Simplicity • Sincerity • Security • Service

selfmed medical scheme

Employer Participation Agreement

- Use only black ink.
- Use block capital letters to fill in the spaces.
- Use only one character per block.
- Leave one block empty between words.
- Where necessary, mark square clearly with a X

For Office use only:
Member number:

Enquiries:
Tel: 0860 787 372
Fax: 0860 288 363
Selfmed Medical Scheme
PO Box 5543
Tygervalley 7536

Reg. No: 1446 FSP No: 15494

A Details of the company

To be completed by employer

Name

Corporate contact person

Alternative contact person

Telephone Fax

Physical address

Postal code

Postal address

Postal code

E-mail address

Total employees Proposed membership count Continuation members

Proposed inception date 0 1 M M Y Y Y Y

NB: The date of commencement of your benefits may differ from your inception date.

Are you accredited with the Council for Medical Scheme? Yes No

Intermediary code Accreditation number

Financial Advisory and Intermediary Services Act (FAIS) number

Company

Name and Initials Language

Surname E A

E-mail address

Cellphone number Fax

Signature of Intermediary Date: D D M M Y Y Y Y

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B Member profile

Is membership ☐ a. Voluntary ☐ b. Compulsory

If VOLUNTARY, please state the names of the other schemes offered to staff.

Number of staff previously on medical scheme:

Active staff ☐☐☐☐ Continuation members ☐☐☐☐

Number of staff not previously on medical scheme:

Active staff ☐☐☐☐ Continuation members ☐☐☐☐

C Details for the contributions

Please note:

- contributions are payable in advance;
- no partial payments will be collected from different parties;
- should continuation members be responsible for payment, they must inform the Scheme in writing and complete a debit order form which must accompany their application forms. These continuation members will remain members of the group;
- all group payments to use group number as reference on deposit slip.

Contact person for billing

Position in company

Telephone

Fax

Postal address for billing

Postal code

E-mail address

Please indicate specific requirements

Payroll close date ☐D ☐D ☐M ☐M ☐Y ☐Y ☐Y ☐Y

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D Contribution subsidy by employer

1. Employees and their families

Employer pays R ______ or ______ % or Maximum ______ or Other ______

2. Special dependants (i.e. father, mother, etc.)

Employer pays R ______ or ______ % or Maximum ______ or Other ______

3. Other subsidies:

4. Collection:

We understand that it is the Scheme's policy to accept contributions by Electronic Fund Transfer (EFT) for security reasons.

We will pay for contributions by: ☐ EFT ☐ Debit order

Please provide banking details for payment via debit order:

Full name of contribution payer

Name of bank/building society

Branch

Branch code

Date of first deduction 0 1 M M Y Y Y Y

Type of account ☐ Savings Account ☐ Cheque Account ☐ Current Account

Account number

I (a) authorise Selfmed to draw against above-mentioned bank account and (b) authorise this bank to pay Selfmed the amount of monthly contribution (current and arrears) as applicable from time to time. **Please note that the effective/lodgement date for all debit orders will only be on the first day of the month.**

Authorisation granted.

If joint or company bank account (at least two persons who have signing powers must sign this debit order):

Stamp

Company (if applicable)

Date stamped D D M M Y Y Y Y

1st signature

2nd signature

Authorised capacity

Authorised capacity

Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

NOTE: Please check all your details and attach supporting documentation e.g. cancelled cheque, copy of bank statement etc. If you transfer your account at any time, or if your banking details change, please advise Selfmed immediately.

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D Contribution subsidy by employer *(continued)*

5. Other comments:

6. Direct paying members

Yes ☐ No ☐

E Terms and Conditions

1. We hereby apply to become a participating employer in Selfmed Medical Scheme ("the Scheme") and accept on behalf of our employees the benefits provided for in terms of the rules of the Scheme and agree to be bound by such rules.
2. We acknowledge that all information pertaining to our employees is confidential and we undertake to respect confidentiality in so far as this confidentiality is determined by the Scheme in its sole discretion.
3. We undertake to pay over the total monthly contributions (employer and employee share) payable to the Scheme, in respect of any members of the Scheme, timeously in terms of the Scheme's rules.
4. We undertake to confirm in writing to the scheme once payment has been made. We understand that the aforesaid confirmation must include a detailed breakdown in respect of the payment including:
   4.1 a list of each member in respect of which payment is being made;
   4.2 the amount which is being paid in respect of each member.
5. We acknowledge that if we fail to provide a breakdown in respect of any payment made to the scheme, the scheme will be entitled to suspend our employees' membership.
6. We undertake to notify the Scheme of salary, marital or any other changes which affect member or dependant records within 30 days of such change, and per the Scheme's prescribed procedures and forms.
7. We acknowledge that the Scheme reserves the right to terminate membership if any contribution is not paid on due date.
8. We undertake to notify the Scheme within 7 days in the event of an employee, who is a member of the Scheme, leaving our employ.
9. We understand that we may resign as an employer group in terms of the rules of the Scheme. We acknowledge that we may terminate our participation as an employer group by giving 3 months' advance notice in writing.
10. Upon termination or resignation as an employer group, the membership of all members, including continuation and direct paying members, shall terminate concurrently. We agree to take all necessary steps to procure the immediate resignation of all our employees from the Scheme, unless the Scheme allows otherwise in writing.
11. We agree to co-operate in the sharing of appropriate information for the investigating and prosecution of all acts of fraud or dishonesty relating to employees' and their dependants' membership of the Scheme.
12. We agree to take all reasonable steps to assist the Scheme in the distribution of all relevant information pertaining to the Scheme as may be notified to us.
13. We accept that no amendment or variation to these terms and conditions will be valid unless it is in writing and signed by both parties.
14. We undertake to give the Scheme immediate written notice should any changes material to the assessment of this application occur before the date upon which the Scheme accepts this application in writing. This will enable the Scheme to reconsider acceptance.

Signature

Name and position in company

Date: D D M M Y Y Y Y

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