

Request to change HealthSaver

2025

Important notes:

- You 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.
- Please email the completed and signed form to us at membership@momentumhealth.co.za.

1: Principal member's details

Membership number	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/> First name <input type="text"/>
Surname	<input type="text"/>
ID/Passport number	<input type="text"/>

2: HealthSaver contract details

You can use this account as you see fit to make provision for additional healthcare expenses.
Your HealthReturns will be paid into your HealthSaver account.

2.1 FICA verification

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification for a third party if the contribution is not paid by the principal member.

We therefore require the following information:

- Source of funds for payment of contributions
 - Income (salary, commission and rentals)
 - Dividends interest and dividend income
 - Pension or provident fund, retirement annuity and annuity
 - Other (Please provide details)
- ID/Passport number for the contribution payer if different to principal member
If passport number, please confirm which country the passport was issued in and provide a copy of the passport.
- Company name and registration number if a company is the contribution payer (only required where a company application form has not been completed and submitted).
Company name
Company registration number
- If the contribution is paid by a trust by virtue of a testamentary disposition, by virtue of a court order, in respect of persons under curatorship, or by the trustees of a retirement fund in respect of benefits payable to the beneficiaries of that retirement fund, we require:
 - a copy of the trust deed for local trusts, or
 - a letter of authority or other official document from a competent trust registering authority in the foreign jurisdiction for foreign trusts.

For all other trusts we require the name and ID/Passport number for each trustee:

Name of trustee	ID/Passport number	If passport number, please confirm which country the passport was issued in and provide a copy of the passport.
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.2 HealthSaver

☐ Tick this box if you would like to cancel your monthly HealthSaver contributions, but would like to continue using your HealthSaver account.

If you do not wish to continue contributing to HealthSaver, you only need to complete Section 2.2 and Section 9.

2: HealthSaver contract details (continued)

2.3 Monthly HealthSaver contribution

☐ Tick this box if you want to start contributing to HealthSaver, or if you want to change the monthly contribution you pay. Complete the monthly amount you wish to contribute below. Please also complete Sections 4, 6, 7 and 9.

Monthly amount

R Minimum of R100 per month

You can choose to contribute any amount in addition to the regular monthly payments. These additional amounts can be paid via Electronic Fund Transfer (EFT).

2.4 Apply for credit

☐ Tick this box if you want to apply for credit on the above monthly amount and complete the information below.

Credit assessment inventory. We will use this information to carry out a credit check.

Where required, we will request your written approval in order to make the credit value available to you.

Joint gross monthly household income subtotal

R

Joint monthly household expenses

a) Discretionary expenses (e.g. movies, eating out)

R

b) Contractual expenses (e.g. car repayments, retail accounts)

R

Expenses subtotal

R

Net monthly income

R

Credit provider information

In terms of the regulations of the National Credit Act 34 of 2005, the following information must be supplied.

NCR number

NCR CP 173

Name of credit provider

Momentum Metropolitan Life Limited

Physical Address

268 West Avenue
Centurion
Gauteng
0157

Contact number

0860 11 78 59
Weekdays 08:00 to 17:00

3: HealthSaver account termination

☐ Tick this box if you would like to terminate your existing HealthSaver account.

4: Claims payment

In-hospital claims:

☐ Tick this box if you do not want any shortfalls in your in-hospital claims to be paid automatically from your available HealthSaver funds, for example if you have a gap cover product.

Day-to-day claims:

You can choose how your day-to-day claims will be paid from your available HealthSaver funds.

☐ Tick this box if you want your claims to be paid in full

☐ Tick this box if you want your claims to be paid at up to a maximum of 200% of the Momentum Medical Scheme rate

5: Apply for HealthSaver Card

If you do not have a South African ID number, you need a passport as well as a valid visa or permit to apply for a HealthSaver Card. Please attach a copy of your passport and visa or permit.

You can apply for additional cards for your dependants, aged 18 or older, who are registered on your medical aid.

If you apply for a HealthSaver Card, certain card fees will be payable. All card fees will be debited from your HealthSaver account. The fees are subject to change in January each year. You can view the latest fees on momentum.co.za.

Account holder: As the principal member, you will be the account holder.

5: Apply for HealthSaver Card (continued)

Cardholder (HealthSaver account holder)

☐ Tick this box if you (the account holder) want to apply for a HealthSaver Card

Details for delivery of account holder’s HealthSaver Card:

AddressPostal code

Contact person

Cellphone number

Email address

☐ Tick this box if you want an additional HealthSaver Card

Additional cardholder

TitleFirst name

Surname

ID numberDate of birth

D

D

M

M

Y

Y

Y

Y

Passport number

Country in which passport was issued

Cellphone number*

Email address*

Details for delivery of additional cardholder’s HealthSaver Card:

AddressPostal code

Contact person

Cellphone number

Email address

☐ Tick this box if you want an additional HealthSaver Card

Additional cardholder

TitleFirst name

Surname

ID numberDate of birth

D

D

M

M

Y

Y

Y

Y

Passport number

Country in which passport was issued

Cellphone number*

Email address*

Details for delivery of additional cardholder’s HealthSaver Card:

AddressPostal code

Contact person

Cellphone number

Email address

* We cannot process your application form for HealthSaver Card without a valid cellphone number and email address.

If you are applying for more than two additional HealthSaver Cards, please include additional pages.

6: Banking details for payment of contributions

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

Name of account holder	<input type="text"/>											
Name of bank	<input type="text"/>											
Account number	<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"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Branch name	<input type="text"/>			
Amount	<input type="text" value="R"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

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 Health Sav followed by your membership number.

7: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay for the HealthSaver. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified. I accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. I may cancel this mandate and pay via other methods within the 30 days. If I cancel this mandate, I remain responsible to pay any amounts due to Momentum while it was in force.

If an **individual's** account is to be debited, please sign below:

If a third party's account* details are used, please provide a copy of their ID.

*Consent from third party:

I (name and surname)	<input type="text"/>											
ID number	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

consent to Momentum deducting the contributions due for this member from my bank account.

Signature of principal member or third party (if applicable)	<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"/>
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If a **company** account is to be debited:

- I/we warrant that the principal member referred to in this application is an employee of our organisation.
- Momentum may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

Name	<input type="text"/>
Position in company	<input type="text"/>

Signature of account holder/ 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"/>
Company stamp	<input type="text"/>									

8: Terms and conditions

For HealthSaver

Please read the clause below carefully. It contains provisions that may impact on your rights.

- I am deemed to have read and understood the Terms and Conditions that apply to HealthSaver, which can be accessed via the website at momentum.co.za, and consider myself bound by these Terms and Conditions. I further agree to refer to the Momentum website (momentum.co.za) annually to take note of the Terms and Conditions.
- An annual administration fee of R40 is payable in January of each year.
- I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the Terms and Conditions.
- I acknowledge that:
 - In doing so, Momentum acts as my agent.
 - I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
 - I will direct all enquiries in respect of the HealthSaver to Momentum.
 - I undertake to submit the information required for FICA purposes within 14 (fourteen) days of my application. Failure to submit the FICA information will result in my application for the HealthSaver account being cancelled.

I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.

8: Terms and conditions (continued)

Credit granting for application

1. I confirm that the above information is true and complete.
2. I understand that the information provided under the Credit Assessment Inventory will yield a net income figure and that this will determine whether credit will be granted.
3. I understand that the maximum credit I can qualify for is R36 000.
4. I agree that ad-hoc contributions and rebates will not affect the credit advanced to me.
5. I agree that my application is subject to verification, processing and screening and that Momentum may decline an application based on these checks. In addition I give consent that upon acceptance my application will still be subject to continuous screening which may lead to the termination of my application or a reduction in the amount advanced to me when necessary.
6. Momentum reserves the right to share my payment behaviour with various credit bureaus and I understand that this will have an impact on my credit worthiness.
7. Momentum will send the pre-agreement once the application has been processed. I acknowledge that when I receive the pre-agreement, I am obligated to respond to the confirmation email containing the Schedule of the HealthSaver. My response will indicate my approval for Momentum to activate the HealthSaver account. I acknowledge that if my response is not received within the required time specified in the communication, my HealthSaver will be activated without credit.
8. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, offset any debt owing by me to Momentum Medical Scheme or any Momentum product from funds available in the HealthSaver;
9. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, hand over my unpaid accounts in respect of the HealthSaver for collection and listing on the credit bureaus.
10. I understand that credit granted will be subject to a variable HealthSaver reward or penalty.

For HealthSaver Card

Please read the statements below and sign your acceptance thereof.

1. By applying for the HealthSaver Card, I am deemed to have read and understood the Terms and Conditions for Use of the card which can be accessed via the Momentum website at momentum.co.za, and consider myself bound by these Terms and Conditions of Use. If I do not agree with the Terms and Conditions, my application for the card cannot be processed.
2. Card fees are payable for the HealthSaver Card, which will be debited from my HealthSaver account. The fees are subject to change in January each year. The latest fees can be accessed via the Momentum website at momentum.co.za.
3. Momentum will verify my identity and may decline to issue or activate a card if I cannot give them satisfactory proof of my identity as per the FICA (Financial Intelligence Centre Act) requirements.
4. Although a HealthSaver account is owned by the principal member, additional cards, for dependants 18 and older registered on the medical aid, may be linked to the account, thereby enabling additional users to also have access to available funds in the account. The principal member may activate the additional cards on behalf of the dependant. HealthSaver statements are sent to the principal member.
5. There must be funds available in my HealthSaver account for a transaction to be authorised.
6. The card can be used at medical service providers, standalone pharmacy front shops (such as Dis-Chem, Clicks and Link pharmacies) and veterinarians within the borders of South Africa.
7. The card cannot be used to withdraw cash at a bank, an ATM or a Merchant, nor can it be used to pay in-store Merchant accounts.
8. I can cancel my card at any time by notifying Momentum in writing and I must then destroy the card by cutting through the magnetic strip and card numbers. I understand that I will be legally responsible for any transactions if the card is not properly destroyed and is used by any unauthorised person.
9. Momentum will treat all my personal information as private and confidential. I agree that they may share my personal information with third party services providers for the operation of this card.

Signed at

Start date

0	1	M	M	Y	Y	Y	Y
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(The start date cannot be before the Momentum Medical Scheme start date.)

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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9: Declaration

I, the undersigned, agree to be bound by the Terms and Conditions applicable to HealthSaver as set out in the Terms and Conditions of the original contract.

Account holder name

Start date

0	1	M	M	Y	Y	Y	Y
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Signature

Date

D	D	M	M	Y	Y	Y	Y
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