

1. APPROVAL PROCESS

IMPORTANT:

Please complete below and return to Bestmed at least two weeks prior to the date of medicine collection.

- The information can be e-mailed to medicine@bestmed.co.za or faxed to +27 12 472 6760.
- **Please attach a copy of your departure and return flight ticket or travel document to this application. If a return flight ticket cannot be provided NO authorisation can be granted.**
- **Please attach a copy of the prescription for the medicine required for collection.**

** Incomplete applications will not be considered.*

** No telephonic requests can be accommodated.*

2. APPROVAL CONDITIONS

Bestmed can grant approval for a member to claim for an advanced supply of medicine in the following instances:

- If the member is going to a destination across the local border.
- If the member is going overseas.
- If the member is going to a destination where there is no pharmacy in the nearby vicinity (e.g. Kruger National Park).

Please note that Bestmed will not grant approval for an advanced supply of medicine when members are travelling within the borders of South Africa.

Authorisation can only be granted for benefits applicable to the current year's benefits. Any request for the following benefit year will not be considered.

Check list:

Advance form completed Departure and return flight ticket/travel documents attached Updated chronic prescription received

3. APPLICATION DETAILS

Membership number Dependant code

Surname

First name

Destination of travel

Departure and return dates

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Are you flying?

Yes	No
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 If yes, please attach departure and return flight ticket.

Self-drive trip?

Yes	No
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 If yes, please attach travel document, proof of accommodation or proof of residence.

Number of months' supply of required medicine

Specify the date on which the medicine is to be collected

D	D	M	M	Y	Y	Y	Y
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List the medicine required (acute and chronic) below. Only the medicine/s listed below will be considered.

IMPORTANT: Medicine authorisation will be granted for the medicine/s listed below. Any items not mentioned or any generic substitution will result in a rejected claim.

Medicine name	Strength	Quantity	Medicine name	Strength	Quantity

Signature

Date

4. CONSENT PROVISIONS BY APPLICANT

1. I hereby expressly make the following acknowledgements in respect of Bestmed’s processing of my Personal Information and/or Special Personal Information and/or that of my dependants/child(ren)/spouse(s) (“collectively referred to as “Personal Information”), as defined in terms of the Protection of Personal Information Act, 4 of 2013 (POPIA):
 - 1.1 That I have read and understood the provisions of Bestmed’s Data Protection and Privacy Policy, thereby fully appreciating the manner in which Bestmed may process my Personal Information and for which purpose(s) Bestmed may process such Personal Information.
 - 1.2 That through submitting this application, I may be providing Bestmed with the Personal Information of my spouse(s), children and/or other dependant third parties.
 - 1.3 That by engaging with Bestmed through any physical and/or electronic means, Bestmed will in effect be processing the Personal Information provided by me from time to time.
 - 1.4 That Bestmed may from time to time, depending on the circumstances, collect my Personal Information from another source other than myself.
 - 1.5 That I fully appreciate that Bestmed places a high premium on my privacy and/or that of my dependants, spouse(s) and/or children.
 - 1.6 That I have read and understood the undertakings made by Bestmed in its Data Protection and Privacy Policy to the effect that it will ensure that any and all of my Personal Information and/or that of my dependants/child(ren)/spouse(s) shall be processed with a reasonable standard of care as may be expected from Bestmed.
 - 1.7 That I fully appreciate that Bestmed will only process my Personal Information and/or that of my dependants/child(ren)/spouse(s) in a manner consistent with the provisions of its Data Protection and Privacy Policy, as well as for the purpose(s) set forth therein.
 - 1.8 That, in accordance with the provisions of Section 18 of POPIA, I have been provided with adequate notification of the processing of my Personal Information by Bestmed, the scope and purpose(s) for such processing, as well as my rights to object to such processing should I elect to do so.
 - 1.9 That I acknowledge that the processing of my Personal Information is a mandatory requirement for the existence of a valid medical aid.

2. In light of the above acknowledgements, and in accordance with the requirements set forth in Section 11 of POPIA, I hereby provide my specific and informed consent to Bestmed for the processing of my Personal Information and/or that of my dependants/child(ren)/spouse(s), for any purpose(s) legitimately connected or related to my application for membership, which purpose(s) may include, but not be limited to the following:
 - 2.1 To provide or manage any information, products and/or services requested by me pursuant to my application for membership.
 - 2.2 To establish my needs, requirements and preferences in relation to the products and/or services provided by the Bestmed.
 - 2.3 To facilitate the delivery of products and/or services to me as a member of Bestmed.
 - 2.4 To administer my claims and premiums.
 - 2.5 To activate my medical aid and/or prescribed benefits.
 - 2.6 To allocate a unique identifier to me for the purpose of securely storing, retaining, and recalling my Personal Information from time to time, including after my membership is terminated.
 - 2.7 For general administration purposes pertaining to my membership.
 - 2.8 For legal and/or contractual purposes and to enable Bestmed to comply with its contractual obligations towards me.
 - 2.9 To transact with suppliers and business partners, including healthcare service providers, managed facilities, network hospitals, pharmacies and relevant regulatory authorities to facilitate the delivery of products and/or services to me.
 - 2.10 To provide me with health and wellness information throughout the subsistence of my membership.
 - 2.11 To transact with third parties and transfer my Personal Information to such third parties for the purpose of enabling Bestmed to fulfil its contractual obligations towards me.
 - 2.12 To analyse my Personal Information collected for research and statistical purposes.
 - 2.13 To transfer my Personal Information across the borders of South Africa to other jurisdictions should it be required in the legitimate pursuit of Bestmed’s business requirements.
 - 2.14 To carry out analysis and profiling of my membership profile.

3. In as far as I provide Bestmed with the Personal Information of any third party, including my spouse(s), children or other dependants, I hereby warrant that I have acquired the consent of such third party to do so and in the event of that individual being a child, I do so in my capacity as a “competent person” in respect of such Personal Information, as contemplated in terms of the provisions of POPIA.

Accordingly, I hereby indemnify and hold Bestmed harmless against any claims of whatever nature that may arise as a result of the processing of any Personal Information as provided by myself, for purposes of my membership with Bestmed.

4. Bestmed may identify other products and services which might be of interest to me, as well as to inform me of such products and/or services.

Yes	No
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Signature of applicant