

Applying to become a member of Netcare Medical Scheme in 2022 (with underwriting)



Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • www.netcaremedicalscheme.co.za

Thank you for applying to join Netcare Medical Scheme. This document is an application for membership form. It also contains the conditions of application. Please make sure you read and understand the Rules of Netcare Medical Scheme which can be found at www.netcaremedicalscheme.co.za.

Who we are

Netcare Medical Scheme, registration number 1584, is the medical scheme that you are applying to become a member of. This 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.

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.
- 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 Schemes for statistical purposes only. You are not compelled to provide this information.
- We will send you or your employer any outstanding underwriting requirements where we cannot offer standard terms of acceptance for your dependant/s (adult and child dependant/s).
- 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.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Read and understand the terms and conditions for membership (Section 9) and the Scheme Rules.
3. Please make sure the main applicant signs section 5, 8, and 9 as well as signs and dates any changes.
Once completed, please fax the completed and signed form to 011 539 3000 or email it to application@netcaremedicalscheme.co.za
4. Please attach a copy of each applicant's (your dependants) identity document to this application form. We also accept valid passports and birth certificates for children.
5. To follow up on this application, please call **0860 100 345** or email newbusiness_queries@netcaremedicalscheme.co.za

1. About yourself (main applicant)

Cover start date	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D																																		
Y	Y	Y	Y	M	M	D	D																																				
Title	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Initials	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Surname	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																														
First name/s (as per identity document)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																										
Preferred name	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>															
Race	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian/Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>																																	
<i>You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.</i>																																											
Do not want to disclose.	<input type="checkbox"/>																																										
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y																																		
D	D	M	M	Y	Y	Y	Y																																				
Previous or maiden name	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																										
Your current salary	R	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					.	<table border="1"><tr><td></td><td></td></tr></table>																			
Preferred method of communication:	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>	By choosing email, you will receive your communication quicker and there is less of an impact on the environment.																																						
ID or passport number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Country of issue	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Telephone (H) (W)

Cellphone Fax

Email

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

PO Box Private Bag Box number

Suite Postnet Suite Number

Suburb Postal code

If your post is delivered to your street address, please complete these details under physical address.

Physical address:

Suite/Unit number Complex name

Street number Street name

Suburb Postal code

Occupation Tax number

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

Title Initials Surname

First name/s (as per identity document)

Preferred name Gender M F Date of birth

Race African Coloured Indian/Asian White Other

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

Do not want to disclose.

Date of birth

Previous or maiden name

ID or passport number Country of issue

Telephone (H) (W)

Cellphone Fax

Email

Tax number

Partnership declaration

If you are not legally married and you cannot give us a marriage certificate, you have to complete the following section in full. If both parties have not signed and dated the below section, we will halt the application process until we receive the section signed and dated by both parties. We declare we are in a long-term, committed relationship that is like a marriage and that we live together at the same residence. We understand that by signing this declaration, we agree to tell the Scheme about any change to the status of our relationship or any change to our living arrangements, such as separation. We further understand that if the information we give about our relationship or residency is false in any way, the Scheme reserves the right to end both our memberships.

Since when have you and your partner been in this relationship that is like a marriage

Signature of main applicant Signature of partner

Please do not sign an incomplete application form

Date Date

3. About your dependant/s (if applying for cover)

Dependant 1

Title Initials Surname

First name/s (as per identity document)

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

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

Do not want to disclose.

Date of birth

Relationship to main member (for example, mother, child)

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

Dependant 2

Title Initials Surname

First names

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

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

Do not want to disclose.

Date of birth

Relationship to main member (for example, mother, child)

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

Dependent 3

Title Initials Surname

First name/s (as per identity document)

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

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

Do not want to disclose.

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

ID or passport number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Country of issue

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Your child? 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)

Name of employer

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Employer or billing number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employee number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Date of employment

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Branch name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Branch number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Monthly salary R

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 .

--	--

The employer will reconfirm the income stated above

Please make sure your employer completes this warranty. If this application form is sent without an employer warranty, we cannot process the application.

Employer warranty

1. We warrant that the main applicant detailed in section 1 is an employee of our organisation.
2. Netcare Medical Scheme may bill us for the amount due for this member in the same way as it does for our other employees as members of Netcare Medical Scheme.

Authorised signature

--

Please do not sign an incomplete application form.

EMPLOYER STAMP

Name/s

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Your banking details

Please give us the details you would like to use for your claim refunds.

Please note: We cannot accept credit card account details. You may only use a South African bank account.

Bank name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Branch code

--	--

 -

--	--

 -

--	--

 -

--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of account Cheque Savings

Account holder

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

By signing below, you agree that once claims have been refunded into the bank account you have chosen, Netcare Medical Scheme will not be responsible in any way for the amounts refunded, if these details are incorrect.

Signature of main applicant

--

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

ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If the third party bank account is a Joint account Company account 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.

Please do not sign an incomplete application form.

6. Previous medical scheme details

Please give us the details of all registered South African medical schemes that you previously belonged to. Please give us proof in the form of a membership certificate.

Main applicant

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

If all dependant/s were on the same medical schemes as completed above, please tick here to confirm this.

If any of your dependant/s applying for cover belonged to different medical schemes, please complete them below:

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

7. Your health questions

In the twelve months prior to your application, have any of your dependants in this application **ever** experienced, been treated for or currently suffer 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.

We use this information only for lawful purposes, for example, enabling us and our administrator to process your application and to optimally administer your membership, to verify whether the information you provide on this application form is true and complete, to provide you with customized information relevant to your health status, to develop disease management programs for specific conditions, to review and enhance Scheme benefits, to improve Scheme's financial modeling, to assist the Scheme to better assess and mitigate its risk and other beneficial uses. A condition specific waiting period will only be imposed on your membership if you or your dependant received or were recommended any medical advice, diagnosis, care or treatment within a within a 12-month period ending on the date on which this application is considered to be fully and properly made.

If any of your dependants 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. An 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 Scheme's Disease Management enrollment visit www.netcaremedicalscheme.co.za.

7.1 Tumours, growths and disorders of the skin

Yes No

Example: abnormal pap smear results, skin lesions, eczema, psoriasis, 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 or other skin conditions.

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

7.2 Heart and circulatory 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, peripheral vascular disease.

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

7.3 Gynaecological and obstetrics conditions

Yes No

Example: abnormal Pap smear results, abnormal menstrual bleeding, endometriosis, miscarriage, polycystic ovarian syndrome, infertility, ectopic pregnancy, missed periods, ovarian cyst.

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

7.4 Are you or any of your dependants pregnant or undergoing treatment/investigation for pregnancy

Yes No

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

7.5 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, post traumatic stress disorders, counselling, bulimia and any other psychological conditions.

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

7.6 Metabolic or endocrine conditions

Yes No

Example: diabetes mellitus (high blood sugar), diabetes insipidus, 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	Symptoms/Medical diagnosis	Date first diagnosed/symptoms	Date of last symptoms, consultations and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y

7.7 Abdominal conditions

Yes No

Example: hepatitis, cirrhosis, portal hypertension, liver disease, liver failure, pancreatitis, cystic fibrosis, gall bladder/stones, GORD (reflux), heartburn, oesophageal disease, hernias, gastritis, ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis, Irritable bowel syndrome (IBS), Hemorrhoids, long standing constipation/diarrhea, ongoing abdominal pain, ascites (fluid in the abdomen).

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

7.8 Brain and nerve conditions

Yes No

Example: stroke, epilepsy, seizures, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, other chronic headaches, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia, quadriplegia, spinal cord injury, hydrocephalus, brain shunt (VP shunt), intellectual disability, CVA, bleeding on the brain.

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

7.9 Breathing and respiratory conditions

Yes No

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis, pneumonia, interstitial lung disease-chronic cough > 3months.

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

7.10 Musculoskeletal (back, bone and muscle pain)

Yes No

Example: arthritis (any form), ongoing joint or muscular 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, injury, physical disability, prosthesis, amputation.

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

7.11 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, neurogenic bladder, bladder infections, other bladder or kidney problems.

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

7.12 Blood conditions

Yes No

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

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

7.13 Eye conditions

Yes No

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

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

7.14 Ear, nose and throat (ENT) and dentistry conditions

Yes No

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

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

7.15 Male urogenital conditions

Yes No

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

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

7.16 Are you or 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	Symptoms/Medical diagnosis	Date first diagnosed/symptoms	Date of last symptoms, consultations and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y

7.17 Have you or 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	Symptoms/Medical diagnosis	Date first diagnosed/symptoms	Date of last symptoms, consultations and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y

7.18 Have any of your dependants 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	Symptoms/Medical diagnosis	Date first diagnosed/symptoms	Date of last symptoms, consultations and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y

HIV and AIDS
 You do not need to disclose the HIV status of your dependant/s or yours on this form if you do not feel comfortable doing so. However, if you or 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 your Netcare Medical Scheme membership. We treat this information in the strictest confidence. A 12-month condition specific waiting period may apply to this condition and any related conditions. If you do not let us know about your HIV status within 7 days of your membership being active, we may end your Netcare Medical Scheme membership.

8. Privacy Statement for Netcare Medical Scheme administered by Discovery Health (Pty) Ltd

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 all personal information the Discovery Group has on you, or persons which are related to you or under your authority (as relevant). It includes:
 - financial information;
 - information about your health, race or ethnic origin, biometrics, criminal behaviour or religion;
 - your gender;
 - your age;
 - unique identifiers such as your identity number or 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 to ensure that such processing is adequate, relevant and not excessive, given the purpose for which it is processed.
- 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.
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.
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 dependents 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; and

- 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:

- 6.1. Obtaining and sharing your personal information with 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;
 - 6.2. 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; and
 - 6.3. 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.
- You hereby consent and agree that:
- we may process your information, including personal information and special personal information, to adhere to South African Legislative reporting obligations and to perform transaction monitoring activities; and
 - we may communicate such personal information to local regulatory bodies as well as to other entities in the Discovery Group, if any legislative reportable matters are identified.
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. 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, 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. By accepting this privacy statement, you also confirm that we may share, both within the Discovery Group and with our service providers, and combine all your personal information, including your unique identifiers, for any one or more of the following purposes, directly or through a third party:
- 12.1. Market, statistical and academic research, including cross-company analytics;
 - 12.2. To customise and enhance our benefits and services to meet your needs; and
 - 12.3. To market our services to you.
13. You may opt out of Electronic Marketing by:
- 13.1. Logging into your profile on www.netcaremedicalscheme.co.za or via the Discovery App;
 - 13.2. Following the unsubscribe prompts on the electronic marketing communication received; or
 - 13.3. By informing your appointed financial adviser.
- We will store your personal information for the purpose of actioning this request and will action it as soon as reasonably possible.
14. 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.
15. 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.
16. Please let the Administrator know if you do not wish to receive any direct telephonic marketing.
17. 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 Access to Information manual, on <https://www.netcaremedicalscheme.co.za/portal/netcare/privacy> 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.
18. The Scheme and Administrator may keep your personal information until you ask us to delete or destroy it. This is unless the law allows us to keep it or where we deem it necessary to keep for the pursuit of the Scheme or the Administrator’s legitimate business purposes. Where we cannot delete your personal information, we will take all steps to make it anonymous
19. 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 (“POPIA”);
- 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.

20. 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).

21. 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.
22. The Scheme or Administrator may change this Privacy Statement at any time. The current version is available on www.netcaremedicalscheme.co.za/portal/netcare/privacy
23. 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 complaints process to resolve the complaint or contact the Scheme’s Information Officer, refer to the Privacy page on the Scheme website (www.netcaremedicalscheme.co.za/portal/netcare/privacy) . If thereafter you feel that we have not resolved your complaint adequately, kindly contact the Information Regulator.

Contact details for the Information Regulator are:

The Information Regulator (South Africa)

JD House | 27 Stiemens Street | Braamfontein | Johannesburg | PO Box 31533 | Braamfontein | Johannesburg | 2001
 POPIAComplaints@inforegulator.org.za or PAIAComplaints@inforegulator.org.za.

Signed at (town or city)

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please do not sign an incomplete application form

9. 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 appointed, 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 dependant/s over 18 to act on their behalf in any matter relating to this application; and
- 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 abuse of privilege of the Scheme. It is very important for the member and dependant/s 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.

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please do not sign an incomplete application form