

1. REASON FOR CHANGE / REDE VIR VERANDERING

<input type="checkbox"/>	Change from corporate to individual membership Verander vanaf korporatiewe na individuele lidmaatskap	Change effective from Veranding vanaf	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/>	Individual principal member deceased, dependant continuation Individuele hooflid oorlede, afhanklike voortsetting Please attach death certificate / Heg asseblief doodsertifikaat aan	Change effective from Veranding vanaf	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/>	Dependant transfer to main member (main member swap) Afhanklike verander na hooflid (hooflid omskakeling) Option change subject to mandate and relevant approval Opsie verandering onderhewig aan mandaat en toepaslike goedkeuring	Change effective from Veranding vanaf	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

2. DETAILS OF CURRENT PRINCIPAL MEMBER / BESONDERHEDE VAN HUIDIGE HOOFLID

Membership number Lidmaatskapnummer	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																							
Initials Voorletters	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> </table>				SARS tax number (SARS legislative requirement) SARS belasting nommer (SARS wetgewende vereiste)	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																		
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Current option Huidige opsie	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																							
Previous employer Vorige werkgewer	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																							

3. DETAILS OF APPLICANT (NEW PRINCIPAL MEMBER) / BESONDERHEDE VAN AANSOEKER (NUWE HOOFLID)

Title Titel	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					Full names Volle name	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																		
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D	D	M	M	Y	Y	Y	Y																																																																		
Passport number Paspootnommer	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>															Preferred language Taalvoorkeur	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Eng</td><td>Afr</td> </tr> </table>		Eng	Afr																																																					
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Country of issue (passport) Land van uitreiking (paspoort)	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>															SARS tax number (SARS legislative requirement) SARS belasting nommer (SARS wetgewende vereiste)	<table border="1" style="width: 100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																								
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Initial of applicant: Paraaf van aansoeker:	
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4. BENEFIT OPTION / VOORDEELOPSIE

Option change subject to mandate and relevant approval / Opsie verandering onderhewig aan mandaat en toepaslike goedkeuring

New benefit option (indicate with 'X') / Nuwe voordeelopsie (dui aan met 'X')

Beat1	
Beat2	
Beat3	
Beat4	

Beat1N (Network) †	
Beat2N (Network) †	
Beat3N (Network) †	

Pace1	
Pace2	
Pace3	
Pace4	

Pulse1 * ‡	
Pulse2 ‡	

Income bracket if you are joining on the Pulse1 Option / Inkomste kategorie as u aansluit op die Pulse1 opsie:

R 0 - R 5 500 monthly / maandeliks	R 5 501 - R 8 500 monthly / maandeliks	R 8 501 and above / bo monthly / maandeliks
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* Provide **proof of income** (3 months' payslips or bank statements - not older than 3 months). Please note that you will be registered on the highest interval, pending proof of income.
* Voorsien **bewys van inkomste** (3 maande se betaalstrokies of bankstate - nie ouer as 3 maande nie). Let wel dat u op die hoogste interval geregistreer sal word, tot en met bewys van inkomste ontvang word.

† Take note: If any of the BeatN options are selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following: Let wel: Indien enige van die BeatN opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die doeltreffendheidsafslag wat op die BeatN opsies van toepassing is, neem ek kennis en stem toe tot die volgende:	Initial Parafeer
1. I am limited to a hospital network and designated service providers as determined by the Scheme. 1. Ek is beperk tot 'n hospitaalnetwerk en aangewese diens verskaffers soos deur die Skema bepaal.	
2. I am aware of the location of the nearest above-mentioned network hospital providers. 2. Ek is bewus van die naaste bovermelde hospitaal netwerkverskaffers se ligging.	
3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules. 3. As ek uit vrye keuse nie van die voormelde netwerkverskaffers gebruik maak nie, is ek bewus daarvan en stem ek toe dat ek verantwoordelik gehou sal word vir 'n bybetaling in gevolg die Skemareëls.	
4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year. 4. Ek is bewus dat hierdie 'n unieke voordeelopsie is en dat ek nie gedurende die jaar van 'n BeatN-opsie na 'n standaard Beat-opsie, in gevolg van die Skemareëls, mag skuif nie.	

‡ Take note: If any of the Pulse options are selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following: Let wel: Indien enige Pulse opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die gekontrakteerde aangewese diensverskaffersnetwerk wat betrekking het tot die Pulse opsies, neem ek kennis en stem toe dat my gekose unieke voordeelopsie onderhewig is aan die volgende:	Initial Parafeer
1. Primary care service provider network 1. Primêresorg diensverskaffersnetwerk	
2. Specialist network 2. Spesialisnetwerk	
3. Hospital network 3. Hospitaalnetwerk	

5. YOUR BANKING DETAILS / U BANKBESONDERHEDE

DEBIT ORDER FOR MONTHLY CONTRIBUTIONS BANKING DETAILS / BANKBESONDERHEDE VIR U DEBIETORDER TEN OPSIGTE VAN U MAANDELIKSE BYDRAES

For monthly contributions, please complete your debit order deduction banking details below / Ten opsigte van maandelikse bydraes, voltooi asseblief u bankbesonderhede vir u debietorder aftrekking

Debit order deduction date Dag van debietorder verhaling	20 th / ste	25 th / ste	1 st / ste
Bank Bank			
Branch Tak			
Branch code Takkode		Type of account Tipe rekening	Cheque/current Tjek/lopende
Account number Rekeningnommer			
Name of the account holder Naam van rekeninghouer			

In accordance with SARS legislative requirements, if the account holder differs from the principal member, please complete the following section:
Indien die rekeninghouer verskil van die hooflid, moet die volgende segment voltooi word om te voldoen aan SARS se wetgewende vereistes:

Account holder ID number Rekeninghouer ID-nommer														
Passport number (for non-SA citizens) Paspoortnommer (vir nie-SA burgers)														
Country of issue Land van uitreiking														
SARS tax number SARS belasting nommer						Date of birth Geboortedatum	D	D	M	M	Y	Y	Y	Y

Home address Woonadres																																		

Is account holder's home address the same as their postal address?
 Is rekeninghouer se woonadres adres dieselfde as hul posadres? Yes / Ja No / Nee

Postal address (Domicilium citandi et executandi)																																		
Posadres (Domicilium citandi et executandi)																																		

CLAIMS REFUND BANKING DETAILS / EISE TERUGBETALINGS BANKBESONDERHEDE

Is your claims refund banking details the same as your monthly contributions banking details / Is u eise terugbetaal bankbesonderhede dieselfde as u maandelikse bydraes bankbesonderhede Yes / Ja No / Nee

If you selected NO, please complete your claims refund banking details below / Indien u NEE gekies het, voltooi asseblief u eise terugbetaling bankbesonderhede hieronder:

Bank Bank																																	
Branch Tak																																	
Branch code Takkode							Type of account Tipe rekening	Cheque/current Tjek/lopende		Savings Spaar																							
Account number Rekeningnummer																																	
Name of the account holder Naam van rekeninghouer																																	

If account holder differs from principal member, please confirm account holder ID number/passport number for non-SA citizens / Indien die rekeninghouer verskil van die hooflid, bevestig asseblief die rekening houer ID nommer/paspoort nommer vir nie-SA burgers

Account holder ID number
Rekeninghouer ID-nommer

I/we hereby authorise Bestmed to draw against my/our account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of the **amount below** on the above mentioned date or the first working day thereafter. I/we further authorise Bestmed to adjust the amount due as contributions are amended from time to time. All such withdrawals from my/our account by Bestmed shall be treated as though they have been signed by me/us personally. I/we agree to pay bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving Bestmed one month's notice in writing via e-mail, fax or registered post, starting on the first day of the following calendar month. Should there be a breach of this contract there is a possibility that the member will be held responsible for payments incurred. I/we understand that I/we shall not be entitled to any refunds of amounts which have been withdrawn while this authority was in force if such amounts were legally owing to Bestmed. I/we acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. Subscription fees are payable in advance and therefore deduction of debit order will take place in the month before inception date should you choose the 20th or 25th as the debit order date.

Ek/ons magtig hiermee Bestmed om geld te onttrek uit my/ons rekening by die bogenoemde bank (of enige bank of tak waarna ek/ons my/ons rekening oorplaas) ten bydrae van die **onderstaande bedrag** op die bogemelde datum of die eerste werksdag daarna. Ek/ons bemagtig Bestmed verder om die bedrag aan te pas soos wat die ledegelde van tyd tot tyd verander. Alle sodanige onttrekkings van my/ons rekening sal geag word asof deur my/ons persoonlike geteken. Ek/ons onderneem om bankkoste gekoppel aan hierdie debietorder te betaal. Ek/ons mag hierdie magtiging kanselleer deur Bestmed een maand skriftelik via e-pos, faks of geregistreerde pos in kennis te stel, vanaf die eerste dag van die opvolgende kalendermaand. Indien daar kontrakbreuk sou wees, bestaan die moontlikheid dat die lid aanspreeklik gehou sal word vir kostes aangegaan. Indien bydrae wettiglik verskuldig was aan Bestmed, verstaan ek/ons dat ek/ons nie geregtig sal wees op enige terugbetaling van bydrae wat onttrek is terwyl hierdie magtiging van krag was nie. Ek/ons bevestig dat die onttrekking teen my/ons rekening nie deur die gemagtigde party gesedeer mag word en dat die gemagtigde party nie enige van sy regte mag oordra na 'n derde party sonder my/ons vooraf skriftelike toestemming nie en dat ek/ons nie enige verpligtinge ingevolge hierdie kontrak/magtiging aan enige derde party delegeer sonder vooraf skriftelike toestemming van die derde party nie. Ledegeel is vooruit betaalbaar en word in die maand voor registrasie gevorder indien die 20^{ste} of 25^{ste} gekies word as die debietorderdatum.

**TOTAL MONTHLY CONTRIBUTION
TOTALE MAANDELIKSE KOSTE**

Signature of principal member / Handtekening van hooflid

Signature of account holder / Handtekening van rekeninghouer

6. BROKER CONFIRMATION / MAKELAAR BEVESTIGING

In terms of the Financial Accounting Information System (FAIS) Act, please select the appropriate option / in terme van die Wet op Finansiële Advies- en Tussengangerdienste (FATD), dui die toepaslike opsie aan

- I want to continue with my current brokerage/broker.
Ek wil by my huidige makelary/makelaar bly.
- I want to appoint a new brokerage/broker on my Bestmed membership profile. Please complete section 7 of the Bestmed continuation form.
Ek wil 'n nuwe makelary/makelaar vir my Bestmed lidmaatskap profiel aanstel. Voltooi afdeling 7 van die Bestmed voortsetting vorm.
- I have not received advice from, or been influenced in any way by a brokerage/broker. I have considered my personal requirements and those of my dependants. I will contact the Bestmed Client Contact Centre should I require any additional information.
Ek het nie advies ontvang van, en is nie beïnvloed deur 'n makelary/makelaar nie. Ek het my en my afhanklikes se persoonlike behoeftes oorweeg en sal die Bestmed Kliëntedienssentrum skakel vir addisionele inligting.

7. NEW BROKER DETAILS / NUWE MAKELAAR BESONDERHEDE

Brokerage name Naam van makelary	<input type="text"/>
Brokerage code Makelary kode	<input type="text"/>
Broker name Naam van makelaar	<input type="text"/>
Broker code Makelaar kode	<input type="text"/>

DECLARATION / VERKLARING

I / Ek

am duly authorised to appoint the intermediary mentioned in the above, to act as agent on our/my behalf for the purpose of all our/my dealings with Bestmed Medical Scheme. Furthermore, I request that all information pertaining to my medical scheme in respect of myself and my dependants be released to (please specify brokerage/broker) is gemagtig om die bogenoemde tussenganger aan te stel, om namens my op te tree rakende my besigheid met Bestmed Mediese Skema. Ek versoek dat alle inligting aangaande my mediese skema ten opsigte van myself en my afhanklikes vrygestel word aan (spesifiseer asseblief makelary/makelaar)

and indemnify my selected brokerage/broker as well as Bestmed Medical Scheme against any claims or damages suffered as a result of disclosing the information en vrywaar my gekose makelary/makelaar asook Bestmed Mediese Skema van enige eise of skade gely as gevolg van die openbaarmaking van die inligting.

Signature of main member / Handtekening van hooflid

Signature of broker / Handtekening van makelaar

Signed at
Geteken te

on this
op die day of
dag van month / maand Y Y Y Y

8. APPLICATION AND DECLARATION / AANSOEK EN VERKLARING

I herewith apply for:	Ek doen hiermee aansoek om:
1. Change in membership profile due to change in employment status.	1. Verandering in lidmaatskap profiel as gevolg van verandering in indiensnemings status.
2. Change in membership profile due to principal member deceased.	2. Verandering in lidmaatskapprofiel as gevolg van afgestorwe lid.
3. Change due to dependant transfer to main member (main member swap).	3. Verandering van afhanklike na hooflid (hooflid omskakeling).
I acknowledge that I, as well as my existing dependant(s) shall be bound by the rules of the Scheme as amended from time to time. I the undersigned, hereby apply to be admitted as the principal member of the membership profile and hereby agree to the rules of the Scheme.	Ek erken dat ek sowel as my afhanklike(s) gebonde is aan die reëls van die Skema, soos van tyd tot tyd gewysig. Ek, die ondertekende doen hiermee aansoek as die hooflid van die lidmaatskap profiel, en stem hiermee saam met die reëls van die Skema.

Signed by me
Onderteken deur my

Signature of principal member / Handtekening van hooflid

on this
op die day of
dag van month / maand Y Y Y Y

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

* Die Skemareëls sal die toelating en die toepaslike tariewe bepaal.