SAMWUM-ED

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: info@samwumed.org Website: www.samwumed.org

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Member number

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Member number

C. MEDICAL HISTORY - CONTINUED

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Name of beneficiary	Name of condition	Name of medication	-	currently treatment?	Date of treatment	Attending doctor
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			YES	NO		
			YES	NO		
ave you or any of your dependential disorders (e.g. kidney storms of yes, please provide details by	ones, prostate, endome					ary or YES
Name of beneficiary	Name of condition	Name of medication		currently treatment?	Date of treatment	Attending doctor
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C. MEDICAL HISTORY	- CONTINUED	

8. Have you or any of your dependants had surgery in the past, or are you planning to have a surgical procedure done in the

8. Have you or any of you next 12 months?					ad s	urg	ery i	in th	е р	ast,	or	are	you	pla	nnin	g tc) ha	ive a	sur	gica	l pro	oceo	dure	do	ne i	n th	те	L	YES	3	N	Э
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9. Is there any condition has been recommend If yes, please provide	ed or	rece	eive	d or																_	osis	, cai	re o	r tre	 eatn	nent	t		YES	3	N	0
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F. MEMBER DECLARATION

Member number

- 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. (1) I understand that confirmation of acceptance of membership is subject to the approval by the Scheme.

 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.
- 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.

 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). 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) The Rules of the Scheme will not be applicable to me and I will have no right of recourse against the Scheme in terms the Rules.

 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. I confirm that I understand and am familiar with the benefits of the Option I have selected.

 I authorise my healthcare provider or any other party who may be in possession of information concerning my or my dependant/s health to disclose such information to SAMWUMED and its business partners, provided that such information shall be kept confidential at all times. Such confidential health and personal information will only be used for purposes as outlined in this form.

- be used for purposes as outlined in this form.
- I undertake to inform the Scheme within 30 days of any changes in my or my dependant/s health or personal status as required by the Scheme Rules. I undertake to notify the Scheme in accordance with the Rules of the Scheme should I wish to terminate my membership.
- I consent to the recording of all conversations between myself and the Scheme or its contracted business partners.

Applicant's signature																	_	Date	of a	app	olica	tio	,	D	[M	M	Υ		/	Υ	Υ
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H. 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 request the applicant's signed consent for the transfer and disclosure of health and personal information.

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.

I. SALES AND SERVICING REPRESENTATIVE DECLARATION

The Sales and Servicing representative acknowledges that they have been appointed by the applicant and that the applicant can cancel their services at any time.

The Sales and Servicing representative has a valid contract and/or is employed by the Scheme.

The Sales and Servicing representative confirms that there has been no misrepresentation of fact. Should there be misrepresentation or unlawful conduct, the representative undertakes to refund all monies paid as a consequence of such misconduct.

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Name of Sales and Servicing Representative		Γ	Τ	Γ	Τ		Γ	Γ			Г			Γ	Γ	Γ		Ι	Τ		Ι	Ι	Τ		I	L		I	L	L		
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