

Health4Me Company application form

Important notes:

- Health4Me is not a medical aid product, and is not a substitute for medical scheme membership.
- Please note that the installation process and cover will only commence once all the required, fully completed and signed documents and data have been received by Momentum.
- Each employee covered under this policy must complete and submit a Health4Me employee application form before their membership cards will be issued, unless all the required employee/dependant information was provided to Momentum electronically via the employee membership schedule.
- If you select BDO (Bank Debit Order) as the preferred payment method in section 10 of this application form, please provide a copy of a bank statement (not older than 3 months) with a bank stamp.
- Please submit the completed form and any supporting documents via email to health4menewbusiness@momentum.co.za, and copy your sales consultant.

1: Product selection details

Membership type	Compulsory	Voluntary
Cover type	Employee only	Employee and family

Up to 5 benefit groupings can be selected. Please indicate the selected benefit groupings by making an X in the applicable box/es, to indicate which benefits you would like to include within each grouping.

Please also indicate your day-to-day benefit option (Bronze, Silver or Gold), and (if applicable), your major medical event benefit option (Base or Standard), per benefit group. Major medical event benefits are accident and emergency cover, hospital cash and maternity lump sum benefit and funeral benefit.

Benefit group	Day-to-day benefit	Day-to-day benefit option	Accident and emergency cover	Hospital cash and maternity lump sum benefit	Funeral benefit	Major medical event benefit option
Benefit group 1						
Benefit group 2						
Benefit group 3						
Benefit group 4						
Benefit group 5						

Do you want to add the GP visit booster benefit onto your day-to-day benefit option/s? Yes No

Do you want to add the More4Me benefit onto your day-to-day benefit option/s? Yes No

The More4Me benefit aims to incentivise members with monthly airtime, based on their Healthy Heart Score.

Employer subsidy % 0% 25% 50% 75% 100%

2: Employer details

Policy start date

Employer group name

Existing Momentum medical scheme employer group number (if applicable)

Legal entity (CC, Ltd, (Pty) Ltd, Trust, Association, etc.)

Registration number Registration date

Nature of industry

Geographical location

Eastern Cape	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	Free State	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	Gauteng	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Kwazulu Natal	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	Limpopo	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	Mpumalanga	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Northern Cape	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	North West	<input type="text"/>	<input type="text"/>	<input type="text"/>	%	Western Cape	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

3: Key contact details

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID/passport number	<input type="text"/>		
Country of origin	<input type="text"/>					
Work telephone number	<input type="text"/>		Work fax number	<input type="text"/>		
Cellphone number	<input type="text"/>					
Email address (domicilium for legal documents)	<input type="text"/>					
Business physical address (domicilium for legal documents)	<input type="text"/>				Postal code	<input type="text"/>
Business postal address (if different)	<input type="text"/>				Postal code	<input type="text"/>
Position in company	<input type="text"/>					

4: Additional contact details

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID/passport number	<input type="text"/>		
Country of origin	<input type="text"/>					
Work telephone number	<input type="text"/>		Work fax number	<input type="text"/>		
Cellphone number	<input type="text"/>					
Email address (domicilium for legal documents)	<input type="text"/>					
Position in company	<input type="text"/>					

5: Billing contact details

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID/passport number	<input type="text"/>		
Country of origin	<input type="text"/>					
Work telephone number	<input type="text"/>		Work fax number	<input type="text"/>		
Cellphone number	<input type="text"/>					
Email address (domicilium for legal documents)	<input type="text"/>					
Position in company	<input type="text"/>					

6: Union representative details

Union name	<input type="text"/>					
Union representative name/s and surname	<input type="text"/>					
Work telephone number	<input type="text"/>		Cellphone number	<input type="text"/>		
Email address	<input type="text"/>					
Designation	<input type="text"/>					

7: Employer web portal details

The employer web portal enables each employer to view and manage benefits on Health4Me. The employer will be able, amongst others, to add and/or remove members from benefit, do transfers of members between branches, draw member listings at any time during the month, and close-off billing whenever convenient.

Do you want to register the key contact person to use the employer web portal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want to register the additional contact person to use the employer web portal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8: Employer communication details

Please indicate where you would like Momentum to email your Health4Me employer communication.

Employer key contact		Financial adviser		Both	
----------------------	--	-------------------	--	------	--

9: Financial adviser

Financial adviser name/s and surname	Financial adviser's code	Broker house code

FSB license category .

FSB license number

Signature of financial adviser	<input type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
---------------------------------------	----------------------	-------------	---

The maximum commission percentage as per the Long-term Insurance Act is currently set at 20% of the full premium value. The employer and their financial adviser may negotiate and agree on a flexible level of maximum commission, subject to and in accordance with the provisions of the Long-term Insurance Act 52 of 1998. The financial adviser has a duty to inform the employer that the choice of the commission level will have a direct impact on the nature and structure of the premiums payable by the employer. Standard commission is calculated on the full premium value, and is set at 10%.

Final commission percentage agreed to %

Commission structure required

Ongoing monthly commission

Combination of upfront commission and ongoing monthly commission

If a combination of upfront commission and ongoing monthly commission was selected, please specify commission percentage split required (combined total may not exceed 20%).

Upfront commission percentage agreed to (may not exceed 8.3%) %

Ongoing commission percentage agreed to %

It is important to note, however, that irrespective of the final commission percentage selected, no commission shall exceed the maximum commission level specified in column two of the sliding scale, indicated in the table below, in terms of the full premium value (monthly premium band) per member per benefit:

Monthly premium band	Maximum commission level
> R1 200	5%
R601 – R1 200	10%
R300 – R600	15%
< R300	20%

Signature of authorised signatory	<input type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signature of financial adviser	<input type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

10: Employer payment details

- Premiums are payable monthly in advance via BDO (Bank Debit Order) or EFT (Electronic Fund Transfer).
- Premiums are only payable via EFT provided that the employer group has more than 30 employees on benefit.
- Premiums paid via BDO are due on the 1st day of the month, if the 1st falls on a weekend or public holiday, the premium will be due on the first working day thereafter.
- Premiums paid via EFT are due on the 1st day of the month (premiums need to reflect in the Health4Me bank account on the 1st day of the month).
- Premiums paid via EFT need to state the policy number as the reference number.

Preferred payment method	<input type="text" value="BDO (Bank Debit Order)"/>	<input type="text" value="EFT (Electronic Fund Transfer)"/>	
Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="text" value="Current/Cheque"/>	<input type="text" value="Savings"/>	<input type="text" value="Transmission"/>
Branch code	<input type="text"/>	Branch name	<input type="text"/>

10: Employer payment details (continued)

Authorisation for contribution collection

- Completion of this section is compulsory for all contribution payers.
- Momentum Health Solutions may debit the above bank account with the amount due under the policy in accordance with the Momentum Health Solutions debit order system.
- Momentum Health Solutions will debit the bank account for contributions on the 1st working day of every month.
- The abbreviated name registered with the bank, which will reflect on the bank statement, is Health4Me, followed by the policy number.
- The policy number will be issued upon activation of the policy.
- Momentum Health Solutions bills for contributions in advance/arrears.
- You may cancel this mandate and pay via other available methods within 30 days.
- If you cancel this mandate, you remain responsible to pay any amounts due in respect of the Health4Me contribution while it was in force.

Signatories for bank debit order

The employer authorises Momentum to deduct the monthly premiums due via BDO (Bank Debit Order) from the bank account indicated above.

Authorised signatory 1

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				
Signature of authorised signatory 1	<input type="text"/>			Date	<input type="text"/>

Authorised signatory 2

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				
Signature of authorised signatory 2	<input type="text"/>			Date	<input type="text"/>

11: Terms and conditions

- The employer is the policyholder in terms of the Momentum Health4Me policy/s.
- Definition of earnings/salary: Total monthly cost to company income of the principal member as confirmed by the employer.
- The Momentum Health4Me policy/s will be activated once we have received all the activation requirements.
- The policyholder will be required to provide at least one calendar month's notice to Momentum in writing via email, to a dedicated membership maintenance email address, should the policyholder wish to terminate their Health4Me policy/ies.
- The policyholder will be required to notify Momentum in writing via email, to a dedicated membership maintenance email address or by using the employer web portal notification function, of any membership movements (new or terminated employees, transfers, etc.) by the 25th of each month.
- Contributions are payable monthly and the amount payable will vary (the amount due will reflect on the premium invoice).
- Momentum will suspend membership and benefit payments if contributions are not received by the 7th of each month and terminate the policy if no contributions have been received by the 15th of the following month. Terminated employers will need to follow the reinstatement criteria as detailed in the policy document/s.
- The Health4Me contributions are reviewed annually, and the new rates will be effective from 1 January of each year.
- The benefit details and further terms and conditions of Health4Me are contained in your policy document/s.

Employer web portal access

Access codes

The authorised user will be provided with login details (website link, user name and password). The login details should be treated as confidential. If the login details are shared with any other person or compromised, Momentum will not be held responsible for any unauthorised use.

Instructions

The authorised user is responsible for providing correct information and instructions when conducting transactions via the employer web portal and is required to hold all information viewed on the website as confidential. It is important to understand that all transactions and changes will automatically be updated after submission. Momentum will try to assist if the incorrect instruction was submitted, but we will not be held responsible for any loss or damage caused by the error. The employer will be liable for all actions taken by the respective authorised user/s.

Confirm contributions

This function will be used for the verification of the submitted data and the confirmation of contributions due for a specific month. By confirming the contributions, Momentum expects an electronic fund transfer (EFT) for the confirmed amount or to collect the authorised bank debit order (BDO) for the confirmed amount from the bank account that Momentum has been instructed to utilise for this purpose. An instruction will be deemed as received by Momentum, once Momentum has confirmed receipt.

11: Terms and conditions (continued)

Employer web portal access (continued)

Protection of personal information

Employee personal information is collected by the employer with the consent of the employees who have been duly informed of the purpose for which such information is being used.

12: Employer application acceptance

By signing this employer application form, I the employer, confirm that:

- I understand that Momentum Metropolitan Life Limited and Momentum Health Solutions (Pty) Ltd will come in possession of data and information of the applying organisation as well as its employees' personal and medical data as part of the process of managing claims. Identifiable data will be utilised with the sole purpose of managing healthcare benefits as specified in the Momentum Health4Me policy documents and related agreements.
- I have received the legally required consent from the relevant employees to share such data with the above parties and that the purpose of sharing the data was disclosed to the employees.
- The employee membership schedule provided to activate the Health4Me policy is an accurate reflection of the employees we wish to cover.
- I agree to notify Momentum of any changes to the employee membership schedule (new and/or terminated employees) and that these changes will be dealt with as part of the membership maintenance/monthly billing process.
- If a financial adviser has been appointed by the applying organisation in respect of the Health4Me policy, I authorise Momentum Metropolitan Life Limited and Momentum Health Solutions (Pty) Ltd to provide the appointed financial adviser with any information they may require concerning the applying organisation as well as its employees, in order to provide services in respect of the Health4Me product.
- The Health4Me product has been explained to me and I understand and accept all the terms and conditions of Health4Me as detailed in the sections above.
- I have the necessary authority to act on behalf of the employer insofar as it relates to the Health4Me product.

Signature of the authorised signatory 1

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				
Please tick every benefit contract/policy that is selected	Medical expense account contract (applicable to employer funded contract only)	<input type="checkbox"/>			
	Day-to-day benefit policy	<input type="checkbox"/>			
	Accident and emergency cover policy	<input type="checkbox"/>			
	Hospital cash and maternity lump-sum benefit policy	<input type="checkbox"/>			
	Funeral benefit policy	<input type="checkbox"/>			
Signature	<input type="text"/>			Date	<input type="text"/>

Signature of the authorised signatory 2

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Designation	<input type="text"/>				
Please tick every benefit contract/policy that is selected	Medical expense account contract (applicable to employer funded contract only)	<input type="checkbox"/>			
	Day-to-day benefit policy	<input type="checkbox"/>			
	Accident and emergency cover policy	<input type="checkbox"/>			
	Hospital cash and maternity lump-sum benefit policy	<input type="checkbox"/>			
	Funeral benefit policy	<input type="checkbox"/>			
Signature	<input type="text"/>			Date	<input type="text"/>

For office use only (sales consultant to complete this section)

Sales consultant name	<input type="text"/>				
Sales consultant surname	<input type="text"/>				
Sales team name	<input type="text"/>				
Migration group	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	