Broker House Name: Aon South Africa (Pty)Ltd
Broker House code: 1004785125
Broker Code: 1020031108

Applying to join Discovery Health Medical Scheme as part of an employer group in 2025

Discovery Health Medical Scheme

Who we are

Discovery Health Medical Scheme, registration number 1125, is a not-for-profit organisation registered with the Council for Medical Schemes, and is the medical scheme that you are a member of.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, **www.discovery.co.za**, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196

Purpose of the form

Thank you for deciding to apply to join the Discovery Health Medical Scheme. This document is an application form to join as part of an employer group. The information requested in this application form is required to enable the Scheme to process your application and to help in the administration of your membership as well as to better administer the affairs of the Scheme.

Download the latest version of all forms from **www.discovery.co.za**, under Medical Aid > Find documents and certificates.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally. You can view the list of approved digital signature providers on **www.discovery.co.za**, under Medical Aid > Find documents and certificates > Application forms.
- All relevant sections must be signed by the main applicant. The main applicant must sign and date any changes.
- Read and understand the terms and conditions for membership (Section 10), our Privacy Statement providing information on how we will be processing your personal information and the Scheme Rules. The full set of Scheme Rules is available on request at **www.discovery.co.za/medical-aid/scheme-rules**.
- Sign section 5, 9 and 10.
- Email the completed and signed form to **application@discovery.co.za.**
- Please attach a copy of each applicant's identity document. We also accept valid passports and birth certificates for children.
- Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.

Once you submit your application form, here is what will happen:

- You will be contacted if any details are missing or if more information is required for underwriting purposes and to process your application.
- You and your financial adviser (if you have chosen one) will receive a message or an email to let you know when your application is considered to have been fully and completely made. This date may differ from the date on which you sign the application form.
- If standard terms of acceptance are offered (no waiting periods or late-joiner penalties), your membership will be activated.
- For any non-standard terms, a counter-offer letter will be issued, which will indicate any conditions applicable to your membership (waiting periods and/or late-joiner penalties). Your membership will only be activated if you agreed to the new terms.
- We will send your Welcome notification via WhatsApp and an Encrypted email, if you appointed a financial adviser, the Welcome email will be sent to them via Encrypted email.

If you do not hear from the Scheme within seven days after submitting your application form, please contact us on **0860 100 345** or your financial adviser

When you sign this application, you confirm that you have read and understood the terms and conditions (section 10 of this form) for membership as well as the Privacy statement and agree to them.

1. About yourself (main applicant)

When do you want your cover to start? D D 0 1 M M Y Y Y Y

Title | Initials

Surname

First names (as per identity document)

ID or passport number

Gender M F Date of birth D D M M Y Y Y Y

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Occupation

Tax Number

Gross monthly earnings **R** .

Telephone (H)

Telephone (W)

Cellphone

Email

Physical address

Unit/Suite number

Complex name

Street number

Street name

Suburb

City

Postal code

Postal address (post collected from post box, suite or private bag)

Same as residential address Yes No

If you do not complete a postal address, we will use your physical address for post.

PO Box Private bag Box number

Suite Postnet suite Number

Suburb

Post code

2. About your spouse or partner (only complete if applying for cover)

Title

Initials

Surname

First name (as per identity document)

ID or passport number

Gender M F

Date of birth D D M M Y Y Y Y

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Marital status Married Single Divorced Widowed

Telephone (H)

Telephone (W)

Cellphone

Email

3. About your dependants (only complete if they are also applying for cover)

Dependant 1

Title

Initials

Surname

First names (as per identity document)

ID or passport number

Gender M F

Date of birth D D M M Y Y Y Y

Race African Coloured Indian/Asian White Other Do not want to disclose

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Relationship to main member

(For example mother or child. Where your child is not your biological child, please state your relationship, for example adopted child or foster child. Please attach proof of this relationship to this application.)

If your dependant is 21 years and older, are they:

Married Yes ☐ No ☐ Financially dependant on you? Yes ☐ No ☐

Does your dependant earn an income? Yes ☐ No ☐ Does your dependant's spouse earn an income? Yes ☐ No ☐

How much does your dependant earn each month? **R** .

How much does your dependant's spouse earn per month? **R** .

Dependant 2

Title Initials

Surname

First names (as per identity document)

ID or passport number

Gender M ☐ F ☐ Date of birth D D M M Y Y Y Y

Race African ☐ Coloured ☐ Indian/Asian ☐ White ☐ Other ☐ Do not want to disclose ☐

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Relationship to main member

(For example mother or child. Where your child is not your biological child, please state your relationship, for example adopted child or foster child. Please attach proof of this relationship to this application.)

If your dependant is 21 years and older, are they:

Married Yes ☐ No ☐ Financially dependant on you? Yes ☐ No ☐

Does your dependant earn an income? Yes ☐ No ☐ Does your dependant's spouse earn an income? Yes ☐ No ☐

How much does your dependant earn each month? **R** .

How much does your dependant's spouse earn per month? **R** .

Dependant 3

Title Initials

Surname

First names (as per identity document)

ID or passport number

Gender M ☐ F ☐ Date of birth D D M M Y Y Y Y

Race African ☐ Coloured ☐ Indian/Asian ☐ White ☐ Other ☐ Do not want to disclose ☐

You are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Relationship to main member

(For example mother or child. Where your child is not your biological child, please state your relationship, for example adopted child or foster child. Please attach proof of this relationship to this application.)

If your dependant is 21 years and older, are they:

Married Yes ☐ No ☐ Financially dependant on you? Yes ☐ No ☐

Does your dependant earn an income? Yes ☐ No ☐ Does your dependant's spouse earn an income? Yes ☐ No ☐

How much does your dependant earn each month? **R** .

How much does your dependant's spouse earn per month? **R** .

Are you applying for more than 3 Dependants? Yes ☐ No ☐

Note: If you are applying for more than 3 dependants, please add the details on a separate page.

4. Please select your health plan

Executive Plan	Comprehensive Series	Priority Series	Saver Series	Smart Series	Core Series	KeyCare Series
Executive	Classic	Classic	Classic	Classic	Classic	KeyCare Plus
	Classic Smart	Essential	Classic Delta	Essential	Classic Delta	KeyCare Core
			Essential	Essential Dynamic	Essential	Keycare Start
			Essential Delta	*Active Smart	Essential Delta	KeyCare Start Regional
			Coastal		Coastal	

*Subject to Council for Medical Schemes Approval

You have the right to ask for help in selecting a health plan that suits your needs. Whether you have requested help or made the decision on your own, by signing this application, you confirm that you are familiar with the conditions and benefits of the plan you select.

I would like to select that my health plan complies with the requirements of Shariah Yes No

How would you like us to refund claims from the Medical Savings Account if your plan has one? Discovery Health rate Cost

Discovery Health Rate is the medical scheme rate subject to funds available. **Cost** is the full amount of the claim subject to funds available.

When you make a claim that is eligible for payment, the Scheme will use the money available in your Medical Savings Account (MSA) to pay for it. Your MSA is a combination of your annual MSA allocation, which is the amount of money you receive at the start of each year, and your accumulated MSA, which is the money that you didn't spend in previous years and that carried over to the current year.

Please complete this if you have selected the KeyCare Plus, KeyCare Start or KeyCare Start Regional Plan

- For KeyCare Plus please select a GP on the KeyCare GP Network
- For KeyCare Start please select a GP on the KeyCare Start GP Network
- For KeyCare Start Regional please select a GP on the KeyCare Start Regional GP Network
- If you have selected the KeyCare Start Regional Plan, which offers comprehensive and affordable cover in and around Polokwane, Tzaneen, Mbombela, Trichardt, Pretoria, Johannesburg, Bellville and George, please make sure that you stay or work in one of these locations so that the full benefit suite is available to you.

	Name	GP name	Practice number
Main applicant			
Spouse or partner			
Dependant 1**			
Dependant 2**			
Dependant 3**			

** Please make sure that the dependant information you give above is the same as the dependant information in section 3 of this form.

Please provide the details on a separate page if you are applying for more than 3 dependants.

5. Your banking details for claims refund

Your contributions will be paid by your employer as a salary deduction, you only need to give us banking details for claim refunds.

By signing this application, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will not be responsible in any way for the amounts refunded.

Please note: We cannot accept credit card account details and only South African banking details are accepted. We no longer issue cheques. If no details are provided we will not be able to refund your claims. If we are paying a third party bank account, the main member must insert the ID number of the third party.

Name of bank

Branch name Branch code - -

Account number Type of account Cheque Savings Other

Account holder

If third party bank details, please insert the third party ID number

If third party bank account is a Joint account Company account or Trust account

please provide proof of bank account. Refer to Annexure A at the back of the application form for the proof of bank account required.

By signing this application, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will not be responsible in any way for the amounts refunded. You understand that you may not transfer, assign, pledge or cede the payment or receipt of any benefit by or from the Scheme to any person and if you do or attempt to do so, the Scheme may withhold, suspend or discontinue the payment of such benefit.

Signature of account holder

Signature of main applicant

Please only sign if information is true, complete and correct.

6. Previous medical scheme details (please give us proof in the form of a membership certificate)

Please give us the details of all registered South African medical schemes that you and your dependants previously belonged to. **We will use this information to determine if we need to apply any late-joiner penalty fees. We may also use the information on the membership certificate to determine if we can apply waiting periods.**

Were all your dependants on the same medical scheme Yes ☐ No ☐

If you and your dependants applying for cover belonged to different medical schemes, please complete them below:

Name	Scheme name	Start date	End date if already resigned	Are they still a member?	Reason for leaving
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	
				Yes ☐ No ☐	

7. About your employer

Please ask your employer to complete this section.

Please attach a clear copy of your salary slip or the letter of employment

Name of employer **Harmony Gold**

Employer or billing number **4234709**

Employee number

Date of employment D D M M Y Y Y Y

Branch name **Actives**

Branch number **Payroll 1, Branch 2**

If you are joining Discovery Health Medical Scheme more than three months after you were employed, please give one of the following reasons:

I was previously covered by my spouse or partner's medical scheme but:

I am now divorced ☐ My spouse or partner has been retrenched ☐

Date D D M M Y Y Y Y

My spouse or partner resigned ☐ My spouse or partner is deceased ☐

Date D D M M Y Y Y Y

I was a wage earner now earn a salary or I was a temporary or contract worker and I am now permanent ☐

Date D D M M Y Y Y Y

I am now offered medical aid due to my new salary level or job grade ☐

Date D D M M Y Y Y Y

Employer warranty

Please ensure your employer completes this warranty if this application form is not submitted with an employer application form:

7.1. We warrant that the main applicant detailed in section 1 is an employee of our organisation.

7.2. The Discovery Health Medical Scheme may bill us for the amount due for this member in the same way as it does for our other employees with the Discovery Health Medical Scheme.

Employer's authorised signature

Please only sign if information is true, complete and correct.

Name **Tshepo Nkonyana**

Designation **Payroll Officer**

8. Appointment of financial adviser

Financial advisers play an important role in advising employers and employees about medical schemes and the benefits they offer. They also guide members on how to navigate matters related to accessing their healthcare.

Financial adviser to advise you as the employer

As an employer, you can nominate a financial adviser to act on your behalf to advise you regarding this application and any other matter regarding membership to a medical scheme on terms that you may agree with the financial adviser. If you make such a nomination, your nominated financial adviser must fill out the section below.

Financial adviser's details (to be completed by the financial adviser in the event of a nomination by the employer)

Financial adviser's name **Jacqui Nel** Code **1020031108**

Intermediary house **Aon South Africa** Code **1004785125**

Financial adviser's telephone number (W) **0 8 6 0 1 0 0 4 0 4** Lead number

Email **arc@aon.co.za**

Bank reference number (if applicable) **N / A** (Mandatory for all ABSA and FNB financial advisers)

Financial adviser to advise your employees

A financial adviser can be appointed to provide advice to your employees regarding this application and/or matters related to their membership to the Scheme. However, only financial advisers contracted to the Scheme can provide advice to your employees.

Please note: The Scheme will pay the financial adviser for services rendered to members (your employees) in accordance with the provisions set out in the Medical Schemes Act and its Regulations.

There are two ways in which a financial adviser can be appointed to advise your employees. Please select your preferred option:

Member-choice arrangement

1) Your employees can appoint a financial adviser of their choice. If you choose this option, your employees can contact the Scheme to provide the details of the selected financial adviser. ☐

Employer financial adviser arrangement

2) Alternatively, you can designate a specific financial adviser(s) to act on behalf of your employees if your terms and conditions for employment permit and/or does not preclude this. In terms of this option, your employees may not use the services of any other financial adviser unless you expressly consent to the employees changing their financial adviser. If you choose this option, the financial adviser that you wish to designate must fill out the section below. Note that the Scheme reserves the right to approve or decline this designation. ☐

Financial adviser's details (to be completed by the financial adviser in the event of the nomination and/or designation in terms of option 2 above)

Financial adviser's name Code

Intermediary house Code

Financial adviser's telephone number (W) Lead number

Email

Bank reference number (if applicable) (Mandatory for all ABSA and FNB financial advisers)

I declare that:

8.1. I am an accredited financial adviser in terms of the Medical Schemes Act 131 of 1998 and licensed by the Financial Services Board in terms of the Financial Advisory and Intermediary Services Act 37 at the date of signing this application form

8.2. I hereby seek approval from the Scheme of my:

8.2.1. Nomination by the employer to provide advice about this application.

8.2.2. Designation to provide advice in terms of the above employer financial adviser arrangement

8.3. I have a valid contract with Discovery Health Medical Scheme and will adhere to the terms and conditions set out in the contract.

8.4. I have made the corporate (employer) aware of the commission I receive from Discovery Health Medical Scheme.

8.5. I am responsible for providing the employer and its employees with:
- My name, physical address, postal address and telephone number
- Impartial advice that is in their best interest.

8.6. I am accountable for any advice I give to the employer and its employees about the completion of this application form and joining Discovery Health Medical Scheme.

Signature of financial adviser

Broker House Name: Aon South Africa (Pty)Ltd
Broker House code: 1004785125
Broker Code: 1020031108

Date D D M M Y Y Y Y

Please only sign if this information is true, complete and correct.

This form is only a complete application when it contains all the information we need to fully process your application. We take the date on which we receive the complete application as the application date, and not the date on which you sign the form

9. Our Privacy Statement – How we will process and disclose your personal information and communicate with you

When you engage with Discovery Health Medical Scheme, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants, beneficiaries and life assureds, where applicable. To view and read our Privacy Statement, please follow this link: **https://www.discovery.co.za/medical-aid/about-discovery-health-medical-scheme** and scroll to, "YOUR PRIVACY IS IMPORTANT TO US" click on the **Privacy Statement link**.

Signature of applicant

Date D D M M Y Y Y Y

The applicant must sign and date any changes
Please only sign if you have read and understand this statement

10. Terms and Conditions applicable to Discovery Health Medical Scheme membership

Definitions

The Scheme refers to Discovery Health Medical Scheme, registration number 1125, registered with the Council for Medical Schemes.

Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for Discovery Health Medical Scheme and a subsidiary of the Discovery Group.

Do you agree that we may send you direct electronic marketing from time to time No, thank you ☐ Yes, I agree ☐

10.1. ***Scheme rules for membership***

The rules of the Scheme record your rights and responsibilities for your membership. They may change from time to time. You may as us for a copy of these rules at any time or view these rules on **www.discovery.co.za**.

When you sign this application, you confirm that you have read and understood these terms and conditions and you agree that you and those you apply for will be bound by these and Scheme Rules.

Where applicable you also acknowledge and confirm that you, your financial adviser, or your employer, may communicate with us on this application and your membership of the Scheme.

You give permission that the Scheme or Administrator can share your medical information and other relevant Personal Information about you and your dependant/s with your chosen financial adviser. The information will be shared so that he or she can help us if necessary while we process your membership application.

Please speak to your financial adviser or the Administrator if there is anything you do not understand.

10.2. ***Who you are applying for***

You may apply to join the Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Scheme rules, as referred to above. For anyone to be treated as financially dependent for this application, you must have a responsibility to provide financially for that dependant. The Scheme or Administrator might ask you to give us proof of financial or legal responsibility.

You may be called the principal member or main member in our future communications to you.

10.3. ***Acting for others***

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application.
- you have received permission from your spouse/partner and any dependant(s) over 18 to act for them in any matter relating to this application.
- I (main applicant) consent to my spouse and/or adult dependant, that is part of this application process, acting on my behalf and providing personal information, including health information, to Discovery Health for the purpose of my application to join Discovery Health Medical Scheme.
- we may be able to retrieve certain previous medical information we have for you and your dependants (if applicable) from previous memberships, however it is still the applicant's obligation to disclose any and all relevant information as required above.

10.4. ***Giving and getting information***

You must give true, correct and complete information.

To consider your application for membership, the Scheme must learn more about you and those you apply for.

Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for more information about themselves. It is still all applicant's obligation to disclose any and all relevant information as required above.

Your legal address

The Scheme or Administrator will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

The Scheme and Administrator may record telephone calls

The Scheme and Administrator may record telephone conversations with you and with those you apply for.

The recordings and all information we get during the recordings will be processed and kept as required by law.

The Scheme and Administrator may get information about you from other relevant sources

The Scheme and Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies ("relevant sources") and further process such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete.

You give your permission that the Scheme and Administrator may get any information that is relevant to your application from your employer.

Tell the Scheme or Administrator immediately if your information changes

You, your employer or your financial adviser must tell the Scheme or Administrator in writing if any of the information you gave, in your application for membership, changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

When the Scheme may cancel your membership/s
The Scheme may cancel any membership if you and those you apply for:

- do not give us information that later turns out to be relevant to this application.
- give us any information that is not true, correct and complete.
- do not tell us about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

Providing false information may lead to criminal charges being brought against you. You will have to pay any amount owing to the Scheme as a result of this cancellation.

Monitor for possible non-disclosure.
To exclude the possibility of non-disclosure of material information, for the first 12 months we will monitor membership in the following cases:
a) Claims of new beneficiaries with less than 24 months continuous medical scheme membership and with less than 90 days break, immediately prior to date of application.
b) When an application is made for membership or admission for a person who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application.
In accordance with the Medical Schemes Act, we implore new applicants to disclose true and complete information to the Scheme.
It is always better to disclose too much than too little.

Providing false information may lead to criminal charges being brought against you. You will have to pay any amount owing to the Scheme as a result of this cancellation.

10.5. ***About becoming a member***
The Scheme might not pay for certain expenses immediately after you become a member
The Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Scheme starts paying for any general or specific medical conditions. We will advise if any waiting periods apply. Please speak to your financial adviser or the Administrator with regard to any waiting periods applicable to your membership and the memberships of those you apply for.

Resign from current medical schemes when accepted
It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from the Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time
As the main member of the Scheme, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time with prior notification.

10.6. ***Repaying money owed to the Scheme***
The Scheme has the right at any time to collect from you any amount that you owe.
We will notify you if there is any amount that you owe to the Scheme.

You must repay any medical savings owing if you leave the Scheme
When you become a member, depending on the plan you chose, you may have money available in advance to use for medical expenses during the year. This money is allocated to an account called the 'Medical Savings Account'. If you leave the Scheme before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to the Scheme over the year.

By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you.You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number DISCSETTLE will be used.

Signature of main applicant

Date D D M M Y Y Y Y

Please only sign if information is true, complete and correct.

11. Third Party Bank Details - Annexure A

Banking details for a third party

Please attach the relevant proof of bank account if you give a third party's bank account details for claim refunds and / contribution debit orders

Documents we need for a third-party bank account

(A third party can be anyone, such as your spouse, aunt, uncle, friend, father or son.)

- Proof of the account (bank statement or bank letter not older than three months)
- A copy of the third party's (account holder) ID, passport or driving licence
- A copy of the main member's ID, passport or driving licence

Documents we need for a joint bank account

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, passport or driving licence of each of the joint owners.

Documents we need for a company account

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, passport or driving licence of the persons who have authority to sign on behalf of the company
- A letter of authority. The letter must:
  - State that the account can be use
  - State the membership details (including the membership or policy numbers) for which the bank account will be used
  - Include the details of the signatory
  - Be dated and signed by an authorised person on behalf of the company
- A copy of the company's certificate of registration.
- A copy of the main member's ID, passport or driving licence

Documents we need for a trust account

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, passport or driving licence of each of the trustees of the account
- A copy of the certificate of registration of the trust
- A copy of the trust resolution. The resolution must:
  - Show the trustees
  - Be dated and signed by an authorised person on behalf of the trust
  - Contain the membership or policy numbers
- A copy of the main member's ID, passport or driving licence

If you are completing the request on behalf of the main member, please include proof that you have the necessary authority to do so, for example, a letter of authority or a letter of executorship.

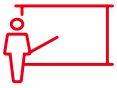
Benefits of appointing

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

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.

21 February 2024 | V1 | CH

Contact us on: 0860 100 404, P.O. Box 78367, Sandton, 2146, www.aon.co.za
FSP number: 20555; CMS number: ORG895
Follow our website link for further information on Aon's processing of your personal information

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
* 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

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: _____