



(Name) \_\_\_\_\_ (Surname) \_\_\_\_\_

ID number \_\_\_\_\_

Company Name (Where applicable) \_\_\_\_\_

Do you belong to a medical scheme? Tick applicable box Yes  No

**If answer is no, please ignore medical scheme details section below.**

**If yes, complete Medical Scheme details provided in the block below:**

- I wish to cancel my medical scheme cover with \_\_\_\_\_ effective from \_\_\_\_\_ (date) membership number \_\_\_\_\_
  - I **do not** wish to cancel my medical scheme cover with \_\_\_\_\_ membership number \_\_\_\_\_, I am **supplementing my medical scheme cover with Primary Care cover.**

**Primary Care Service Provider**

I have opted to join \_\_\_\_\_ Healthcare effective \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (DD/MM/YYYY)

**As a new Primary Care applicant, I hereby declare, acknowledge, that I understand the following:**

- \_\_\_\_\_ Primary Care is **NOT** a registered Medical Scheme and is governed by applicable Insurance legislation and **NOT** the Medical Schemes Act No 131 of 1998, therefore the Prescribed Minimum Benefit (“PMB”) protection does not apply.
- Please take note that this product **does not cover medical in-hospital procedures**. Certain providers do offer hospital care in certain circumstances related to emergencies, but only as a “buy-up option” and will not be included automatically. Speak to your consultant should you require this option.
- All treatment is to be obtained through the Primary Care Network providers as per your benefit.
- Transferring from the company Primary Care Option to the endorsed Medical Scheme, is only permitted at year-end which is from September to December, with an effective date of 1 January each year (NB: No mid-year transfers will be permitted).



**Aon South Africa (Pty) Ltd**

The Place, 1 Sandton Drive, Sandhurst, Sandton, South Africa | P O Box 78367, Sandton, 2146

Share Call: **0860 100 404** | International: +27 11 944 7000 | [www.aon.co.za](http://www.aon.co.za)

Registration Number 1978/004501/07 | VAT Number 4320101498 | Authorised Financial Services Provider Licence 20555

Executive Directors: N Mgoqi, N Bruwer, Z Dintwa

Non-Executive Directors: V Mahlangu, MM Mhlarhi (née Maponya), Dr N Mabuya

Company Secretary: T Prozzi



- Members on a Medical Scheme currently qualify for a Medical Scheme Tax credit, this tax credit is not applicable and falls away when joining the Primary Care product.
- The Council of Medical Schemes released Circulars 79, 80 and 82, which relates to – Low-cost benefit options and demarcated products supporting the National Health Policy. The offering of Primary Care products and other related products are presently being debated. At this point these products are available for members to join, however this may change in future and these types of products may no longer be available.
- I also acknowledge that should I wish to join a Medical Scheme at a later stage that the Medical Scheme may impose **underwriting** as per section 29A of the Medical Schemes Act.
  - A 3-month General Waiting period
  - A 12-month Condition specific waiting period on pre-existing medical conditions
  - A monthly late joining penalty fee that range between 5% - 75% onto of my monthly contributions.
- I also acknowledge that I am responsible to review my medical needs and affordability, to be effective 1 January of every year.

**Aon Advisor Notes:**

I confirm that I have read, understood and agree to the above. I, further acknowledge, that I will have no recourse to my employer/Intermediary, if \_\_\_\_\_ Primary Care does not fully cater to my requirements, nor if I am subjected to Underwriting for any future Medical Scheme membership.



By signing this declaration, 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.

**Primary Care Applicant**

Signed at (town or city) \_\_\_\_\_ on date \_\_\_\_\_

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

**Aon Advisor Details**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Signed at (town or city) \_\_\_\_\_ on date \_\_\_\_\_

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

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**About Aon**

Aon plc (NYSE: AON) exists to shape decisions for the better— to protect and enrich the lives of people around the world. Our colleagues provide our clients in over 120 countries with advice and solutions that give them the clarity and confidence to make better decisions to protect and grow their business.

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