

2. Dependant details

First name

Surname

ID number (passport number for non-SA citizens) Gender M F

Country of issue Date of birth

SARS tax number

Dependant contact number

Email address

Provision of contact information for your dependant older than 18 years will allow Bestmed to communicate chronic information directly to the applicable dependant/s.

Relationship to principal member (Indicate with an 'X')

Spouse Partner/fiancé/common law spouse (complete declaration in section 8) Child (if difference in surname, complete declaration in section 9) Other

If other, please specify relationship:

(affidavit/legal documents and proof of income required) _____

3. Dependant details

First name

Surname

ID number (passport number for non-SA citizens) Gender M F

Country of issue Date of birth

SARS tax number

Dependant contact number

Email address

Provision of contact information for your dependant older than 18 years will allow Bestmed to communicate chronic information directly to the applicable dependant/s.

Relationship to principal member (Indicate with an 'X')

Spouse Partner/fiancé/common law spouse (complete declaration in section 8) Child (if difference in surname, complete declaration in section 9) Other

If other, please specify relationship:

(affidavit/legal documents and proof of income required) _____

4. Dependant details

First name

Surname

ID number (passport number for non-SA citizens) Gender M F

Country of issue Date of birth

SARS tax number

Dependant contact number

Email address

Provision of contact information for your dependant older than 18 years will allow Bestmed to communicate chronic information directly to the applicable dependant/s.

Relationship to principal member (Indicate with an 'X')

Spouse Partner/fiancé/common law spouse (complete declaration in section 8) Child (if difference in surname, complete declaration in section 9) Other

If other, please specify relationship:

(affidavit/legal documents and proof of income required) _____

5. Dependant details

First name

Surname

ID number (passport number for non-SA citizens) Gender M F

Country of issue Date of birth

SARS tax number

Dependant contact number

Email address

Provision of contact information for your dependant older than 18 years will allow Bestmed to communicate chronic information directly to the applicable dependant/s.

Relationship to principal member (Indicate with an 'X')

Spouse Partner/fiancé/common law spouse (complete declaration in section 8) Child (if difference in surname, complete declaration in section 9) Other

If other, please specify relationship:

(affidavit/legal documents and proof of income required) _____

6. Dependant details

First name

Surname

ID number (passport number for non-SA citizens) Gender M F

Country of issue Date of birth

SARS tax number

Dependant contact number

Email address

Provision of contact information for your dependant older than 18 years will allow Bestmed to communicate chronic information directly to the applicable dependant/s.

Relationship to principal member (Indicate with an 'X')

Spouse Partner/fiancé/common law spouse (complete declaration in section 8) Child (if difference in surname, complete declaration in section 9) Other

If other, please specify relationship:

(affidavit/legal documents and proof of income required) _____

3. ELIGIBILITY OF DEPENDANT(S)

* The rules of the Scheme will determine admission and the applicable rates.

Children are regarded as such only up to the age of 21, unless studying (but not older than 26).		
1. Is your child older than 21 and currently studying? Proof of registration at a tertiary institution (up to the age of 26) is required in order to qualify as a child dependant. Please ensure student proof is attached for the current year of study? (Student cards will not be accepted.)	Yes	No
2. Are the adult dependant(s) financially dependent on the principal member? Do the dependant(s) receive an income, e.g. pension, salary? Provide proof of income per dependant (3 months' payslips or bank statements - not older than 3 months).	Yes	No
	Yes	No
If yes, what is the monthly income?		
Dependant 1 <input type="text"/>	Dependant 3 <input type="text"/>	
Dependant 2 <input type="text"/>	Dependant 4 <input type="text"/>	

7. MEDICAL QUESTIONNAIRE

Please note: Where the answer is YES, please give full details of the person concerned in the space provided. If you or any of your dependant(s) are suffering from a chronic condition, a medical report is required setting out details of the condition. If the space provided is insufficient, write the details on a separate page and attach it to this questionnaire. *The examples listed under each condition below is not intended as a full list of conditions, disorders or symptoms, but only serve as examples.*

Have you or any of your proposed beneficiary-(ies) received any medical advice, diagnosis, care or was recommended for treatment for the following, within the 12 month period ending on the date on which you are applying for membership. Please clearly specify the diagnosed conditions in relevant tables.	Indicate with an "X" (compulsory)		Name of patient	Date diagnosed	Last treatment date	Level/stage of illness, condition, nature of treatment, medicine, dosage and hospitalisation
	Yes	No				
1. Congenital physical deviations e.g. bat ears, valvular heart disease	Yes	No				
2. Abnormality of skin (including allergies) e.g. eczema, psoriasis, acne	Yes	No				
3. Deviations and problems in skeleton, joints and muscles e.g. arthritis, back problems	Yes	No				
4. Sensory organs: sight, hearing, speech, also state spectacles and/or contact lenses	Yes	No				
5. Respiratory system e.g. asthma, COPD	Yes	No				
6. Cardio-vascular systems e.g. hypertension, high cholesterol, heart failure, thrombosis	Yes	No				
7. Digestive system e.g. hiatus hernia, stomach ulcer, spastic colon, gallstones	Yes	No				
8. Urinary system, e.g. kidney problems (infections, failure, dialysis, stones) or bladder problems (infection, incontinence)	Yes	No				
9. Metabolic diseases e.g. obesity, diabetes, porphyria, thyroid problems	Yes	No				
10. Psychiatric or psychological treatment e.g. depression, anxiety, sleeping disorders, counselling	Yes	No				
11. Nervous system e.g. paralysis, epilepsy, Parkinson's disease, headaches, stroke	Yes	No				
12. Substance dependence e.g. alcohol, drugs, rehabilitation	Yes	No				
13. Have you ever been diagnosed with cancer, a growth or tumour of any kind? Please state type and date.	Yes	No				
14. Dental treatment	Yes	No				
15. Ear, Nose and throat related treatment, e.g. grommets, nasal surgery, tonsils	Yes	No				

8. PREVIOUS MEMBERSHIP STATUS

Please supply previous membership certificates, from a South African registered medical scheme, as relevant proof of previous medical aid cover. This submission of previous medical aid certificates will ensure correct and relevant underwriting is applied on your new profile.

Have you and/ or your spouse/ partner and/ or dependant(s) been a member(s) or dependant(s) of a medical scheme(s)?

Yes

No

If "yes", attach the membership certificate(s) of the previous scheme(s), confirming the start and end date of membership

Name of scheme	Member number	Principal member	Dependant	Date from	Date to

9. UNDERWRITING THAT MIGHT APPLY

It is important to note that proof of previous membership may prevent possible waiting periods being imposed:

Bestmed will do NO risk underwriting in respect of staff of participating employers who apply for registration as principle members within 90 (ninety) days of the date of permanent appointment, marriage or divorce.

The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a Dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application:

- A general waiting period of up to 3 (three) months;
- A condition-specific waiting period of up to 12 (twelve) months.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application:

- A condition-specific waiting period of up to 12 (twelve) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits; or
- In respect of any person contemplated in this sub-rule, where the previous medical scheme had imposed a general or condition-specific waiting period, and such waiting period had not expired at the time of termination, a general or condition-specific waiting period for the unexpired duration of such waiting period imposed by the former medical scheme.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of more than 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application.

- A general waiting period of up to 3 (three) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits.

Bestmed will implement waiting periods and evaluate and/or investigate information and membership in all cases where adverse selection is exercised to obtain specific benefits.

Monitor for possible non-disclosure

To exclude the possibility of non-disclosure of material information, for the first 12 months we will monitor membership in the following cases:

- Claims of new beneficiaries with less than 24 months continuous medical scheme membership and with less than 90 days break, immediately prior to date of application.
- When an application is made for membership or admission for a person who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application.

In accordance with the Medical Schemes Act, we implore new applicants to disclose true and complete information to the Scheme. It is always better to disclose too much than too little.

Please note that if membership is subject to the above-mentioned 12-month monitor period, the Scheme may request additional medical history upon receiving a claim and/or a request for authorisation.

In this case, the Scheme will only confirm benefits once it is satisfied with the additional information received.

Late Joiner Penalty (in terms of Regulation 131 of the Medical Schemes Act (Act 131 of 1998))

Late joiner penalties can be imposed on beneficiaries over the age of 35. Depending on the number of years the beneficiary did not belong to a medical scheme, a late joiner penalty will be added to the members monthly risk contribution. The penalty is calculated on a sliding scale as shown in the table below, based on the total number of years from age 35 being effective 1 April 2001, where a beneficiary did not belong to a medical scheme

Number of years since age 35 where applicant was not a member of a medical scheme	Penalty
1 - 4 years	0.05 x risk contribution
5 - 14 years	0.25 x risk contribution
15 - 24 years	0.50 x risk contribution
25+ years	0.75 x risk contribution

10. APPLICATION AND DECLARATION

I herewith apply for:

Recognition of my abovementioned dependants as beneficiary(ies) of the Scheme on the grounds that, to the best of my knowledge:

1. The details in respect of your dependant(s) set out above are true and correct and that they qualify for enrolment as dependant(s) in terms of the Scheme Rules;

2. My aforementioned children are fully dependent on me, or, if they have an income, the income does not exceed the maximum basic social pension per year; and

3. My aforementioned dependants are in good health, both mentally and physically. Should an applicant be unable to sign the declaration as required in (1) and (2) on account of temporary absence of a dependant or on account of ill health or of a mental or physical disability of such a dependant, full details should be submitted to the Scheme for consideration.

I undertake on behalf of the above mentioned dependant(s) to abide by the Rules of the Scheme.

Signed by me

on this

day of

Signature of principal member

* The rules of the Scheme will determine admission and the applicable rates.

11. STATEMENT BY EMPLOYER

To be completed by Employer **(ALL FIELDS COMPULSORY)**

Employer name

Employee number

HR practitioner details

Surname

Full names

E-mail

Telephone number

Remarks

Signature of HR practitioner

Date

Name stamp of employer