F
Telephone (W)	( <input type="text"/> )	Fax	( <input type="text"/> )
E-mail address	<input type="text"/>		
Position in company	<input type="text"/>		

**SECTION 3: CHOICE OF SCHEME OPTION** *Submit a completed enrolment form for each member that indicates the option they have selected*

Starting date for the company

Do you require your contribution (excluding MediVault instalments) billing to reflect the subsidy amounts?

If yes, please provide information below

Principal member subsidised?

If yes, value of subsidy

Dependants subsidised?

If yes, value of subsidy

Contribution collection in ADVANCE

Total number of subsidised dependants

Contribution collection in ARREARS

Total number of non-subsidised dependants

**SECTION 4: BANKING DETAILS FOR CONTRIBUTION PAYMENTS**

I hereby instruct Fedhealth to electronically collect contributions and to deposit refunds, using information provided below. Should a collection date fall on a public holiday, the Scheme reserves the right to collect prior or after the holiday. I understand that transfers cannot be done to and from credit card accounts. I hereby authorise Fedhealth to reverse any erroneous transactions and/ or rectify any EFT errors without prior notice.

Electronically collect contributions via

OR the company to pay via

The company bank details are as follows:

Name of account holder   
Name of financial institution   
Branch code  Branch name   
Account number  Account type

Please attach a copy of a letter of confirmation from your bank or a bank statement.

**OFFICIAL BANK ACCOUNT SIGNATORIES**

Name and Surname   
Designation   
Name and Surname   
Designation

Authorised signatory/ies

Dates

**SECTION 5: BANKING DETAIL FOR MEDIVault INSTALMENT PAYMENTS (APPLICABLE TO FLEXIFED MEMBERS)**

Repayment of MediVault Instalments are made by the member under a separate debit order.    
Please refer to the terms and conditions detail on the MediVault application form to access the interest free loan for your employees. Any amounts transferred from the MediVault Benefit to the members Wallet account need to be paid within a 12 month period unless otherwise specified. Members will be ultimately responsible for the repayment of the MediVault debt when they leave the company.

A Participating Paypoint is willing to facilitate the payroll deduction and/or contribute 100% towards their employees MediVault instalment.

We agree to facilitate payroll deduction and/or contribute 100% towards the employees MediVault instalment

We hereby instruct Fedhealth Medical Scheme to electronically collect the monthly contribution and/or MediVault instalment (where applicable) from the company bank account.

OR

We will make payment Via (EFT) and understand that the MediVault Instalment collection or EFT payment must indicate "VAULT" before our current Paypoint number to differentiate the allocation of our payment as per the required remittance advice (detail member listing of individual deductions balancing to overall payment made).

Please complete the MediVault Paypoint form to define any additional requirements for the Participating Paypoint.

**SECTION 5: BANKING DETAIL FOR MEDIVault INSTALMENT PAYMENTS (APPLICABLE TO FLEXIFED MEMBERS) (CONTINUED)**

The company bank details are as follows:

Name of account holder   
Name of financial institution   
Branch code  Branch name   
Account number  Account type

Please attach a copy of a letter of confirmation from your bank or a bank statement.

**OFFICIAL BANK ACCOUNT SIGNATORIES**

Name and Surname   
Designation   
Name and Surname   
Designation   
Authorised signatory/ies    
Dates

**SECTION 6: COMPANY'S PREVIOUS AND CURRENT MEDICAL SCHEME INFORMATION**

Name of current medical scheme   
Date joined  Date to be terminated   
Name of previous medical scheme   
Date joined  Date terminated

**SECTION 7: YOUR EMPLOYEE BASE**

Number of employees that your company employs   
Number of employees that Fedhealth Medical Scheme will cover   
Is membership of a medical fund compulsory for all employees in the company within a specific group?    
If yes, define the group .....  
Will the company offer any other scheme membership to employees?    
If yes, name of scheme

**SECTION 8: MEDIVault DAY-TO-DAY SELECTION**

We choose the following option for our employees:

- Savings Plan**   
This will transfer the Scheme's pre-determined MediVault Benefit to the members Wallet account on the 1 January annually. The pre-determined amount will be pro-rated for new members. To select any other day-to-day plan during a renewal period, the Savings Plan must be end dated before by the 31 December. The instalments are collected in arrears and the final instalment is payable in January of the new benefit year.
- Flexible Savings Plan**   
This will allow the member to transfer MediVault funds as and when needed for payment of day-to-day claims. The MediVault instalment will change with each transfer of funds and the repayment period may extend to the new benefit year.
- Paypoint defined rule for MediVault Benefit** (*MediVault Structure Options form to be completed*)

**SECTION 9: TERMS AND CONDITIONS**

1. The Rules of Fedhealth Medical Scheme (referred to as Fedhealth), as amended from time to time shall bind Fedhealth, the employer and the employee (the member).
2. The person signing this application on behalf of the employer warrants that he/ she is duly authorised to do so and acknowledges that he/ she has received a set of Fedhealth and MediVault rules and that he/ she has read them prior to signing this application.

**SECTION 9: TERMS AND CONDITIONS (CONTINUED)**

- 3. Please note the following:
  - 3.1 If membership is compulsory, then all eligible employees must join.
  - 3.2 The employer will submit application forms for all eligible employees and their dependants to become members.
  - 3.3 If the employer does not pay the monthly contribution, instalment and any other amounts due to Fedhealth in respect of any member, Fedhealth shall have the right to suspend/ terminate the member's membership within its sole discretion.
  - 3.4 The employer/ member will receive monthly statements and/ or billings for outstanding balances.
  - 3.5 The employer agrees to facilitate the payment of contributions and any other amounts due to the Scheme by either debit order or electronic fund transfer and to pay by no later than the third day of the month in which the amount is due.
  - 3.6 Fedhealth shall not be liable for the payment of any benefits should:
    - 3.6.1 The employer/ member fail to comply with any of the employer/ member's obligations.
    - 3.6.2 Any contribution, part of a contribution, or any other amount be in arrears.
  - 3.7 The employer is the agent of the member in respect of all obligations arising from the agreement.
  - 3.8 The employer shall notify Fedhealth within 30 (thirty) days of any change of address or material change in a member's circumstances. Fedhealth shall not be held liable should the employer fail to give notice and should a member be prejudiced in any way. The employer indemnifies and holds Fedhealth harmless against any loss or damage that may be suffered by a member in this regard.
- 4. The employer warrants that it has an agreement with all the members granting the employer the right to receive and pay over all amounts due to Fedhealth from such member's remuneration.
- 5. The employer shall have the right to terminate the employer's group membership of Fedhealth by giving no less than 3 (three) calendar months' prior written notice of termination to Fedhealth.
- 6. A binding agreement shall only come into being once an authorised Fedhealth signatory has signed the company enrolment form.
- 7. The employer bears the responsibility to ensure that all contributions are collected and paid over to Fedhealth in respect of retired employees who are members. Furthermore, the employer agrees to pay over all amounts owing by ex-employees or retired employees in respect of any outstanding contributions, or amounts paid to service providers (where amounts were advanced by Fedhealth). On termination of the employer's group membership of Fedhealth, the employer shall ensure that the membership of all employees, ex-employees and retired employees of the employer's group scheme are terminated simultaneously. The employer shall indemnify and hold Fedhealth harmless against any loss or damage which Fedhealth may suffer as a result of the employer failing to notify or comply in this regard.
- 8. Participating Paypoint for MediVault: - The employer agrees to facilitate or collect and pay MediVault instalments over to the Scheme on behalf of their employee.

Signed for and on behalf of the employer/ individual: I/ we warrant that I am/ we are properly authorised to bind the employer.

Name and surname

Designation

Name and surname

Designation

Authorised signatory/ies

Dates

Company Stamp