

# Application to add dependants in 2019

Complete this form if you want to add dependants to your Netcare Medical Scheme membership



## Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore, 2010 • [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za)

### Who we are

Netcare Medical Scheme, registration number 1584, is a non-profit organization, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the administrator") is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Netcare Medical Scheme.

### How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Read and understand the rules for membership (section 8).
3. Sign the application form.
4. Please make sure the main member signs and dates any changes.
5. The HR department can fax the completed and signed form to **011 539 3000** or email it to [application@netcaremedicalscheme.co.za](mailto:application@netcaremedicalscheme.co.za)
6. Please attach a copy of each dependant's identity document to this application form. We also accept valid passports and birth certificates for children.

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

- If any details are missing or if we need more information for underwriting purposes, we will contact you.
- We will send you or your employer a welcome letter, SMS or an email to let you know when your application is considered to have been fully and completely made.
- You will then receive a Welcome Pack through your employer.

If you do not hear from us seven days after sending your application form, please contact us on 0860 100 345 or your local HR office.

**When you sign this application, you confirm that you have read and understood the conditions of application and Rules of Netcare Medical Scheme.**

## 1. About the main member

Membership number

Surname

First name/s

ID or passport number  Country of issue

## 2. Adding a spouse or partner (if applying for cover)

Please choose a date you want cover to start for all dependant/s you are applying for. This date must be the same for all your dependant/s applying for cover.

Cover start date

Only complete this section if you are adding a spouse or partner.

Title  Initials  Surname

First name/s (as per identity document)

Preferred name  Sex  Date of birth

Marital status: Married  Single  Divorced  Widowed

Date of marriage to main member (where applicable). Please attach a copy of an official certificate.

Previous or maiden name

ID or passport number  Country of issue

Telephone (H)  (W)

Cellphone  Fax

Email address



### 3. Adding an adult dependant or child (applying for cover) (continued)

#### Dependant 4

Title  Initials  Surname

First names

Preferred name  Sex  M  F Date of birth  Y  Y  Y  Y  M  M  D  D

Relationship to main member  (for example: mother or child. If the child is not your biological child, please state relationship, for example adopted child, foster child. Please supply legal proof or an affidavit confirming that you are responsible for family care and support of the dependant.)

ID or passport number  Country of issue

If your dependant is 21 years and older, are they: Married? Yes  No  Financially dependent on you? Yes  No

Disabled? Yes  No  A full-time student? Yes  No  Does your dependant earn an income? Yes  No

How much does your dependant earn each month? R

### 4. Your employer warranty (This section must be signed by the HR or payroll contact)

Please make sure your Employer completes this warranty unless you are a pensioner.

1. We confirm that the member detailed in section 1 of this application form is an Employee of our organisation.
2. Netcare Medical Scheme may bill us for the amount due for this dependant/s in the same manner as for other Employees with the Netcare Medical Scheme.

Authorised signatory  Original hand signature required

Names

Designations

Employers stamp

### 5. Previous medical scheme details

Please give us the details of all registered South African medical schemes that your dependants previously belonged to. We will use this information to determine if we need to apply any waiting periods, late-joiner penalty fees, or both. Please give us proof in the form of a membership certificate.

Dependant name	Scheme name	Start date	End date if already resigned	Are they still a member?	Reason for leaving
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### 6. Your spouse, partner or dependant/s health questions

Treating healthcare professional's name

Practice number

Telephone

Email

In the preceding 12 months, have **any of your dependant/s** in this application experienced, or received treatment for, or currently suffering from any of the following symptoms, conditions or disorders? We have listed some examples of conditions, symptoms or disorders under each question. These are only examples and not the full list of conditions, symptoms or disorders. Please include congenital abnormalities.

**Please take note that if you have any symptom or condition not listed in the questions below, you should highlight and provide full details of this symptom or condition in response to question 6.18 below. Indication of existing medical conditions on this application does not automatically enroll you/your dependants onto the Scheme's Disease Management programme. For more information with regards to the Schemes disease management enrollment visit [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za)**

## 6. Your spouse, partner or dependant/s health questions (continued)

### 6.1 Tumours and growths Yes No

Example: abnormal pap smear results, skin lesions, breast disease, non-cancerous tumours, cancerous tumours, cancer of any organ, fibrocystic breast disease, fibroadenoma, lump in breast, abnormal mammogram result, abnormal PSA (prostate specific antigen) result.

Patient name	Medical diagnosis	Date first diagnosed				Date of last symptoms, consultation and/or hospitalisation				Medicine used for this condition and dosage	Date of last treatment taken															
		Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D

### 6.2 Heart and circulation conditions Yes No

Example: chest pain, palpitations, shortness of breath, coronary heart disease, angina, heart attack, arrhythmia, high blood pressure (hypertension), cardiomyopathy, valvular heart disease or heart valve replacement, congenital heart disease, rheumatic fever, high cholesterol, previous heart surgery, stents, pacemaker.

Patient name	Medical diagnosis	Date first diagnosed				Date of last symptoms, consultation and/or hospitalisation				Medicine used for this condition and dosage	Date of last treatment taken															
		Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D

### 6.3 Gynaecological and obstetrics conditions Yes No

Example: abnormal pap smear results, abnormal menstrual bleeding, endometriosis, miscarriage, polycystic ovarian syndrome, infertility, ectopic pregnancy.

Patient name	Medical diagnosis	Date first diagnosed				Date of last symptoms, consultation and/or hospitalisation				Medicine used for this condition and dosage	Date of last treatment taken															
		Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D

### 6.4 Are any of your dependant/s pregnant? Yes No

Patient name		
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### 6.5 Mental health Yes No

Example: mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, personality disorders, sleeping disorders (like narcolepsy), eating disorders, Alzheimer's disease, autism, dementia, attention deficit-hyperactivity disorder, drug and/or alcohol abuse or rehabilitation, suicide attempt, counselling, bulimia and any other psychological conditions.

Patient name	Medical diagnosis	Date first diagnosed				Date of last symptoms, consultation and/or hospitalisation				Medicine used for this condition and dosage	Date of last treatment taken															
		Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D

### 6.6 Metabolic or endocrine conditions Yes No

Example: diabetes (high blood sugar), thyroid disease, Addison's disease, Cushing's syndrome, metabolic syndrome, parathyroid disease, Paget's disease, osteoporosis, growth deficiency, metabolic disorders, Conn's syndrome.

Patient name	Medical diagnosis	Date first diagnosed				Date of last symptoms, consultation and/or hospitalisation				Medicine used for this condition and dosage	Date of last treatment taken															
		Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D

### 6.7 Abdominal conditions Yes No

Example: hepatitis, cirrhosis, portal hypertension, alcoholic liver disease, liver failure, haemochromatosis, pancreatitis, cystic fibrosis, gall bladder, gall stones, GORD (reflux), heartburn, oesophageal disease, hernias, atrophic gastritis, ulcers, stomach ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis.

Patient name	Medical diagnosis	Date first diagnosed				Date of last symptoms, consultation and/or hospitalisation				Medicine used for this condition and dosage	Date of last treatment taken															
		Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D

## 6. Your spouse, partner or dependant/s health questions (continued)

### 6.8 Brain and nerve conditions Yes No

Example: stroke, epilepsy, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia, quadriplegia, spinal cord injury, hydrocephalus, ventriculo-peritoneal shunt (VP shunt), mental retardation, CVA, bleeding on the brain.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.9 Breathing and respiratory conditions Yes No

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis, pneumonia.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.10 Musculoskeletal (back, bone and muscle pain) Yes No

Example: arthritis (any form), ongoing neck and/or back pain, ankylosing spondylitis, lupus, Sjögren's syndrome, scleroderma, polymyositis, dermatomyositis, polyarteritis nodosa, Wegener's granulomatosis, sarcoidosis, fibromyalgia, degenerative disc disease, scoliosis, kyphosis, spinal stenosis, neurogenic bladder, gout, fractures, physical disability.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.11 Kidney or urinary conditions including current or past dialysis Yes No

Example: kidney and/or renal failure, kidney stones, recurrent urinary infections, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, urinary incontinence, bladder infections, other bladder or kidney problems.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.12 Blood conditions Yes No

Examples: deep vein thrombosis, anaemia, ITP (platelet deficiency), polycythaemia vera, blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia and other bleeding disorders.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.13 Eye conditions Yes No

Example: cataract, keratoconus, corneal ulcer, uveitis, glaucoma, squint, ptosis, any abnormality of eyelids, retinopathy, macular degeneration, cornea transplant, eye surgery, blurry vision, blindness (partial or full), retinal detachment.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

## 6. Your spouse, partner or dependant/s health questions (continued)

### 6.14 Ear, nose and throat (ENT) and dentistry conditions Yes No

Examples: chronic otitis media (middle ear infection), chronic otitis externa, hearing problems, hearing aid, cochlear implant, tonsillitis, adenoiditis, vertigo, deafness, sinus problem, nasal surgery, dental treatment or dental surgery.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.15 Male urogenital conditions Yes No

Example: prostate disorders, urogenital defects, varicocele, tumours, undescended testes, phimosis, urinary incontinence.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.16 Are any of your dependant/s expecting surgery or planning hospitalisation or treatment in the next 12 months or have you been admitted to hospital in the last 12 months? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.17 Have any of your dependant/s received or not yet received medical advice or treatment for symptoms, not yet diagnosed by a medical professional, in the last 12 months before this application? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 6.18 Have any of your dependant/s been diagnosed with or received treatment for, any condition not mentioned in the questions above, in the last 12 months before this application? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

#### HIV and AIDS

You do not need to disclose your dependants' HIV status on this form if you do not feel comfortable doing so. However, if one or more of your dependant/s are HIV positive, you or they must call us on 0861 638 633 within seven working days from the date we activate their Netcare Medical Scheme membership. We treat all information in the strictest confidence. If you or one or more of your dependants are HIV positive, it is in your and your dependant/s interest to register on the HIVCare Programme. A 12-month condition specific waiting period may apply to this condition. If you do not let us know about your HIV status within seven days of your membership being active, we may end your Netcare Medical Scheme membership.

## 7. Netcare Medical Scheme – Privacy Statement

### How we will process and disclose your personal information and communicate with you

#### Definitions

**The Scheme** refers to Netcare Medical Scheme, registration number 1584, registered with the Council for Medical Schemes.

**Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

**Discovery Group** refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the Group. Subsidiaries in the Group are authorised financial services providers.

**You and your** refers to the member and your registered dependants on your medical scheme plan.

**Your personal information** refers to personal information about you, your spouse, your dependants, your beneficiaries, and your employees (as relevant). It includes information about health, financial status, gender, age, contact numbers and addresses.

**Process(ing) (of) information** means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.

**Competent person** means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent or legal guardian.

1. When you engage with the Scheme and Administrator, you trust us with personal information about yourself, your family. We are committed to protecting your right to privacy.  
The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in line with the Protection of Personal Information Act ("POPIA").
2. You have the right to object to the processing of your personal information. However, it is important to note that the Scheme and Administrator are required to notify you of all the reasons for processing your information as prescribed by POPIA.
3. The Scheme and Administrator will keep your personal information confidential. You may have given us this information yourself, or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable), as a result of your disclosure of your information to third parties.
4. You understand that when you include your spouse/partner and/or dependants on your application, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate scheme-related interests. We will furthermore process their information for the purposes set out in this Privacy Statement.
5. If you are giving consent on behalf of a person under the age of 18 years old (a minor), you confirm that you are a competent person and the duly authorized representative or the legal guardian of such minor, and that you have authority to give consent on their behalf.
6. You agree that the Scheme and Administrator may process your personal information for the following purposes:
  - for the administration of your membership with the Scheme;
  - for the provision of managed care services to you on your membership;
  - for the provision of relevant information to a third party that you have contracted with, who requires this information in order to provide a healthcare service to you on your membership;
  - to analyse risks, trends and profiles;
  - to share your personal information with external health providers that you have contracted with, for the purposes of evaluating certain clinical information, in the event that you require medical treatment.

Examples of this include:

- i. Getting your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Group or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to assess and value a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
  - ii. If you have joined as a member of an employer group, getting information from and sharing information with your employer that is relevant to your application for membership with due regard for considerations of confidentiality in respect of your state of health;
  - iii. Communicating with you about any changes in your membership, including changes to your contributions or changes to the benefits you are entitled to on the plan you have chosen;
7. If a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
    - you have already given your consent for the disclosure of this information to that third party; or
    - we have a legal or contractual duty to give the information to that third party; or
    - we need to share it with them for risk analytical or fraud detection, prevention or recovery purposes.
  8. The Scheme and the Administrator may provide your personal information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship; or where you or your dependant/s have applied for a product, service or benefit from such entity, provided that you have already given your consent for the disclosure of this information. This information will be provided for the administration of your or your dependant(s) products or benefits with other entities within the Discovery Group, and for fraud detection, prevention or recovery purposes.
  9. The Scheme and Administrator may share and combine all your personal information for any one or more of the following purposes:
    - market, statistical and academic research; and
    - to customise our benefits and services to meet your needs.Information about you may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that all data about you that is shared with such third parties will be made strictly anonymous. Note also that personal information will be made available to such third party only if that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of any academic research, you will not be identified by name or any other unique identifier.  
If we want to share your personal information for any other reason, we will do so provided that we obtain your prior written consent.
  10. By accepting this privacy statement, you authorise the Scheme and Administrator to share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, and default history. It also includes sharing of information for purposes of risk analysis, tracing and any related purposes.
  11. The Scheme and Administrator have the right to communicate with you electronically about any changes to your membership,

## 7. Netcare Medical Scheme – Privacy Statement

### How we will process and disclose your personal information and communicate with you (continued)

- including changes to your contributions or changes to the benefits you are entitled to on the plan you have chosen. This may include SMS and email, as needed from time to time.
12. The Scheme and Administrator may process your personal information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you to the Scheme or Administrator.
13. The Scheme and Administrator will keep you updated about any offers and new products that are made available, by the Scheme and Administrator, from time to time. The Scheme, Administrator, any entity within the Discovery Group, and/or contracted third-party service providers, may communicate with you.
14. Please let the Administrator know if you do not wish to receive any direct telephonic marketing.
15. You have the right to know what personal information the Scheme and Administrator holds about you. If you wish to receive this information please complete an 'Access Request Form', attached to the PAIA manual, on PAIA - Netcare Medical Scheme and specify the information that you would like to receive. We will take all reasonable steps to confirm your identity before providing details of your personal information to you. The Administrator is entitled to charge you a fee for this service, which you shall be advised of at the time of your request.
16. You agree that the Scheme and Administrator may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all reasonable practical steps to de-personalise it.
17. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so. We are required to collect and keep personal information in terms of the following laws:
- Medical Schemes Act, 1998;
  - The Consumer Protection Act, 2008;
  - The Protection of Personal Information Act, 2013;
  - Electronic Communications and Transactions Act, 2002; and
  - Promotion of Access to Information Act, 2002
- Legislation specific to Discovery Health (Pty) Ltd only:
- Financial Advisory and Intermediary Services Act, 2002; and
  - Companies Act, 2008.
18. You agree that the Scheme and Administrator may transfer your personal information outside South Africa, in encrypted/coded format only:
- if you give us an email address that is hosted outside South Africa; or
  - for processing, storage or academic research; or
  - to administer certain services, for example, cloud services.
- When we share your information with a person (or company) outside South Africa, we will require of, such person (or company) to treat your information in a manner that complies with the requirements of that country and at a minimum, at the same level of protection as we are obliged to do in South Africa, in terms of South African data protection legislation and regulations. The above shall apply, unless you specifically state otherwise in writing, thereby refusing to give the Administrator consent to share your personal information with such person (or company).
19. If the Scheme or Administrator becomes involved in a proposed or actual amalgamation, merger, acquisition or any form of sale of any assets, you hereby permit us to have the right to share your personal information with third parties in connection with the transaction only, provided that all necessary confidentiality undertakings are in place. In the case of such amalgamation, merger, acquisition or sale, the new entity / third party will have access to your personal information, and the terms of this Privacy Statement will continue to apply in respect thereto.
20. The Scheme or Administrator may change this Privacy Statement at any time. The current version is available on Terms & Conditions - Netcare Medical Scheme.
21. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, we encourage you to first follow our internal complains process to resolve the complaint. We explain the complaints and disputes process on the website ([www.discovery.co.za](http://www.discovery.co.za)). If you are not satisfied after this process, you have the right to lodge a complaint with the Information Regulator, under POPIA. Contact details for the Information Regulator are:  
The Information Regulator (South Africa)  
SALU Building  
316 Thabo Sehume Street  
PRETORIA  
Ms Mmamoroke Mphelo  
Tel: 012 406 4818  
Fax: 086 500 3351  
[infoREG@justice.gov.za](mailto:infoREG@justice.gov.za)
18. You agree that the Scheme and Administrator may transfer your

Signature of main member

Original hand signature required

Please do not sign an incomplete application form.



## 8. Netcare Medical Scheme rules for membership

### 1. Who “we” are

Netcare Medical Scheme, registration no 1584, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Netcare Medical Scheme, an authorised financial services provider.

### 2. Rules for membership

The rules of Netcare Medical Scheme records your rights and responsibilities for your membership of Netcare Medical Scheme. They may change from time to time. You may ask Netcare Medical Scheme for a copy at any time. When you sign this application, you confirm that you have read and understood the rules and you agree that you and, those for whom you apply, will be bound by them. Where applicable you also acknowledge and confirm you or your employer may communicate with us on this application and your membership to Netcare Medical Scheme. The information will be shared so that he or she may contact us if necessary while we process your membership application. Please speak to your employer if there is anything you do not understand.

### 3. Acting for others

You may apply to join Netcare Medical 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 Netcare Medical Scheme Rules. For anyone to be treated as financially dependent for this application, you must be responsible for providing financially for that dependant. We might ask you to provide us with proof of financial responsibility. You will be referred to as the principal member or main member in our future communications to you.

#### 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 for whom you are applying in any matter relating to this application.
- You have received permission from your spouse and any dependants over 18 to act on their behalf in any matter relating to this application.
- In the event that you are signing on behalf of a minor (person younger than 18 years old) that you are a competent person and authorised to sign on their behalf.

### 4. Giving and getting information

#### You must give true, correct and complete information

To consider your application for membership, Netcare Medical Scheme must learn more about you and those for whom you apply. This information must be true, correct and complete. This includes the details you provide in this application form and in future dealings with us. It is important that you inform us of any medical condition, symptom or illness relating to you or those for whom you are applying, even if you do not consider it relevant to your application. We may ask for more information about those for whom you are applying if they are 18 years of age or older.

#### Your legal address

We will send documents to you at the address you selected as the communication channel at which you prefer to be contacted. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have provided, or at any other address you have supplied. It is your responsibility to make sure we have the correct address for you.

### Netcare Medical Scheme and the administrator may record telephone calls

Netcare Medical Scheme and the administrator may record telephone conversations with you and with those for whom you are applying. The recordings and all information we obtain during the recordings will be processed and retained as required by law.

### We may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you agree that we may obtain information about you and those for whom you are applying from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you provide on this application and in respect of any matter pertaining to or that arises during your membership of Netcare Medical Scheme, is true, correct and complete. You give your permission that we may obtain any information that is relevant to your application and membership from your employer.

### Inform us immediately if your information changes

You or your employer must inform us in writing should any of the information you have provided, in your application for membership, changes between the day you sign this document and the day your membership commences. This includes information regarding your health and the health of those for whom you apply. If at any stage you become a direct paying member, we require advance notice of any administrative changes such as cancellation of membership, as we cannot accept backdated changes.

### 5. When Netcare Medical Scheme may cancel your membership/s

Netcare Medical Scheme may suspend or cancel any membership immediately, if the member or dependant/s on the membership is found guilty of fraud or deliberate misuse of benefits or abuse of privilege of the Scheme. It is very important for the member and dependants to provide true, correct and complete information on the application form and in their dealings with the Scheme.

### 6. Becoming a member

Netcare Medical Scheme might not pay for certain expenses immediately after you become a member

Netcare Medical Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before Netcare Medical Scheme begins paying for any general or specific medical conditions. Please speak to your employer or one of our consultants to find out if waiting periods apply to your membership and the memberships of those for whom you are applying.

### Resign from your 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 for whom you are applying must resign from your current medical scheme/s when you receive notice from Netcare Medical Scheme by letter, email or SMS informing you that you and those for whom you have applied have been accepted.

### 7. Contributions

As the main member of Netcare Medical 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.

### 8. Repaying money owed to the Scheme

Netcare Medical Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you should there be any such amount owed to the Scheme.

Signed at (town or city)  on 

Y	Y	Y	Y	M	M	D	D
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Signature of main member

Original hand signature required

The main member must sign and date any changes  
Please do not sign an incomplete application form  
I confirm the information is accurate and complete