

EMPLOYER GROUP APPLICATION FORM

DOCUMENTS REQUIRED

- Main member's copy of ID or Passport and copies of birth certificate or ID for all beneficiaries.
- Membership certificate from previous medical aid (where applicable).

SECTION A: SIZWE HOSMED SCHEME PLAN SELECTION

Preferred Option: Titanium Executive Value Platinum Value Platinum Core Gold Ascend Gold Ascend EDO Access Saver Access Core Essential Copper

| | | | |
|------------|--|------------------|----------------------|
| Start date | | Broker Firm Name | |
| | | Broker Code | Name of broker/agent |

SECTION B: EMPLOYER DETAILS

| | | |
|-----------------------|--------------------|----------------|
| Employer Name | Payroll no. | Employer Stamp |
| Employer Group Number | Date of Employment | |
| Name | | |
| Employer signature | Designation | Date |

PLEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULL:

SECTION C: MEMBER DETAILS

| | | | | | | | | | | |
|---------------------|----------------------------------|-----------------------------------|---------------------------------------|--------------------------------|-------------------------------------------------------|--------------|--------|--------------------------------|------------------------------|-------------------------------|
| Title: Mr/Mrs/Miss | | Initials | | First name | | | | | | |
| Surname | | | | Gender | <input type="checkbox"/> M <input type="checkbox"/> F | Identity no. | | | | |
| Tel. no. (h) | | | | (w) | | | (Cell) | | | |
| Email | | | | | | | | | | |
| Residential address | | | | | | | | Postal code | | |
| Postal address | | | | | | | | Postal code | | |
| Race (please tick) | <input type="checkbox"/> African | <input type="checkbox"/> Coloured | <input type="checkbox"/> Indian/Asian | <input type="checkbox"/> White | Preferred method of communication (please tick) | | | Email <input type="checkbox"/> | SMS <input type="checkbox"/> | Post <input type="checkbox"/> |

SECTION D: PARTICULARS OF DEPENDANTS

| | Dependant 1 | Dependant 2 | Dependant 3 | Dependant 4 | Dependant 5 |
|---------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Name and Surname of dependant | | | | | |
| ID number (compulsory) | | | | | |
| Relationship to member (spouse, partner, daughter etc.) | | | | | |
| Sex (M/F) | | | | | |
| Race (African, Coloured, Indian/Asian, White) | | | | | |
| Address, if different from member | | | | | |
| Cell no. | | | | | |

Note: Full 13 digit ID numbers are required in full in order to have the dependant considered for processing.

SECTION E: MEDICAL CONDITIONS

Kindly supply the Scheme with any current medical and chronic conditions:

| |
|--|
| |
| |
| |

SECTION F: BANKING DETAILS FOR DEDUCTION OF MONTHLY CONTRIBUTIONS (BY DEBIT ORDER)

| | | | | | | | | | | | |
|----------------------|-----|------|------|------|--|----------------------------------------|--|---------|--------------|---------|--|
| Account holder | | | | | | | | | | | |
| Account number | | | | | | Account type (please mark appropriate) | | Current | Transmission | Savings | |
| Name of bank | | | | | | | | | | | |
| Branch | | | | | | | | | | | |
| Branch code | | | | | | | | | | | |
| Debit order run date | 1st | 15th | 25th | 31st | | | | | | | |

I authorise Sizwe Hosmed to draw from my bank account (wherever it may be), the contribution and members portion of claims due in terms of the Rules of Sizwe Hosmed, without prejudice to the rights of Sizwe Hosmed. I further authorise Sizwe Hosmed to increase the amounts due, in terms of the rules, and authorise my bank to effect payment of such increased amounts upon receipt of a written notice from Sizwe Hosmed stating the increased amount and the date from which it is payable. This authorisation is to remain in effect until I cancel it by giving written notice to Sizwe Hosmed. I agree that I am not entitled to recover any amount drawn from my account by means of this debit order and that should my bank repay such amount to me, I will refund it immediately to Sizwe Hosmed. I undertake to notify Sizwe Hosmed immediately of any change in respect of my details. I acknowledge that Sizwe Hosmed may not cede or assign any of their right to any third party without my prior consent and that I may not delegate any of my obligations in terms of the contract to any third party without prior written consent of the authorised party. Sizwe Hosmed is hereby authorised to debit my bank account with my portion of accounts paid on my behalf by Sizwe Hosmed.

Name Signature Date

SECTION G: BANK DETAILS (FOR CLAIMS REFUND)

| | | | | | | | | | | | |
|----------------|--|--|--|--|--|----------------------------------------|--|---------|--------------|---------|--|
| Account holder | | | | | | | | | | | |
| Account number | | | | | | Account type (please mark appropriate) | | Current | Transmission | Savings | |
| Name of bank | | | | | | Branch code | | | | | |

SECTION H: UNDERTAKING BY MAIN MEMBER

I acknowledge that:

- (a) I am aware that, once I have decided to move to another medical aid scheme – for which provision is made by my employer – I will not be allowed to move to another scheme during the next 12 months.
- (b) The onus rests with me to ensure that my application is submitted to my Support Services Division.
- (c) The onus rests with me to provide cancellation to my current Medical Aid before the deduction for Sizwe Hosmed Medical Scheme can be implemented.
- (d) I must register my chronic medication with Sizwe Hosmed.
- (e) I agree to access www.sizwehosmed.co.za to access full conditions and undertakings of the Scheme as a member of Sizwe Hosmed Medical Scheme.
- (f) Where applicable: Member Savings Account allocations will be pro-rated depending on when joining the option.
- (g) The Scheme has the sole right to collect negative balances owed to the Scheme by the member even when member has terminated from the Scheme.

Signature of member Date

Fund Declaration

As Sizwe Hosmed Medical Scheme we are strongly committed to protecting your personal data. We are required by POPIA to explain why and how we collect, use, and disclose your personal information, which may include health and financial information. Sizwe Hosmed Medical Scheme and its administrator (3Sixty Health (Pty) Ltd) will keep your information supplied to us in this application confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for the following purposes:

- a. Administration of your health care option;
- b. Provision of managed care services to you;
- c. Providing relevant information to a contracted third party;
- d. To profile and analyse risk;
- e. For research purposes and;
- f. To comply with legislation.

Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relationship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time, please check our website to inform yourself of any changes.



Benefits of appointing Aon South Africa Healthcare as your intermediary

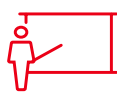
Across Aon, we are united in our passion to provide you with the insights and support to make Better Decisions around all aspects of your holistic wellbeing, medical scheme, gap cover and primary care insurance. We have a team of professional, fully accredited advisors to assist you with all your medical 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 | 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.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

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



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: _____