Applying to become a member of Netcare Medical Scheme 2024 (without 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 organisation, 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:

- 1. If any details are missing or if we need more information for underwriting purposes, we will contact you.
- 2. 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.
- 3. 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.
- 4. Your welcome pack will be delivered to your employer.

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 10) and the Scheme Rules.
- 3. Please make sure the main applicant signs section 7, 9, and 10 as well as signs and dates any changes. Please submit the form to your HR who will complete the employer warranty and submit the application on your behalf. No direct applications will be accepted.
- 4. Please attach a copy of your Identity Document (ID) as well as each applicant to this form. We also accept passports and birth certificates for children.
- If you do not hear from us within seven days after submission of your application form, please call 0860 100 345 or email newbusiness_queries@netcaremedicalscheme.co.za or contact your local HR office.

I consent to my spouse and/or adult dependant acting on my behalf and providing my personal information, including health information, for the purpose of this application.

1. About yourself (main applicant)										
Cover start date	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
Title	Initials Surname										
First name/s (as per identity document)											
Previous or maiden nar	ne										
Gender	M F Date of birth D D M M 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.											
Your current salary	R										
Preferred method of co	mmunication: Email Post By choosing email, you will receive your communication quicker and there is less of an impact on the environment.										
ID or passport number											
Telephone (H)	Telephone (W)										
Cellphone											

Please note that this form expires on 31/03/2025. Up to date forms are available on www.netcaremedicalscheme.co.za.

Email																					
Postal address ((post collect	ed from	post bo	k, suite d	or privat	te bag)															
PO Box	Private B	ag			Е	Box num	ber														
Suite	Postnet Su	ite				Num	ber														
Suburb															Post	tal c	ode				
If your post is del	livered to yo	ur stree	et addres	s, pleas	e comp	lete the	se de	tails un	der p	hysical	addre	SS.									
Physical addres	s:																				
Suite/Unit numbe	er				Con	nplex na	ıme														
Street number					S	Street na	ıme														
Suburb															Post	tal c	ode				
Occupation										Tax r	number										
2. About your	spouse o	r part	ner (if a	pplying	g for c	over)															
Title					Init	ials															
Surname		'																			
First name/s (as pidentity document)	per																				
Previous or maide	en name																				
Gender		М	F		Date	of birth	D D	M	M Y	Y	Y										
Race	Africa	an	Colour	ed	India	n/Asian		White		Other		Do no	ot wan	t to	discl	lose		1			
You are not comp data and it will be					uired o	n race. ˈ	The s	cheme	is rec	quired b	y the (Counc	il for N	∕ledi	cal S	Sche	mes	s to (colle	ct th	is
ID or passport nu	mber																				
Telephone (H)										Telepho	one(W)										
Cellphone																					
Email																					
Tax number																					
Partnership dec	claration	ı																			
If you are not lega not signed and da																					ave
We declare we all that by signing th arrangements, su the Scheme rese	iis declaratio uch as separ	n, we a	agree to t We furthe	ell the S r unders	stand th	about a at if the	ny ch	nange t	o the	status	of our r	elatio	nship	or a	ny ch	hang	ge to	our	livin	ıg	
Since when have	you and yo	ur partr	ner been	in this re	elations	hip that	is like	e a mar	riage					D	<u></u>	IM I	IM.	<u> </u>	Y	Y	Y
Signature of main	n applicant												Date	D	D	M	M	Υ	Y	Y	Y
Signature of partr	ner												Date	D	D	M	M	Υ	Υ	Y	Y
		PI	ease do n	ot sign a	an incon	nplete a	plica	tion for	m												
3. About your	dependar	nt/s (if	applyir	ng for c	cover)																
Dependant 1		1	1 1				ı														
Title				Initials			Su	rname													
First name/s (as pidentity document)	per									1											
Gender		М	F		Date	of birth	D D) M	M Y	Y	Y										
Race	Africa	an	Colour	red	India	n/Asian		White		Other		Do no	ot wan	t to	discl	ose					

Please note that this form expires on 31/03/2025. Up to date forms are available on www.netcaremedicalscheme.co.za.

	for statistical purposes.
Relationship to main me	ember (for example, mother, child)
ID or passport number	
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 e	arn an income? Yes No
How much does your de	ependant earn each month? R
Dependant 2	
Title	Initials Surname
First name/s (as per identity document)	
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
	to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this for statistical purposes.
Relationship to main me	ember (for example, mother, child)
ID or passport number	
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
*Disabled? Does your dependant e.	
Does your dependant e	
Does your dependant e	arn an income? Yes No
Does your dependant e. How much does your de	arn an income? Yes No
Does your dependant endow much does your de Dependent 3	arn an income? Yes No ependant earn each month? R
Does your dependant endown much does your de Dependent 3 Title First name/s (as per	arn an income? Yes No ependant earn each month? R
Does your dependant endem How much does your described by Dependent 3 Title First name/s (as per identity document)	arn an income? Yes No ependant earn each month? R
Does your dependant endem when the does your described by the does you are not compelled.	arn an income? Yes No ependant earn each month? R Initials Surname M F Date of birth D M M Y Y Y Y
Does your dependant endem when the does your described by the does you are not compelled.	arn an income? Yes No ependant earn each month? R Initials Surname M F Date of birth M M Y Y Y Y African Coloured Indian/Asian White Other Do not want to disclose to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this
Does your dependant end How much does your de Dependent 3 Title First name/s (as per identity document) Gender Race You are not compelled data and it will be used Date of birth	arn an income? Yes No ependant earn each month? R
Does your dependant end How much does your de Dependent 3 Title First name/s (as per identity document) Gender Race You are not compelled data and it will be used Date of birth	arn an income? Yes No pependant earn each month? R Initials Surname M F Date of birth D M M Y Y Y Y African Coloured Indian/Asian White Other Do not want to disclose to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this for statistical purposes.
Does your dependant end How much does your de Dependent 3 Title First name/s (as per identity document) Gender Race You are not compelled data and it will be used Date of birth Relationship to main me ID or passport number	arn an income? Yes No pependant earn each month? R Initials Surname M F Date of birth D M M Y Y Y Y African Coloured Indian/Asian White Other Do not want to disclose to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this for statistical purposes.
Does your dependant end How much does your de Dependent 3 Title First name/s (as per identity document) Gender Race You are not compelled data and it will be used Date of birth Relationship to main me ID or passport number	arn an income? Yes No ependant earn each month? R Initials Surname M F Date of birth D M M Y Y Y A African Coloured Indian/Asian White Other Do not want to disclose to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this of or statistical purposes. M M Y Y Y Y A Sember (for example, mother, child)
Does your dependant end How much does your de Dependent 3 Title First name/s (as per identity document) Gender Race You are not compelled data and it will be used Date of birth Relationship to main me ID or passport number If your dependant is 21	arn an income? Yes No ependant earn each month? R Initials Surname M F Date of birth M M Y Y Y Y African Coloured Indian/Asian White Other Do not want to disclose to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this of or statistical purposes. M M Y Y Y Y Y African Coloured Indian/Asian White Other Do not want to disclose to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this ember (for example, mother, child) years and older, are they:
Does your dependant end How much does your de Dependent 3 Title First name/s (as per identity document) Gender Race You are not compelled data and it will be used Date of birth Relationship to main me ID or passport number If your dependant is 21 Your child?	arn an income? Yes No ependant earn each month? R Initials Surname M F Date of birth D M M Y Y Y Y African Coloured Indian/Asian White Other Do not want to disclose to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this for statistical purposes. M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

You are not compelled to provide the information required on race. The scheme is required by the Council for Medical Schemes to collect this

4. Please complete	the GP	detai	Is if y	ou ha	ve se	elected	d the	e Ne	tcar	e Ne	twork Opti	on									
	Name GP nan			name	!				Practice number	Se	conc	d GF	nan	ne			Practice number				
Main applicant																					
Spouse or partner																					
Dependant 1																					
Dependant 2	+																				
Dependant 3																					
5. Your employer wa	arranty	(this	sectio	on mus	st be	signe	d by	/ the	HR	or p	ayroll cont	act)									
Name of employer									Emp	ploye	r or billing nu	mber					$\overline{}$				
Employee number										Da	ate of employ	ment	D	D	М	M Y	Υ	Υ	Υ		
Branch name											Branch nu	mber						Ī			
Applicant's monthly sala	ry R																				
Please make sure your eapplication.	mployer	comp	letes th	his warr	anty.	If this a	pplic	cation	form	n is s	ent without ar	n emp	ploye	er w	arrar	nty, w	e can	ınot p	roce	ss th	he
Employer warranty																					
We warrant that the m Netcare Medical Sche of Netcare Medical Sc	eme may						-	-		_		does	for o	our o	other	emp	loyee	s as	mem	ıbers	S
Authorised signature																					
L	Please	e do no	ot sign	an inco	mplete	e applica	ation	form													
Name and surname of HR official																					
Designation																					
						EMPL	LOY	/ER	STA	AMP											
6. Your banking det	ails																				
Please give us the deta	ails you	would	d like t	to use f	or yo	ur clai	m re	fund	ls.												
Please note: We cannot	ot accept	t credi	it card	d accou	int de	etails. Y	ou i	may	only	use	a South Afri	can	banl	k ac	cou	nt.					
Bank name																					
Branch name												Bran	ch c	ode:			-		-		
Account number																					
Type of account (Cheque	Sa	vings																		
Account holder																					
By signing below, you agresponsible in any way for										acco	unt you have	chos	en, l	Neto	are I	Medic	al Sc	heme	e will	not	be
Signature of main applica	ant																				
If third party bank details	, please	insert	the thi	rd party	ID nu	ımber.															
ID Number																					
If the third party bank ac	count is	а	Joint a	account		Com	pany	acco	ount		Trust accoun	t									
Please attach the relevan	nt proof c	of bank	k acco	unt as s	et ou	t in Sect	tion	11 of	this	form.											

7. 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
				Yes No	
				Yes No	
				Yes No	

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
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	

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

When you engage with Netcare Medical Aid 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 and beneficiaries, where applicable. To view and read our Privacy Statement, please follow this link: https://www.netcaremedicalscheme.co.za/assets/medical-schemes/netcare/netcare-privacy-statement.pdf

|--|

Date Date

Please do not sign an incomplete application form

9. Terms and Conditions applicable to Netcare Medical Scheme 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;
- 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 to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers), 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	M	M	Y	Υ	Υ
orginaturo of main appream	The main applicant must sign and date any changes Please do not sign an incomplete application form I confirm the information is accurate and complete							

10. Bank Details

Documents we need for a third-party bank account

Please attach the relevant proof of bank account if you give a third party's bank account details for claim refunds.

(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 used
 - 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.