

# Company application form

2025

**Important notes:**

- Please do not resign from your current medical scheme until you have received written notification of acceptance from Momentum Medical Scheme.
- Complete the application for membership (HEALTH001 or HEALTH003) for each employee's individual option. Each principal member must have started employment by the date that the company joins Momentum Medical Scheme, in order to qualify for membership.
- Please email the completed and signed form to us at [healthnewbusiness@momentumhealth.co.za](mailto:healthnewbusiness@momentumhealth.co.za).
- Momentum Medical Scheme's 2025 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Regulator.

## 1: Employer information

|   |                      |                      |   |
|---|----------------------|----------------------|---|
| Company name                                      | <input type="text"/> |                      |   |
| Legal entity                                      | <input type="text"/> |                      |   |
| Registration number                               | <input type="text"/> | Registration 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"/> |
| Nature of industry                                | <input type="text"/> |                      |   |
| COID (workmen's compensation) registration number | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

## Contact person

|  |                      |          |  |  |                      |                      |
|--|----------------------|----------|--|--|----------------------|----------------------|
| 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"/> Male <input type="text"/> | <input type="text"/> Female <input type="text"/> |                      |                      |
| Telephone - work                       | <input type="text"/> |          |  |  |                      |                      |
| Email address*                         | <input type="text"/> |          |  |  |                      |                      |
| Business physical address              | <input type="text"/> |          |  |  |                      |                      |
|  | <input type="text"/> |          |  |  | Postal code          | <input type="text"/> |
| Business postal address (if different) | <input type="text"/> |          |  |  |                      |                      |
|  | <input type="text"/> |          |  |  | Postal code          | <input type="text"/> |
| Position in company                    | <input type="text"/> |          |  |  |                      |                      |

\*Please note that the email address you provide will be used when the Scheme communicates with you.

## Additional contact person

|                     |                      |          |  |  |                      |
|---------------------|----------------------|----------|--|--|----------------------|
| 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"/> Male <input type="text"/> | <input type="text"/> Female <input type="text"/> |                      |
| Position in company | <input type="text"/> |          |  |  |                      |
| Telephone - work    | <input type="text"/> |          |  |  |                      |
| Email address       | <input type="text"/> |          |  |  |                      |

## 2: Financial adviser (where applicable)

| Name                 | Financial adviser's code | Broker house code    | Commission ref no    |
|----------------------|--------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/> |

Exclusive group  Yes  No

|                                       |   |      |   |
|---------------------------------------|---|------|---|
| <b>Signature of financial adviser</b> | Broker House: Aon South Africa (Pty) Ltd<br>Broker House Code: 032259<br>Tel No: 0860-100-404 | 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"/> |
|                                       | <input type="text"/>  |      |   |

### 3: Company's current and previous medical scheme information

|                                |   |   |   |   |   |   |   |   |                       |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|-----------------------|---|---|---|---|---|---|---|---|
| Name of current medical scheme |   |   |   |   |   |   |   |   |                       |   |   |   |   |   |   |   |   |
| Date joined                    | D | D | M | M | Y | Y | Y | Y | Date to be terminated | D | D | M | M | Y | Y | Y | Y |
| Name of current medical scheme |   |   |   |   |   |   |   |   |                       |   |   |   |   |   |   |   |   |
| Date joined                    | D | D | M | M | Y | Y | Y | Y | Date to be terminated | D | D | M | M | Y | Y | Y | Y |

### 4: Details of your company's employee base

Number of staff your company employs      Number of principal members that Momentum Medical Scheme will cover

Will Momentum Medical Scheme be compulsory for all employees in the company within a specific group? Yes  No

If Yes, provide the details of the group, such as all employees earning above a certain amount

Will Momentum Medical Scheme be compulsory for all future employees who join the company? Yes  No

Will the company offer any other scheme to employees? Yes  No

If Yes, name of scheme/s

### 5: Company payment details

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

Payment method  EFT (subject to Scheme approval)  Debit order (compulsory for employers with 15 or less principal members)

Payment in arrears (subject to Scheme approval) Yes  No

Name of account holder

Name of bank

Account number

Account type  Current/Cheque  Savings  Transmission

Branch code         Branch name

- Notes:**
- The deduction date is the first working day of the month.
  - The abbreviated name as registered with the bank, which will reflect on your bank statement, is MOMMEDSCH followed by your group number. Your group number will be issued upon activation of your group.

Momentum Medical Scheme may debit the above account with the amount due under the contract in accordance with the Momentum Medical Scheme debit order system. Momentum Medical Scheme will debit the bank account for contributions on the 1st working day of every month. We understand that Momentum Medical Scheme bills for contributions in advance and dependent on our commencement and activation dates there may be more than a single contribution payable to the Scheme. We may cancel this mandate and pay via other methods within 30 days. If we cancel this mandate, we remain responsible to pay any amounts due to Momentum Medical Scheme while it was in force.

Name and surname

Designation

Name and surname

Designation

|                               |                      |                      |
|-------------------------------|----------------------|----------------------|
| <b>Authorised signatories</b> | <input type="text"/> | <input type="text"/> |
|                               | D D M M Y Y Y Y      | D D M M Y Y Y Y      |
| <b>Dates</b>                  | <input type="text"/> | <input type="text"/> |
| <b>Company stamp</b>          | <input type="text"/> |                      |

## 6: Terms and conditions

1. We hereby apply for group membership (as specified in section 4) of Momentum Medical Scheme (the Scheme) administered by Momentum Health (Pty) Ltd (Administrator).
2. We hereby agree to participate in the benefit options as per the terms and conditions of the Scheme.
3. We agree that the Rules of the Scheme, as amended from time to time, shall be binding on us. We undertake to observe and carry out (in so far as is applicable to us) our obligations in terms of the agreement with the Scheme.
4. The contract will not bind the Scheme until written acceptance is received from the Scheme.
5. We agree that no statements, promises or information made or given to us by any other persons shall be binding on the Scheme or affect its rights in any way whatsoever, unless such statements, promises and information is incorporated in writing and accepted by the Scheme.
6. We declare and warrant that the answers to the foregoing questions are complete and true, and agree that this application shall form the basis of the agreement with the Scheme and that, if any statements are untrue, membership may be terminated, all benefits reversed and contributions shall be forfeited.
7. We confirm that where group membership is compulsory, it will be a condition of employment for all new employees falling into the nominated categories, other than those registered as dependants under another medical scheme, to belong to the Scheme.
8. We confirm that no member qualifying for compulsory group membership may terminate his/her membership while in the employment of this company, except for becoming a dependant of his/her partner's medical scheme.
9. We acknowledge that the Scheme does not accept liability for any employee until a notice of acceptance is given by the Scheme.
10. We undertake to notify the Scheme immediately if any changes, which affect the answers to the application, occur before the Scheme grants written acceptance. This will enable the Scheme to reconsider the terms of acceptance.
11. We agree that contributions will be paid monthly and will be submitted to reach the Scheme by no later than the 3rd day of the month for which the amounts are due.
12. We accept that if contributions are not paid by its due date for a member, the Scheme will suspend benefits with immediate effect. If the contributions are not paid within 30 days from the suspension date, that employee's membership will be terminated.
13. We confirm that we have an arrangement in place with every member according to which we will recover amounts due to the Scheme from such member's income.
14. We undertake to give one month's calendar notice to terminate the membership of any employee who leaves the employment of this company. We accept that the Scheme shall not backdate membership terminations and acknowledge that any failure to give proper or timeous notice will result in the company being liable to pay full contributions due to the Scheme up until the last effective date of membership.
15. We shall give the Scheme three months' written notice of our intention to withdraw our participation in the Scheme. We acknowledge that failure to give proper notice will result in the full three months' contributions becoming immediately due and payable.
16. When the employer's membership of the Scheme terminates, the employer will ensure that the membership of all pensioners linked to that employer's membership of the Scheme is terminated, even though we no longer employ such pensioners. The employer will be responsible for, and hereby indemnifies the Scheme against, any loss or damage, including but not limited to any underwriting loss, which the Scheme may suffer as a result of such pensioners continuing as members of the Scheme.

Starting date

Name and surname

Designation

Name and surname

Designation

**Authorised signatories**

**Dates**

## Application for complementary products

2025

### Important notes:

- Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.
- If you choose to take any of these products, please complete the contract details for each product you require.

### 1: AdviceFee (where applicable)

**Mandatory AdviceFee:** If your company has chosen the Mandatory AdviceFee, please choose the AdviceFee amount per option in Section 1.1, or the total negotiated AdviceFee amount in Section 1.2.

#### 1.1 AdviceFee amount per option

Please choose only one AdviceFee amount per option below. The amount chosen will apply to all employees in your company who are on the specific option. The amounts will be reviewed annually thereafter.

##### Ingwe Option

or Negotiated amount per member R     or

##### Evolve Option

or Negotiated amount per member R     or

##### Custom Option

or Negotiated amount per member R     or

##### Incentive Option

or Negotiated amount per member R     or

##### Extender Option

or Negotiated amount per member R     or

##### Summit Option

or Negotiated amount per member R     or

#### 1.2 Negotiated AdviceFee

This is the total negotiated amount that will be paid monthly for all employees on Momentum Medical Scheme.

Monthly negotiated amount payable: R

#### 1.3 Conditional AdviceFee: (Negotiated amount not applicable)

Please complete this section if your company has chosen the Conditional AdviceFee.

Please select an amount below and note that all employees who are members of Momentum Medical Scheme will need to complete the AdviceFee section on their individual application for membership form, or submit a completed Application for Conditional AdviceFee form.

## 2: Company payment details (if the company is paying for any of the complementary products)

Please indicate which complementary products the company will pay for:

AdviceFee

Yes

No

HealthSaver

Yes

No

If yes, does the company subsidise your employees full HealthSaver contribution?

Yes

No

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification on all companies paying for HealthSaver contributions.

Please provide the company registration number

If your employees have a HealthSaver Card, does the company allow them to use it for:

Medical and non-medical merchants, e.g. veterinarians

Only medical merchants

Multiply

Yes

No

Payment method

EFT

(if granted on Momentum Medical Scheme)

Debit order

If the company selects to be the contribution payer this will apply to all employees loaded onto the group. If the company does not select to be the contribution payer the member needs to complete the contribution payer information and authorisation for the contribution collection on their application for membership.

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

Name of account holder

Name of bank

Account number

Account type

Current/Cheque

Savings

Transmission

Branch code

Branch name

Starting date

Please note that the complementary product(s) will only be activated upon successful activation of your Momentum Medical Scheme membership.

### Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement, is:
  - HealthSaver: Health Sav followed by your group number
  - AdviceFee: Advice Fee followed by your group number
  - Multiply: Momentum followed by your group number

Momentum may debit the above accounts with the amounts due under the specific contracts in accordance with the Momentum debit order system. We agree to inform Momentum in writing of any changes that take place. We authorise Momentum to verify such bank details with our bank. We accept that Momentum may debit our account on a date other than specified. We accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. We may cancel this mandate and pay via other methods within the 30 days. If we cancel this mandate, we remain responsible to pay any amounts due to Momentum while it was in force.

Name and surname

Designation

Name and surname

Designation

### Authorised signatories

### Dates

### Company stamp

### 3: Terms and conditions

1. We understand that Multiply is offered by Momentum Multiply (Pty) Ltd, which is a separate entity from Momentum Medical Scheme. Consequently, any Multiply contributions do not form part of the contributions paid to Momentum Medical Scheme.
2. We understand that HealthSaver and AdviceFee are offered by Momentum which is a separate entity from Momentum Medical Scheme. Consequently, any HealthSaver and AdviceFee amounts do not form part of the contributions paid to Momentum Medical Scheme.

Name and surname

Designation

Name and surname

Designation

|                               |                      |                      |
|-------------------------------|----------------------|----------------------|
| <b>Authorised signatories</b> | <input type="text"/> | <input type="text"/> |
|                               | <input type="text"/> | <input type="text"/> |

#### GapCover

Take care of medical practitioner shortfalls and co-payments for in-hospital procedures through Momentum GapCover. Momentum GapCover is underwritten by Guardrisk Insurance Company Limited, a wholly owned subsidiary of Momentum Group Limited. To apply, please speak to your financial adviser.



# Benefits of appointing Aon South Africa Healthcare as your intermediary

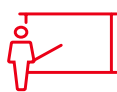
Across Aon, we are united in our passion to provide you with the insights and support to make Better Decisions around all aspects of your holistic wellbeing, medical scheme, gap cover and primary care insurance. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

## Our philosophy is to:



### Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



### Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



### Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

## Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to the following:
  - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
  - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
  - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Client Assistance Programme** - We are delighted to offer you access to a range of essential services at absolutely no charge. The Aon Client Wellbeing Programme is a telephonic, online, and structured e-mail support program (excluding in-person or video sessions). The following services are available through our third- party service provider, LifeAssist:
  - Structured Telephonic Counselling
  - Telephonic Trauma Support
  - Financial Wellbeing Coaching
  - Legal Advisory Services
  - Health and Wellness Services (professional advice from a dietician and a biokineticist)
- **General Updates:**
  - Ad-hoc updates pertaining to Medical schemes industry and providers specific updates.

## Cost of appointing Aon

We are pleased to inform you that there is no additional fee charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission 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). In terms of Primary Care Insurance products, we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

## For more information, contact Aon South Africa:

0860 100 404 | [arc@aon.co.za](mailto:arc@aon.co.za) | [www.aon.co.za](http://www.aon.co.za)

## Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to [www.aon.co.za](http://www.aon.co.za)

<http://www.facebook.com/Aonhealthcare>  
Click "Like" on our page (Aon healthcare)

[http://twitter.com/Aon\\_SouthAfrica](http://twitter.com/Aon_SouthAfrica)  
Click "follow" on our profile

## Aon Employee Benefits - Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at <http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

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## Disclaimer:

The Benefits and contributions are subject to approval by the council for medical schemes. Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

## POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.



## Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my medical scheme membership.

My ID: \_\_\_\_\_ and membership number: \_\_\_\_\_

Signed at (Town or City): \_\_\_\_\_ on yy/mm/dd: \_\_\_\_\_

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme. This monthly commission is 3% of the monthly 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).

**Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.**

I give consent for the disclosure of information about me.

Membership number: \_\_\_\_\_ ID or passport number: \_\_\_\_\_

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s) (as per identity document): \_\_\_\_\_

The following information should be made available to my appointed financial advisor as is necessary:

| Personal examples   | Benefit examples  | Financial examples   | Medical examples  |
|---|---|--|---|
| <ul style="list-style-type: none"> <li>* Name and Surname</li> <li>* Membership number</li> <li>* Date of birth</li> <li>* ID number</li> <li>* Postal Address</li> <li>* Physical address</li> <li>* E-mail Address</li> <li>* Telephone numbers</li> <li>* Cellular Number</li> <li>* Number of dependents</li> </ul> | <ul style="list-style-type: none"> <li>* Plan type</li> <li>* Medical Savings Account (MSA)</li> <li>* Balance Medical Scheme benefits</li> <li>* Spent for the year Accumulated</li> <li>* Medical scheme Savings Account</li> <li>* Medical Savings Carry over from previous year</li> <li>* MSA reimbursement, Scheme Rate or cost</li> <li>* Self-payment Gap</li> <li>* Above Threshold Benefit</li> <li>* Waiting period details</li> <li>* Late joiner penalty indicator</li> <li>* Wellness benefits</li> </ul> | <ul style="list-style-type: none"> <li>* Total Contribution</li> <li>* Contribution breakdown</li> </ul> | <ul style="list-style-type: none"> <li>* Chronic Indicator/ confirmation (Yes/No)</li> <li>* In Hospital Indicator/ confirmation (Yes/No)</li> <li>* Confirmation of claims paid and from what benefit</li> <li>* Claims transaction history</li> <li>* Procedures done in doctor's rooms paid from Hospital Benefit</li> </ul> |





By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd (“Aon”) to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it’s reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): \_\_\_\_\_ on yy/mm/dd: \_\_\_\_\_

Signature: \_\_\_\_\_