

## Employer Information Form for Bankmed Medical Scheme

### Who we are

Bankmed Medical Scheme (referred to as 'the Scheme'), registration number 1279. 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). Discovery Health is responsible for the administration of Bankmed Medical Scheme

### What you must do

1. Please use one letter per block, complete in black ink and print clearly.
2. This form ("**the Information Form**") must be completed and returned to Discovery Health.
3. Please complete the Information Form in black ink and please print clearly, or complete the form digitally by using Microsoft Word.
4. Sign section 5. This section must be physically signed and may not be signed digitally.
5. Email this Information Form to **application@bankmed.co.za**

### 1. About your organisation

When do you want your cover to start?         (Must be the 1st day of a month).

Name of employer  (Hereinafter referred to as "**the Employer**")

Registration number  Employer number

VAT number  Branch number

Type of organisation, for example (Pty) Ltd,

#### Physical address

Suite/Unit number  Complex name

Street number  Street name

Suburb  Post code

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

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

PO Box  Private Bag Box number

Suite  Postnet Suite Number

Suburb  Post code

COID (Workman's compensation) registration number

### 2. Your organisation's contact person

**2.1. Contact person** (This is the Employer contact person who is authorised to deal with us and send us financial and other changes for your Employees)

Title  Initials  Surname

First name/s (as per identity document)

ID or passport number  Date of birth

Country of issue  Employee number

Telephone (W)   Cellphone

Email

### 3. Banking details for your monthly premium

You may only provide a South African bank account. Payment of all fees will be in advance and by means of a debit order, unless you have an existing payment arrangement with Discovery Health, in which case that payment arrangement will also be applied to the fees payable in terms of this Product. If the Product is not activated prior to the debit order submission, the initial fee will be included in the following month's debit order.

Bank name	<input type="text"/>	
Branch name	<input type="text"/>	Branch code <input type="text"/>
Account number	<input type="text"/>	Type of account <input type="checkbox"/> Cheque <input type="checkbox"/> Savings
Name of account holder	<input type="text"/>	
Authorised signatory/ies on behalf of the employer and employees, duly authorised:		
Name/s	<input type="text"/>	Name/s <input type="text"/>
Designation/s	<input type="text"/>	Designation/s <input type="text"/>

### 4. Terms and Conditions

- 4.1. You confirm that you have read and understood the Agreement and you agree to be bound thereby.
- 4.2. You understand that the information provided to Discovery Health in this Information Form will be regarded as personal information as envisaged in the EMBF Privacy Statement.

### 5. Signature

You warrant that you are duly authorised to sign this Information Form on behalf of the Employer and that all information stated on this Information Form is true, correct and complete.

Signature:

Signed at (town or city)  on

Name

Designation

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

The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in line with the Protection of Personal Information Act ("POPIA").

#### Definitions

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

**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.

**Employer** means an employer who avails itself of a Scheme/Fund as administered by Discovery Health;

**The Scheme** refers to Bankmed Medical Scheme.

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

**We, us and ours** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, accredited medical scheme administrator, accredited managed care organisation and a subsidiary of the Discovery Group.

**You and your** refers to you as the employer, your related parties and employees (as relevant).

**Your personal information** refers to personal information about you. It includes information about your health, financial status, gender, age, contact numbers and addresses.

1. When you engage with us, you trust us with your personal information. We are committed to protecting your right to privacy.
2. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that we

require your acceptance of these terms and conditions, otherwise we cannot activate and service your contract.

3. We 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.
4. You warrant that when you give us personal information about your related parties and employees (as relevant), you have received their permission to share their personal information with us for the purposes set out in this Privacy Statement and any other related purposes.
5. You understand that when you include your employee's and/or their dependants on your employer application, we will process their personal information for the activation of the policy and to pursue their legitimate interest. We will furthermore process their information for the purposes set out in this Privacy Statement.
6. If you are an employer, you agree to indemnify us against any loss or damage, direct or indirect, that an employee suffers because of any unauthorised use of your employees' personal information.
7. If you have received consent for a person under 18 (a minor) you confirm that the person giving consent is a competent person and that they have authority to give their consent on behalf of the minor.
8. You agree that we may process your personal information for the following purposes:
  - for the administration of your contract;
  - for the provision of any services that you may require;
  - getting your personal information from other relevant sources, including medical practitioners, contracted service providers,

## 6. Our Privacy Statement – How we will process and disclose your personal information and communicate with you (continued)

- credit bureaus, entities that are part of Discovery Group or industry regulatory bodies (“relevant sources”) and further processing of such information. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
- for the provision of relevant information to a contracted third party who require such information to render a service to you and only if such contracted third party agrees to keep the information confidential. These service providers may reside in a foreign jurisdiction;
  - to analyse risks, trends and profiles.
9. If a third party asks us 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
10. We may provide your personal information to any other entity within the Discovery Group with whom you already have a relationship; or where you have applied for a product, service or benefit from such entity. This information will be provided for the administration of your products or benefits with other entities within the Discovery Group, for risk, fraud detection, prevention or recovery purposes, and where necessary to provide Group-wide services, benefits and infrastructure to help you in your personal or professional capacity.
11. We may share and combine all your personal information for any one or more of the following purposes:
- market, statistical and academic research; and
  - to customise our benefits and services to meet your needs.
- Information about you may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that all data about you that is shared with such third parties will be made anonymous to the extent possible and where appropriate. 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.
- If we want to share your personal information for any other reason, we will do so only with your permission.
12. 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.
13. By accepting this privacy statement, you authorise us to obtain and 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.
14. We have the right to communicate with you electronically about any changes to our contracted services provided to you and amend the contract on agreement and acceptance by you in writing.
15. We have a duty to keep you updated about any offers and new products that are made available from time to time. We, any entity within the Discovery Group, and contracted third-party service providers, may communicate with you about these.
16. Please let us know if you do not wish to receive any direct telephonic marketing.
17. You have the right to know what personal information we hold about you. If you wish to receive this information please complete an ‘Access Request Form’, attached to the Promotion to Access of Information Act (PAIA) manual, on [www.bankmed.co.za](http://www.bankmed.co.za) and specify the information you would like access to. We will review your request in line with PAIA and inform you of our decision. We will take all reasonable steps to confirm your identity before providing details of your personal information. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
18. You agree that we may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
19. Where we 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:
- Companies Act, 2008
  - Consumer Protection Act, 2008
  - Protection of Personal Information Act, 2013
  - Electronic Communications and Transactions Act, 2002
  - Promotion of Access to Information Act, 2002
  - The Financial Intelligence Centre Act (FICA)
  - The National Credit Act (NCA)
20. You agree that we 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, 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 least with the same level of protection as we are obliged to do in South Africa.
21. If we become involved in a proposed or actual amalgamation or merger, acquisition or any form of sale of any assets, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information. The terms of this Privacy Statement will continue to apply.
22. We may change this Privacy Statement at any time.
23. If you believe that we have used your personal information contrary to this Privacy Statement, we encourage you to first attempt to resolve such concerns with us. 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  
[infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)

## 7. Rules for Membership

### 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.

### 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 dependant/s 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.

### 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.

### 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 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.

### 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 dependant/s on the membership be 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

**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.

### 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.

Signature of main applicant

Original hand signature required

Date 

2	0	Y	Y	M	M	D	D
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Please do not sign an incomplete application form.

This form must be signed only once it has been completed in full and the main applicant must sign and date any changes thereto.