

Continuation form

Application to change a Principal Member.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a not-for-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.

It is important that the Principal Member is aware and understands the terms and conditions.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete the form digitally. If you complete the form digitally, you will need to apply your signature with a digital certificate, through an approved digital signature provider i.e. Adobe Sign or DocuSign.
2. This form must be completed by the person applying to be the Principal 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 terms and conditions for membership and agree to them.
6. Once the application form has been fully completed and you have sourced all of the supporting documents, kindly e-mail all documents to administration@bankmed.co.za.
7. Please ensure that your images are scanned clearly before e-mailing them to us.

1. About your employer

Employer name	<input type="text"/>	Date of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer number	<input type="text"/>										
Branch name	<input type="text"/>	Branch number	<input type="text"/>	-	<input type="text"/>						

2. New Principal Member details

Date new Principal Member becomes effective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership number	<input type="text"/>	Tax number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job title	<input type="text"/>										
Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>										
First name(s) (as per identity document)	<input type="text"/>										
Previous/maiden name	<input type="text"/>										
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>			
Employee number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. New debit order details: for collection of contributions

When should we start using the new banking details?

Please note that we cannot backdate banking detail changes and these details will come into effect from the date that they are loaded onto the system.

Please confirm who the **account holder** is by choosing the correct option:

Principal Member (You) Someone else Company Trust

Bank account details

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Account holder name	<input type="text"/>		
Account holder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Account holder details (PASA requirement)

Please read carefully –

- If the account holder is the Principal Member, please complete Section 3 in the table below
- If the account holder is a third-party (authorised person) such as a spouse or family member, please complete Sections 1 and 3 in the table below
- If the account holder is a third party (authorised party) such as a company or trust, please complete Sections 2 and 3 in the table below

Section 1: Authorised person details

Title	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>		
First name(s)(as per ID/passport)	<input type="text"/>		
ID or passport number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 2: Company or trust details

Company or trust name	<input type="text"/>		
Company or trust registration number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Signature of authorised party/trustee:	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If there are multiple authorised parties/trustees, please attach copies of all ID documents for each party/trustee. Additional signature fields have been inserted below.

Signature of authorised party/trustee:	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of authorised party/trustee:	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of authorised party/trustee:	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of authorised party/trustee:	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 3: Principal Member, authorised parties, company or trust address and contact details (compulsory for all)

Account holder residential address

(if the account holder is a company, please provide the company physical address)

Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Post code	<input type="text"/>

Account holder e-mail details

(if the account holder is a company, please provide the company e-mail address)

Account holder contact number details

(if the account holder is a company, please provide the company contact number)

Account holder's signature

Date

If there are multiple authorised parties/ trustees, please attach ID copies per authorised party / trustee.

6. New claims reimbursement bank account details:

When should we start using the new banking details?

Please note that we cannot backdate banking detail changes and these details will come into effect from the date that they are loaded onto the system.

Please confirm if the new claims reimbursement bank account details are the same as the new debit order details Yes No
If **yes**, do not complete the section below. If **no**, please complete the section below

Please confirm who the **account holder** is by choosing the correct option:

Account owner (Mark with an X) You Someone else Company Trust

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Account holder

Account holder's signature

Date

7. Debit order mandate, terms and conditions, and Privacy Statement

7.1. Debit order mandate

This signed authority and mandate refers to this application to change bank account details as confirmed on the 'Request to change banking details' form, as submitted and approved by the Principal Member on the signed date ("the Agreement")
I/We, the undersigned:

7.1.1. Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;

7.1.2. Authorise Bankmed Medical Scheme ("the Scheme") to issue and deliver payment instructions to my/our bank, from the bank account recorded above (or any other bank or branch to which I may transfer my account) for:

7.1.2.1. Collection of any amounts due under or in terms of this application to change banking details;

7.1.2.1.1. on condition that the sum of such payment instructions will never exceed my obligations as framed in the Agreement; and

7.1.2.1.2. where the Agreement shall commence on the date that the banking details are effective; and

7.1.2.1.3. shall continue until this authority and mandate is terminated by me by giving the Scheme no less than 20 ordinary working days written notice thereof; or

7.1.2.1.4. immediately, in the event that I instruct my bank to withdraw this authority and mandate

7.1.3. Confirm that the payment instructions mentioned above must be issued on the first working day of the month;

7.1.4. If the change in banking details is not activated in time for the debit order collection, and there is an amount outstanding, the Scheme can collect that amount in the interim, upon activation of the banking details;

- 7.1.5. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month;
- 7.1.6. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- 7.1.7. Authorise the Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement;
- 7.1.8. Acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this Agreement to the Scheme as if each payment instruction came from me personally as the account holder;
- 7.1.9. Undertake to advise the Scheme in writing of any changes to my account details and acknowledge that the Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of:
- 7.1.9.1. me providing incorrect banking details herein, or
 - 7.1.9.2. if the bank account is in the name of another person, or entity, or
 - 7.1.9.3. as a result of my failure to notify the Scheme of a change in banking details, or
 - 7.1.9.4. if the bank account has insufficient funds to meet my obligations under or in terms of the Agreement;
- 7.1.10. Know and understand that the debit orders and resulting deductions/withdrawals hereby authorised will be processed through a computerised system provided by South African banks;
- 7.1.11. The details of each debit order and resulting deduction/withdrawal from my bank account will be printed on my bank statement; and
- 7.1.12. Must show the reference number of the membership inserted in the Agreement so as to enable me to identify this membership and the associated debit order and resulting deduction/withdrawal;
- 7.1.13. Acknowledge that although I may terminate this authority and mandate, such termination does not necessarily terminate this Agreement;
- 7.1.14. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by the Scheme whilst this authority and mandate was in force if such contributions or amounts were legally owing to the Scheme in terms of the Agreement;
- 7.1.15. Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this Agreement;
- 7.1.16. Furthermore, as the Principal Member I confirm that:
- 7.1.16.1. I have the right to give the Scheme the authority to debit such account on a monthly basis;
 - 7.1.16.2. I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by the Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person;
 - 7.1.16.3. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of setting up the debit order, where this may be required;
 - 7.1.16.4. the account listed above complies with the Financial Intelligence Centre Act ("FICA");
 - 7.1.16.5. if I miss a contribution collection date, the Scheme may deduct the full value of the outstanding contribution the following month, along with the current and due contribution value, which may reflect as a double debit on my bank statement.

7.2. Privacy Statement

When you engage with Bankmed Medical 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.

7.3. Reference numbers

7.3.1. Agreement reference number

This Agreement reference number: Your membership number

7.3.2. Abbreviated name

Abbreviated name as Registered with the Bank: BANKMEDCON, BANKMEDCLA

7.3.3. Deduction date

Deduction date: as per signed contract

7.3.4. Deduction amount

Deduction amount: as per signed contract

7.3.5. Payment start date

Payment start date: as per signed contract

7.4. Confirmation of acceptance of Agreement, inclusive of debit order mandate, terms and conditions, and Privacy Statement

7.4.1. Account Holder:

Please only sign if you have read and understood the Agreement, inclusive of debit order mandate, terms and conditions, and Privacy Statement.

I, _____, in my capacity as the account holder, with
ID or passport number _____
hereby confirm my acceptance of the Agreement, inclusive of the debit order mandate, terms and conditions, and Privacy Statement.

Furthermore, I confirm and agree the following:

7.4.1.1. I give the Scheme, acting in their relevant capacities, permission to update the Principal Member's banking details as set out above;

7.4.1.2. that I have the right to give the Scheme the authority to debit such account on a monthly basis;

7.4.1.3. I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by the Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person;

7.4.1.4. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of setting up the debit order, where this may be required;

7.4.1.5. the account listed above complies with the Financial Intelligence Centre Act ("FICA");

7.4.1.6. if a contribution collection date is missed, the Scheme may deduct the full value of the outstanding contribution the following month, along with the current and due contribution value, which may reflect as a double-debit on my bank statement.

Signed at (town or city) _____

Account holder's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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Original hand signature required

7.4.2. Principal Member

Please only sign if you have read and understood the Agreement, inclusive of debit order mandate, terms and conditions, and Privacy Statement.

I, _____, in my capacity as the Principal Member
(full name(s) and surname as per ID/passport)
ID or passport number _____
hereby confirm my acceptance of the Agreement, inclusive of the debit order mandate, terms and conditions, and Privacy Statement.

Furthermore, I confirm and agree the following:

7.4.2.1. I give the Scheme, acting in their relevant capacities, permission to change my banking details as set out above;

7.4.2.2. that I have the right to give the Scheme the authority to debit such account on a monthly basis;

7.4.2.3. I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by the Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person;

7.4.2.4. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of setting up the debit order, where this may be required;

7.4.2.5. The account listed above complies with the Financial Intelligence Centre Act ("FICA");

7.4.2.6. If a contribution collection date is missed, the Scheme may deduct the full value of the outstanding contribution the following month, along with the current and due contribution value, which may reflect as a double-debit on my bank statement.
If a contribution collection date is missed, the Scheme may deduct the full value of the outstanding contribution the following month, along with the current and due contribution value, which may reflect as a double-debit on my bank statement.

Signed at (town or city) _____

Principal Member's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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8. Bankmed terms and conditions

8.1. Rules for membership

8.1.1. Who "we" are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a not-for-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. Balance (referred to as 'Balance') is the health management and wellness programme developed specifically for Bankmed and its members. Discovery Vitality (referred to as 'Vitality') is a separate company (registration number 1999/07736/07) which carries out business as a Wellness Programme and is appointed by Bankmed to administer Balance.

8.1.2. 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 or you may access them on the website www.bankmed.co.za. 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 whom you, the Scheme or your employer appointed, may communicate with us regarding this application and your membership with Bankmed. You give permission for us to 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 they 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.

8.1.3. Who you may apply for

You may apply to join Bankmed on your own or together with your dependants i.e. 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.

8.1.4. 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 obtained consent from your spouse and any dependant/s aged 18 years or older to act on their behalf in any matters pertaining to this application.

If you are signing on behalf of a minor (person younger than 18 years) that you are a competent person and authorised to sign on their behalf.

8.1.5. Providing 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 to be 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 therein 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, consider a claim for medical expenses, 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 Bankmed, 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 change between the day you sign this document and the day on which 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.

8.1.6. *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 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, WhatsApp or SMS confirming 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. If you pay your own contribution, you will be able to identify the debit order for your monthly contributions on your bank statement by the reference "BANKMEDCON." The Scheme has the right to amend monthly contributions and benefits from time to time and suspend/terminate membership if the contributions are in arrears.

8.1.7. *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 choose, 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 your medical savings you have utilised should it amount to more than you have paid back to Bankmed over the year. Debit orders for collection of money owing to the Scheme will reflect on your bank statement as "BANKMEDCLA".

Bank Account holder's
Signature

Date

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