

Real Heritage. Real People. Real Health Care.

c/o Trematon & Lascelles Streets, Athlone PO Box 134, Athlone 7760
Tel: 021 697 9500 Fax: 021 696 3505 Email: memberupdates@samwumed.org Website: www.samwumed.org

APPLICATION TO REGISTER DEPENDANTS

PM002

| Please use black or blue i | k when comp | leting this form. Who | ere appropriate mark your selection v | vith an "x". |
|---|-------------------|-----------------------|---------------------------------------|-----------------------------------|
| A. PERSONAL PARTIC | ULARS - CC | DMPLETE BLOCKS | FROM LEFT TO RIGHT, ONE LET | TER PER BLOCK |
| Title (Dr, Mr, Mrs or Miss) | | Initials | Membership number | |
| Surname | | | | |
| First name(s) | | | | |
| Date of birth | D D M M | YYYY | Identity/passport number | |
| Telephone (H) | | | (W) | |
| Fax | | | Cellpho | ne ne |
| E-mail address | | | | |
| Postal address | $\Box\Box\Box$ | | | |
| Physical address | | | | |
| Postal code | | | Staff Number | |
| Province | | | Municipality | |
| Marital status | Married | Single | Divorced Widow/er | Gender M F |
| Tax number | | | | |
| B. ORDINARY DEPEN | DANTS DETA | AILS (When register | ring your wife, include her maiden s | urname.) |
| If your dependants reside | t a different a | ddress from the one | provided in Section A, please includ | e it below. |
| First name and surname | | | Identity number | Gender Relation |
| 1. | ППП | ПППП | птіттт | MF |
| Physical address | | | | |
| , E | | | | Postal code |
| Telephone | $\overline{\Box}$ | 111111 | Cellpho | |
| First name and surname | | | Identity number | Gender Relation |
| 2. | ПП | ттт | 1 | MF |
| Physical address | | | | |
| , <u> </u> | | | | |
| | $\overline{\Box}$ | $\frac{1}{1}$ | <u> </u> | Postal code |
| Telephone | | | Cellpho | Postal code |
| Telephone | | | Cellpho | ne ne |
| First name and surname | | | Cellpho Identity number | |
| First name and surname 3. | | | _ | ne ne |
| First name and surname | | | _ | Gender Relation |
| First name and surname 3. Physical address | | | Identity number | Gender Relation M F Postal code |
| First name and surname 3. | | | _ | Gender Relation M F Postal code |

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| | B. DEPENDANT DE | TAILS | S – CC | NITNC | IUED |) | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|-------------------|---------------|---------|-------------------|-------------------|-------|---------------------------------------|--------|-------|--------|-------------|-------|------|--------------|------|--------|---------------------------------------|---------------|--------|--------|--------------|---|-------------------|----------|-------|----------|------|------|----|--------|
| | First name and surnam | ne | | | | | | | | lde | ntity | num | oer | | | | | | | | | Ge | nde | r F | Re | latio | on | | | | |
| 4. | ПППП | П | П | | П | Т | Т | П | \neg | | Π̈́ | Т | Т | Γ | Т | Γ | П | | | Т | \neg | M | F | 1 [| | | | | | | |
| | Physical address | $\overline{\Box}$ | Π | П | $\overline{\Box}$ | Π | T | Т | T | П | П | Ť | П | | Ħ | | П | T | T | T | T | T | T | T | _ | | | Π | Γ | | \Box |
| | Triyologi addiroo | | Ħ | П | П | П | Ť | Ť | П | П | П | Ť | П | П | П | | | T | T | Ť | Ť | ╗ | Po | nsta | al a | coc | le le | | F | П | H |
| | Telephone | | 〒 | ΪĒ | П | П | 十 | T | | | | | | | | | Cel | Iph | one | | Ť | - | ,] | Γ | | | | _ | T | | H |
| | First name and surnam | 20 | | | | | | | | Ida | ntity | num | oor | | | | | | 0 | _ | | Ge | 그 ndo | - | <u> </u> | latio | on. | | | | _ |
| 5. | Tirst riame and suman | | \neg | | П | $\overline{}$ | Т | П | \neg | | illity | Hulli | T | Т | Т | Т | П | _ | \neg | \neg | \neg | М | F | , ,] [| ne | iau | JII | | | | \neg |
| Э. | Dhusiaal adduses | | | | \overline{H} | $\overline{\Box}$ | 누 | 무 | 一 | 占 | Η | | 十 | | 占 | | | ᅻ | $\frac{1}{1}$ | 十 | 7 | <u> </u> | | T | _ | | Г | | Г | | \Box |
| | Physical address | + | 쓔 | \pm | \pm | Н | ÷ | ÷ | | П | Н | ÷ | H | | H | | \pm | <u> </u> | <u> </u> | + | + | ╅ | | _ | _ | | _ | _ | _ | Н | |
| | | | | | $^{\rm H}$ | Н | 十 | ÷ | Н | Ш | ш | | Ш | Ш | Ш | | | | | | ÷ | ╬ | Р(Т | osta T | al | coc | ie — | _ | _ | Н | 믬 |
| | Telephone | | ш | JL | ш | Ш | | | | | | | | | | | Cel | lph | one | L | | | | L | _ | | | | | Ш | Ш |
| | identity documents, marriage, life partne C. SPECIAL DEPEN | rs and | d/or c | | | | | irth | cert | tific | ates | s. Sw | orn | aff | ida | vits | are | re | quii | ed | for | chi | ldre | en | bo | orn | ou | tsic | de (| of | |
| | If your dependants reside at a different address from the one provided in Section A, please include it below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | ent ac | ldres | s fro | om tl | he o | ne p | orov | ided | in S | ectio | on A | A , p | lea | se in | clu | de i | t be | elov | / . | | | | | | | | | |
| | | de at a | | ent ac | ldres | s fro | om tl | he o | ne p | | | in S | | on A | А, р | lea | se in | clu | de i | t be | elov | | nde | r F | Re | latio | on | | | | |
| | your dependants resid | de at a | | rent ac | ldres | s fro | om ti | he o | ne p | | | | | on A | A, p | lea | se in | clu | de i | t be | elov | | nde | r F | Re | latio | on | | | | |
| lf | your dependants resident of the second surnary | de at a | | rent ac | Idres | s fro | om ti | he o | ne p | | | | | on A | A, p | lea | se ind | clu | de i | t be | elov | | nde F | r F | Re | latio | on | | | | |
| lf | your dependants resid | de at a | | rent ac | Idres | s fro | om ti | he o | ne p | | | | | on A | A, p | leas | se ind | | de i | t be | elov | | F |] [| | | | | | | |
| lf | your dependants residents residents residents first name and surname and surna | de at a | | rent ac | Idres | s fro | | he o | ne p | | | | | on A | A, p | leas | |] I I |] Т Т | | | | F |] [| | latio | | | | | |
| lf | First name and surnam Physical address Telephone | de at a | | rent ac | Idres | s fro | om ti | he o | ne p | Ide | entity | num | ber | on A | A , p | leas | Se ind |] I I |] Т Т | | | Ge | Po |] [| al | coc | de | | | | |
| lf : | your dependants residents residents residents first name and surname and surna | de at a | | rent ac | Idres | s fro | | he o | ne p | Ide | entity | | ber | | A, p | leas | |] I I |] Т Т | | | Ge | F |] [| al | coc | de | | | | |
| lf | First name and surname Physical address Telephone First name and surname Address | de at a | | rent ac | ddres | | | L L L L L L L L L L L L L L L L L L L | ne p | Ide | entity | num | ber | | A, p | leas | |] I I |] Т Т | | | Ge | Po |] [| al | coc | de | | | | |
| lf : | First name and surnam Physical address Telephone | de at a | | | ddres | | | he o | | Ide | entity | num | ber | | A, p | leas | |] I I |] Т Т | | T T | Ge | Po nde | osta r F | al | coc | de | | | | |
| lf : | First name and surname and sur | de at a | | | ddres | | | he o | ne p | Ide | entity | num | ber | | A, p | leas | Cel | I I I I I I I I I I I I I I I I I I I | one | | | Ge | Po nde | osta r F | al | coc | de | | | | |
| lf : | First name and surname and sur | ne ne | | | ddres | s fro | | T T T T T T T T T T T T T T T T T T T | ne p | Ide | ntity | num | ber | | A, p | leas | | I I I I I I I I I I I I I I I I I I I | one | | | Ge M Ge M | Pool Pool Pool Pool Pool Pool Pool Pool | Desta | al | coc | de | | | | |
| lf !! 1. | First name and surname and sur | ne ne | | rent ac | ddres | | | The o | ne p | Ide | ntity | num | ber | | A, p | leas | Cel | I I I I I I I I I I I I I I I I I I I | one | | | Ge M Ge M | Ponde | Desta | al | coc | de | | | | |
| lf : | First name and surnam Physical address Telephone First name and surnam Physical address Telephone First name and surnam Physical address Telephone First name and surnam | ne ne | | | ddres | | | he o | ne p | Ide | ntity | num | ber | | A, p | leas | Cel | I I I I I I I I I I I I I I I I I I I | one | | | Ge M Ge M | Pool Pool Pool Pool Pool Pool Pool Pool | Desta | al | coc | de | | | | |
| lf !! 1. | First name and surname and sur | ne ne | | | ddres | | | he o | ne p | Ide | ntity | num | ber | | A, p | lea | Cel | I I I I I I I I I I I I I I I I I I I | one | | | Ge M Ge M | Ponde | Desta | al | coc | de | | | | |
| lf : | First name and surnam Physical address Telephone First name and surnam Physical address Telephone First name and surnam Physical address Telephone First name and surnam | ne ne | | | ddres | | | he o | | Ide | ntity | num | ber | | A, p | | Cel | I I I I I I I I I I I I I I I I I I I | one | | | Ge M Ge M | Ponde F | osta r F r F [| al Re | coc | de | | | | |

Note: In order to register yourself and your dependant/s, please attach copies of the following supporting documents: identity documents, marriage certificate and/or birth certificates. Sworn affidavits are required for children born outside of marriage, life partners and/or cultural marriages.

D. MEDICAL HISTORY

Please note: failure to disclose medical conditions could limit and/or exclude your dependants from receiving certain benefits. If more than two of your dependants are affected by the same condition please attach the required information to this application form on a separate sheet.

 Do any of your dependants suffer from a chronic illness (e.g. raised cholesterol, heart problems, diabetes, high or low blood pressure, asthma, depression, anxiety, epilepsy, and/or thyroid disorders)?
 If yes, please provide details below.

| YES | NO |
|-----|----|
| | |

| Name of beneficiary | Name of condition | Name of medication | Is he/she currently receiving treatment? | | Date/frequency of treatment | Attending doctor |
|---------------------|-------------------|--------------------|--|----|-----------------------------|------------------|
| | | | YES | NO | | |
| | | | YES | NO | | |

2. Do any of your dependants suffer from any gastro-intestinal disorders (e.g. gastro-oesophageal reflux disease, heartburn, stomach or duodenal disorders, Crohn's disease, ulcerative colitis, diverticulus and/or spastic colon)?

If yes, please provide details below.

| YES | NO |
|-----|----|
|-----|----|

| Name of beneficiary | Name of condition | Name of medication | Is he/she currently receiving treatment? | | | | Date of treatment | Attending doctor |
|---------------------|-------------------|--------------------|--|----|--|--|-------------------|------------------|
| | | | YES | NO | | | | |
| | | | YES | NO | | | | |

3. Do any of your dependants suffer from muscle, bone, skin or nerve illnesses or disorders (e.g. back- and neck-related conditions including injury, arthritis, gout, multiple sclerosis, knee and/or hip problems)?

| YES | NO |
|-----|----|
| | |

If yes, please provide details below.

| Name of beneficiary | Name of condition | Name of medication | Is he/she currently receiving treatment? | | Date of treatment | Attending doctor |
|---------------------|-------------------|--------------------|--|----|-------------------|------------------|
| | | | YES | NO | | |
| | | | YES | NO | | |

4. Do any of your dependants suffer from urinary or genital disorders (e.g. kidney stones, prostate, endometriosis, ovarian cysts and/or menstrual disorders)?

| YES | NO |
|-----|----|
|-----|----|

If yes, please provide details below.

| Name of beneficiary | Name of condition | Name of medication | Is he/she currently receiving treatment? | | Date of treatment | Attending doctor |
|---------------------|-------------------|--------------------|--|----|-------------------|------------------|
| | | | YES | NO | | |
| | | | YES | NO | | _ |

5. Do any of your dependants suffer from ear, nose or throat disorders (e.g. glaucoma, cataracts, visual disorders, deafness, rhinitis and/or orthodontics)?

| YES | NO |
|-----|----|
|-----|----|

If yes, please provide details below.

| Name of beneficiary | Name of condition | Name of medication | Is he/she currently receiving treatment? | | Date of treatment | Attending doctor |
|---------------------|-------------------|--------------------|--|----|-------------------|------------------|
| | | | YES | NO | | |
| | | | YES | NO | | |

Do any of your dependants suffer from any blood disorders, immune deficiency state, HIV/Aids, cancer and/or any other life threatening illness.

| YES | NO |
|-----|----|
|-----|----|

If yes, please provide details below.

If any of your dependants are living with HIV/Aids, it would be in their best interest to register on SAMWUMED's HIV Management Programme immediately upon approval of your membership. Should your dependants only find out at a later stage that you are HIV-positive, please let us know as soon as possible.

| Name of beneficiary | Name of condition | Name of medication | Is he/she currently receiving treatment? | | Date of treatment | Attending doctor |
|---------------------|-------------------|--------------------|--|----|-------------------|------------------|
| | | | YES | NO | | |
| | | | YES | NO | | |

D. MEDICAL HISTORY - CONTINUED 7. Are any of your dependants pregnant? Name of beneficiary Expected delivery date Attending doctor Have any of your dependants had surgery in the past, or are they planning to have a surgical procedure done in the next 12 months? If yes, please provide details below. Is he/she currently Name of beneficiary Name of condition Name of medication Date of treatment Attending doctor receiving treatment? 9. Is there any condition or symptoms other than those listed above, for which medical advice, diagnosis, care or treatment has been recommended or received or could potentially result in a claim in the next 12 months? If yes, please provide details below. Is he/she currently Name of beneficiary Name of condition Name of medication Date of treatment Attending doctor receiving treatment? **CURRENT DOCTOR** Name and surname Telephone number How many months/years has he or she been your doctor? E. PREVIOUS MEDICAL SCHEME MEMBERSHIP Please give details of other medical schemes you were a member of before this application.

NOTE: Please attach proof of membership for at least two years immediately before the date of this application. A membership certificate from the scheme(s) will suffice. A membership card is unacceptable for this purpose.

From

From

1. Name of scheme

2. Name of scheme

Membership number

Membership number

F. MEMBER DECLARATION

- I, the undersigned, hereby make application to be admitted as a member of SAMWUMED (the Scheme) and if admitted, I agree to abide by the Rules of the Scheme.
- 2. I understand that confirmation of acceptance of membership is subject to the approval by the Scheme.
- 3. I declare that my answers and the information supplied by me in this application, whether in my own handwriting or not, are true, correct and complete.
- 4. I understand that should this application contain any false statement or fail to disclose any material information, the Board of Trustees of the Scheme ("the Board") may, in terms of section 29(2)(e) of the Medical Schemes Act 131 of 1998, regard my membership of the Scheme void ab *initio* (as if it never commenced).
- 5. I understand that should the Board terminate my membership on this basis, the following shall apply:
 - (a) I will be liable for immediate repayment to the Scheme all benefits received by or on behalf of me; and
 - (b) All or part of the contributions paid by me to the Scheme may be retained by the Scheme to offset any costs which the Scheme has incurred on my behalf;
 - (c) All or part of the contributions paid by me to the Scheme may be retained by the Scheme to offset any costs which the Scheme has incurred on my behalf;
- 6. I hereby authorise my employer to deduct, from my salary/wages, any amount(s) owed to SAMWUMED and remit such amounts to the Scheme on my behalf.
- 7. I confirm that I am ultimately responsible for ensuring my contribution is received by the Scheme each month.
- 8. I confirm that I understand and I am familiar with the benefits of the Option I have selected.
- 9. I authorise my healthcare provider, or any other party who may be in possession of information, personal or otherwise, concerning me or my dependant/s health, to disclose such information to SAMWUMED which includes disclosure to the scheme's healthcare providers, the scheme's third-party service providers, administrator, managed healthcare providers and other business partners of the scheme provided that such information shall be kept confidential and at all times conform with SAMWUMED's policy on Access to Information and Protection of Personal Information. Such confidential health and personal information will only be used for purposes as outlined in this form.
- 10. I confirm that I understand and I am familiar with the benefits of the Option I have selected.
- 11. I undertake to notify the Scheme in accordance with the Rules of the Scheme should I wish to terminate my membership.
- 12. I consent to the recording of all conversations between myself and the Scheme or its contracted business partners.

| Applicant's signature _ | Date of application |
|-------------------------|--|
| | Please submit this application to your HR for approval before sending to the Scheme. |

G. SCHEME DECLARATION

SAMWUMED confirms that all health or personal information concerning the applicant and his or her dependant/s will be kept confidential and will only be used in execution of the scheme, and its official business partners, business.

SAMWUMED has a formal Access to Information and Protection of Personal Information Policy, which is available on the scheme's website at WWW.SAMWUMED.ORG.

SAMWUMED confirms that the Applicant has consented to the processing of his/her and his/her dependants' personal and health information for purposes of this application and the scheme and its business partners' official business. The Applicant is referred to his/her consent in paragraph F. above.

The Scheme will endeavour to obtain further consent from the applicant should confidential health and personal information be used for purposes other than those outlined in this application.

| Member number | EMPLOYER'S OFFICIAL STAMP |
|---------------|---------------------------|
| | |
| | |
| | |
| | |

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