

Income

Broker House: Aon South Africa (Pty) Ltd

Tel No: 0860 100 404

Broker Code: 1009

membership@sizwehosmed.co.za

♀ 7 West Street, Houghton Estate,

**** 0860 100 871 086 608 0771

	Tour Choice for quality care			2198	g,
	ME	MBERSHIP APPLIC	CATION FORM		
PLEASE COMPLETE APPROPRIATELY ALL Preferred Titanium Plus Plus Enh Option: Executive Plus Enh	atinum Platinum Platinum	LL Value Value G Option Option Asce	old Gold Ascend Saver	Access (25%) Saver (15%) Option	Silver Essential Copper Option
Broker Code					
		FOR OFFICE US	E ONLY		
Membership no.			Company number		
Joining date	Subscription code				
		SECTION A: MEMBE	ER DETAILS		
Title: Mr/Mrs/Miss	Initials	First name			
Surname					KINDLY ATTACH COPY OF ID
Identity no.					
Date of birth		Gender Male	Female	Marital status (please mark a	ppropriate) S M D
Employee no.		Monthly income R		Kindly attach	ned sufficient proof of income
Tel no. (h)	(w)		(Cell)	
Email					
Residential address					
				Po	ostal code
Postal address					
				Po	ostal code
Name of previous medical aid scheme	1.		2.		
Period of membership 1. From	To				
2. From	То				RTIFICATE/S OF MEMBERSHIP r last two years must be given
Race (please tick) African	Coloured Indian/Asian	White Preferred m	ethod of communication (pleas	e tick) Email	SMS Post
		SECTION B: EMPLOY	'ER DETAILS		
Company				Date of employment	
lame	Employer signati	ire SECTION C: DEPENDA	Designation NTS DETAILS		Date
	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)					
State if living with you (yes or no)					
Address, if different from member					

		JEC	TION D: MEDICA	LQU	ESII	ONNAIRE								
Do you	or your depandants have, or ever had th	e following? If "yes" state ful	ll details below (complete	all que	stions)									
	y disorder of the heart e.g. rheumatic fe ease, chest pain, shortness of breath or		artery	No	Yes		Name							
	th blood pressure, chronic headache or olesterol or circulatory disorder?	disease of the blood vessels	including	No	Yes									
3. An	y respiratory or lung trouble,e.g. asthm	a, bronchitis, persistent coug	gh, tuberculosis?	No	Yes									
	y disorder of the digestive system, gall l tric or duodenal ulcer, recurrent indige		suspected	No	Yes									
	ease or disorder of the kidneys, bladde ones, prostatitis or infertility?	r or reproductive organs, e.g	g. albumin in	No	Yes									
	y nervous or mental complaint, e.g. epil oression, alcoholism or narcotism?	epsy, black-outs, paralysis, a	nxiety state or	No	Yes									
	; eye, nose or throat disorder, e.g. ear d us problems?	ischarge, defective vision, to	nsilitis and	No	Yes									
	order or disease of muscles, bones, joir oped disc or other back trouble?	nts, limbs, spine, e.g. rheumat	tism, arthritis,	No	Yes									
	ıbetes, acne or skin problems, sugar in u od disorders?	urine, thyroid or other gland	ular or	No	Yes									
10. Ca	ncer, growth or tumour of any kind?			No	Yes									
11. An	y tropical disease, e.g. Bilharzia?			No	Yes									
	y other illness, disorder, operation, disa //Aids infection?	bility or injuries from any ac	cident or	No	Yes									
pregnan	y disorder of the female organs (breast: cy or confinement, e.g. Caesarian sectio Yes", state full details including dates.		ormality of	No	Yes									
	e you now pregnant? If "Yes", how many Yes" is this a multiple birth?	months?	_	No	Yes									
14. An	y special dental treatment, e.g. crowns,	bridges, orthodontic, etc?		No	Yes									
	y illness or physical defect likely to nece es, lumps, orthodontic work etc.??	essitate medical or dental tre	eatment, e.g.	No	Yes									
16. Do	you expect any medical or dental treat	ment within the next three n	nonths?	No	Yes									
17. Do	you or your dependants have a medica	l condition not disclosed?		No	Yes									
	tail all medication used by applicant an well as all Pathology and Radiology test		: 2 years,											
	Provide details of all current medical and chronic conditions. If there is not enough space, please attach an additional page													
No.	No. Patient Date of treatment Full details of the disorder, consulting doctor, type of medication, dosage and degree of recovery.													

SECTION E: MEDICAL PRACTITIONER'S DETAILS

Please give name of the general practitioner you or any of your dependants have consulted Name of General Practitioner Number of years consulted Tel no. Name of Regular Pharmacist Tel no. Number of years consulted

Pg 2

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I herewith authorise my healthcare provider to disclose information to Sizwe Hosmed and its contracted third parties, provided such information is treated as confidential at all times.

Sizwe Hosmed.

Should I decide to resign my membership from Sizwe Hosmed voluntarily, I undertake to give one month's written notice.

I will call Sizwe Hosmed Customer Services on 0860 00 00 48 for any pre-authorised treatment inquiries.

Should I be enrolled as a member of Sizwe Hosmed, I will subject myself to the Rules of Sizwe Hosmed.

(g)

(h)

(j)

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

SECTION J: GENERAL I irrevocably grant my permission to any physician, person or party who may be in possession of, or obtain information concerning my health, or that of my dependants, to divulge such information to Sizwe Hosmed, also after my death. (I) $I confirm that \ I \ am \ employed \ by \ my \ Employer \ in \ a \ full \ time \ capacity \ and \ I \ undertake \ to \ notify \ Sizwe \ Hosmed \ of \ any \ change \ in \ my \ salary \ structure.$ (m) I undertake to pay any other amounts due to Sizwe Hosmed, on default. $Ihereby \ authorise \ my \ Employer \ to \ deduct \ my \ contribution \ to \ Sizwe \ Hosmed \ from \ any \ salary \ or \ any \ other \ sum \ of \ money \ due \ to \ Sizwe \ Hosmed \ by \ me.$ $Where applicable: \ Member \ Savings \ Account \ allocations \ will \ be \ pro-rated \ depending \ on \ when \ joining \ the \ option.$ (o) I must register my chronic medication with Sizwe Hosmed. (p) (q) $I\,agree\,to\,access\,www.sizwehosmed.co.za\,to\,access\,full\,conditions\,and\,undertakings\,of\,the\,Scheme\,as\,a\,member\,of\,Sizwe\,Hosmed\,Medical\,Scheme.$ Member name Member signature Company Stamp DOCUMENTS REQUIRED • Dependant's copy of ID • Main member's copy of ID • Birth certificate of child (where ID is not available) • Clinic card for new born baby (within 30 days of birth to avoid waiting period) • Documentary proof if dependant is adopted/foster child/student/disability status/adult dependant $\bullet \ Marriage\ certificate\ when\ registering\ a\ spouse\ (within\ 30\ days\ of\ marriage\ to\ avoid\ waiting\ period)$ $\bullet \ Affidavit \ when \ registering \ a \ common \ law \ spouse \ or \ partner \ confirming \ co-habitation \ (where \ applicable)$ • Membership certificate from previous medical aid (where applicable) • Proof of latest income salary advance / 3 months bank statements FOR OFFICE USE ONLY



Contact us on: 0860 100 404, P.O. Box 78367, Sandton, 2146, www.aon.co.za

FSP number: 20555; CMS number: ORG895
Follow our <u>website link</u> for further information on Aon's processing of your personal information

Acknowledgement of appointment

I acknowledge and apposcheme membership.	int Aon South Africa (Pty) Ltd as my financial a	dvisor for all matters re	lated to my medical
My ID:	and membership num	ber:	
contribution, is 3% of th	d that the commission due to Aon, payable by se contribution to a maximum amount payable (ion 65 of the Medical Schemes Act, 131 of 199	as disclosed on the Bro	okers Statutory Notice) to
Signed at (Town or City)		on yy/m	m/dd:
Signature:			
	e certain information available to A	on South Africa (F	Pty) Ltd
I give consent for the dis	sclosure of information about me.		
Membership number:			
ID or passport number:			
Title: Initials:	Surname:		
First name(s) (as per ide	ntity document):		
The following informatio	n should be made available to my appointed fir	nancial advisor as is ned	cessary:
Personal examples	Benefit examples	Financial examples	Medical examples
Name and Surname Membership number Date of birth ID number Postal Address Physical address E-mail Address Telephone numbers Cellular Number Number of dependents	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	Total contribution Contribution breakdown	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
the benefits of appointing	iment, you confirm that you have read and unding Aon document. This letter of appointment wi specific instruction in writing to terminate the	Il be valid for the durati	
Signed at (Town or City)		on yy/m	m/dd:
Signature:			



Benefits of appointing

Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. 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 renewal, 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 member letters providing updates on the following:
 - Flash 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.
- **Ad-Hoc Alerts:**
 - Ad-hoc updates pertaining to Medical schemes industry or 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.

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

http://www.aon.co.za/terms-of-trade or will be sent to you upon request.

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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.

16 May 2022 | V1 | DD