

Continuation form

Application to change a main member

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, 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 for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form must be completed by the person applying to be the main member.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Employer Contact.
5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

Should you have any questions, kindly let us know. Once we have assessed your application, we will let you know what will happen next.

1. About your employer

Employer name Date of employment
 Employer number
 Branch name Branch number –

2. About the new main member

Date membership of new member starts Membership number
 Tax Number Job title
 Title Initials Surname
 First name/s (as per identity document)
 Preferred name Sex Date of birth
 Marital status Married ☐ Single ☐ Divorced ☐ Widowed ☐
 Previous/maiden name
 ID or passport number Employee number
 Country of issue
 Telephone (Home) (Work)
 Cellphone
 Physical address Postal address
 Code Code
 E-mail
 Preferred means of communicating (where appropriate) E-mail ☐ Post ☐ E-mail type Home ☐ Work ☐
 In which country do you reside?

3. Banking details for the new main member's monthly contribution (if applicable)

What you must do

Submit the following with this form: (1) Copy of ID (2) Bank statement/letter of confirmation (not older than three months) from the bank.

Bank name

Branch name Branch code - - -

Account number

Name of account holder

Type of account Cheque ☐ Savings ☐

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder

Signature of new main member

Please note: Should you be using someone else's bank account, the account holder must sign above to confirm this.

4. Banking details for claim refunds

Same as per section 3? Yes ☐ No ☐

What you must do

Submit the following with this form: (1) Copy of ID (2) Bank statement/letter of confirmation (not older than three months) from the bank.

Should we not receive banking details, we cannot refund your claims. You may only use a South African bank account.

Bank name

Branch name Branch code - - -

Account number

Name of account holder

Type of account Cheque ☐ Savings ☐

I agree to inform the Scheme in writing of any changes that may occur.

Signature of new main member

By signing the above you agree that, once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

5. Bankmed Privacy Statement

This document reflects the Privacy Statement for Bankmed, administered by Discovery Health (Pty) Ltd.

1. Application of requirements of the Protection of Personal Information Act ("POPI")

- 1.1. This Privacy Statement explains how Bankmed and its administrator and managed care service provider (currently Discovery Health (Pty) Ltd) (we/us) obtain, use, disclose and otherwise process personal information, which may include health and financial information ("Personal Information"), as required by the Protection of Personal Information Act ("POPIA"). Any other party, including the administrator and managed care service provider, that may have access to your Personal Information via Bankmed, is prohibited from using such information for any other purpose not approved by Bankmed. The administrator and managed care service provider, in particular, can only use the information strictly in compliance with the agreement between Bankmed and the administrator and managed care service provider.
- 1.2. Please note:
 - We may amend this Notice from time to time. Please check our website periodically to remain informed of any changes;
 - You have the right to object to the processing of your Personal Information;
 - Should you believe that we have utilised your Personal Information contrary to applicable law, you shall first resolve any concerns with us. Should you not be satisfied with the process, you have the right to lodge a complaint with the Information Regulator, under POPIA.
- 1.3. Any information, including Personal Information relating to yourself and your dependents and/or beneficiaries, supplied to us or collected from other sources ("Your Personal Information") will be kept confidential.
 - You confirm that when you provide us with your Personal

Information, your dependant/s and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event that you are providing information and signing consent on behalf of a minor (person younger than 18 years old) you confirm that you are a competent person and authorised do so on their behalf.

- You understand that when you include your spouse and/or dependents on your application, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate interest. We will furthermore process their information for the purposes set out in this Privacy Statement.
- 1.4. You agree to our processing and disclosing Your Personal Information in the following manner:
We may collect, collate, process, store and disclose your Personal Information:
 - For the administration of your health plan;
 - For the provision of managed care services to you or any dependant/s on your health plan;
 - For the provision of relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your health plan;
 - In the event of any member ceasing to be a member, any amount still owing by such member in respect of himself or his dependants shall be a debt due to the Scheme and recoverable by it. Therefore, for the provision of information to a contracted third party who performs a debt collection service to the Scheme, where you owe the Scheme an outstanding debt;

5. Application of requirements of the Protection of Personal Information Act ("POPI") (continued)

- To profile and analyse risk;
- For academic research only where this is specifically approved by Bankmed.

Examples of how this will happen includes:

- a. Obtaining Your Personal Information from other relevant sources, including any entity that is related to the administrator, medical practitioners, contracted service providers, employers, credit bureaus or industry regulatory bodies ("Sources"), and further processing of such Information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the Sources that your Personal Information is true, correct and complete. This, amongst other things, will allow the Scheme and the administrator (although to a limited extent) to ensure that a member is not a member of more than one medical scheme as this is prohibited by the Medical Schemes Act;
 - b. Communicating with you regarding any changes in your health plan, including your contributions or changes and enhancements to the benefits you are entitled to on the health plan you have selected;
 - c. Transferring your Personal Information outside the borders of the Republic of South Africa where appropriate, if you provide an e-mail address which is hosted outside the borders of South Africa, or for processing, storage or academic research (where such research is specifically approved by Bankmed). We will ensure that anyone to whom we pass your Personal Information agrees to treat your information with the same level of protection as we are obliged to;
 - d. Utilising external health specialists to assess or evaluate certain clinical information. Your Personal Information will be shared with such specialist/s in the event that you or your dependant/s are subject to such a clinical assessment.
- 1.5. We may process your 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.
 - 1.6. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party.
 - 1.7. Should you wish to share your information for any other reason, we will do so only with your permission.
 - 1.8. You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the 'Access Request Form' on www.bankmed.co.za/legal and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your Personal Information. Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.
 - 1.9. You have the right to contact and ask us to update, correct or delete your Personal Information. Bankmed and its administrator have the right to communicate with you electronically about any changes on your health plan, including your contributions or changes to the benefits you are entitled to on the health plan you have chosen.

- 1.10. You agree that we may retain your Personal Information until such time as you request us to destroy it (unless we are obliged by law to retain it, regardless of such request). Where we cannot delete your personal information, we will take all practical steps to depersonalise it.
- 1.11. Bankmed and its administrator and managed care service provider are required to collect and retain information in terms of the following legislation (amongst others):
 - The Medical Schemes Act, 1998
 - The Consumer Protection Act, 2008
 - The Protection of Personal Information Act, 2013
 - Electronic Communications and Transactions Act, 2002
 - Promotion of Access to Information Act, 2000
 - Legislation specific to the administrator and managed care service provider only:
 - Financial Advisory and Intermediary Services Act, 2002
 - Companies Act, 2008
- 1.12. You agree that Bankmed and its administrator may transfer your personal information outside South Africa:
 - if you give us an email address that is hosted outside South Africa; or
 - for processing, storage or academic research, only where this is specifically approved by Bankmed; or
 - to administer certain services, for example, cloud services.

When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to do in South Africa. Unless you specifically give us consent to share your personal information with such person (or company).

- 1.13. Bankmed may change this Privacy Statement at any time. The current version is available on the Bankmed website (www.bankmed.co.za). Scroll to the bottom of the webpage once you have logged in and select the "Legal" tab. Alternatively, you may click on this link to access the document: <https://www.bankmed.co.za/assets/medical-schemes/bankmed/bankmed-fair-collections-notice-final.pdf>
- 1.14. If you believe that Bankmed or its administrator have used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the Bankmed website. You may click on this link to access the complaints and escalations process: https://www.bankmed.co.za/medicalschemes_za/bankmed/web/health/linked_content/documents/latest_info/complaints_and_escalations.pdf 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

info@justice.gov.za

Signature of main applicant

Date

2	0	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

6. Bankmed rules for membership (continued)

6.1 Who "we" are

Bankmed, registration no 1279, registered with the Council of Medical Schemes.

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

6.2 Rules for membership

The Bankmed rules records your rights and responsibilities pertaining to your membership of Bankmed. They may change from time to time. You may ask us 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 that the financial adviser, you or your employer appointed, may communicate with us on this application and your membership to Bankmed. You give permission that we may share your medical information and other relevant personal information about you and your dependants with your chosen financial adviser. 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 financial adviser or one of our consultants should there be anything you do not understand.

6.3 Who you may apply for

You may apply to join Bankmed on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Bankmed 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.

6.4 Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those 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.

6.5 Giving and obtaining information

You must provide true, correct and complete information

To consider your application for membership, Bankmed 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 and 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 ensure we have the correct address for you.

Bankmed and Discovery Health (Pty) Ltd may record telephone calls

We 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 obtain 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 Bankmed, 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, your employer or your financial adviser 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. We require advance notice of any administrative changes such as cancellation of membership, as we cannot accept backdated changes.

When Bankmed may suspend or terminate your membership/s

Bankmed may suspend or terminate any memberships immediately, should the member or dependants on the membership be found guilty of 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.

6.6 Becoming a member

Bankmed might not pay for certain expenses immediately after you become a member

Bankmed may have waiting periods that apply in certain circumstances. This means there may be a set time period before Bankmed begins paying for any general or specific medical conditions. Please speak to your financial adviser 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 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 schemes when you receive notice from Bankmed by letter, e-mail or SMS informing you that you and those for whom you have applied have been accepted.

You must ensure contributions are paid on time

As the main Bankmed member, you are responsible for ensuring that your contributions and the contributions of those for whom you are applying 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.
- suspend/ terminate membership if the contributions are in arrears.

6.7 Repaying money owed to the Scheme

Bankmed 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.

You must repay any medical savings owing should you leave Bankmed.

Once you become a member, depending on the plan you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the 'Medical Savings Account'. Should you leave Bankmed before the year is up, you must repay the portion of medical savings you have utilised that is more than you have paid back to Bankmed over the year.

Signed at (town or city) on 2 0 Y Y M M D D

Signature of main member

Signature of previous main member*

*Should the previous main member's signature not be obtained, please state reason.