## CORPORATE MEMBER BENEFIT OPTION CHANGE FORM



1. APPLICANT (P	RIN	CIP <i>F</i>	AL N	ΛΕΝ	ИВЕ	ER)																				
Membership number																										
Surname																										
Initials								]		ID nur	mber															
Current employer								]																		
Employee number												<u> </u>														
2. ADDRESS ANI	) CO	NTA	ACT	DE	TAI	LS (F	PRIN	ICIP <i>E</i>	AL M	EMB	ER)															
Email address																										
Telephone number (w)												Cellp	ohone nu	ımber												
Physical address												_														
																				Code	2					
3. BENEFIT OPTI	ON																									
Benefit option (indicated) Beat1	Beat1				Beat1N (Network) †						Pace1								Rhythm1 * ‡							
Beat2			Beat2N (Network) †					_	Pace2						_	_	F	Rhythi	m2 *	‡						
Beat3 Beat3 Plus	Beat3 Plus				Beat3N (Network) †					Pace3						$\dashv$										
Beat4																										
Income bracket if you	are jo	ining	on th	e Rhy	ythm	1 Opti	on			In	come l	bracke	t if you	are joii	ning or	the R	hythn	n2 Opti	ion							
R 0 - R 9 000 R 9 001 - R 1 monthly monthl			I and above I						R 0 - R 5 500 R 5 501 - R 8 5 monthly monthly					500		R 8 501 and above monthly										
* Provide <b>proof of inco</b> Please note that you												ths).														
Take note: Members agree to the following		-		atN o	optio	ns enj	oy an	efficier	ncy dis	count.	As suc	h, plea	se note	that b	y sele	ting o	ne of	the Be	atN op	tions	you a	ckno	wledg	e and		
1. I am limited to a ho	ospital	netw	ork a	nd de	esigna	ated s	ervice	provide	ers as o	leterm	ined by	y the So	heme.													
2. I am aware of the I	ocatio	n of th	ne ne	arest	abov	/e-me	ntione	d netw	ork ho	spital p	orovide	ers.														
3. If I willingly do not	make	use of	f the	afore	said	netwo	rk pro	viders,	l am av	ware, a	nd agr	ee that	I will be	held l	iable fo	r a co-	-paym	ent in	terms c	of the	Scher	me Rı	ıles.			
4. I am aware that th	is is a	unique	e ben	efit o	ptior	n and t	hat I m	nay not	, in ter	ms of t	he Sch	neme R	ules, ch	ange fr	rom a E	BeatN o	option	to a st	andard	l Beat	optio	n dur	ing the	e year.		
Take note: Members										d Rhytl	hm des	signate	d servi	e prov	ider n	etwork	. As s	uch, by	/ select	ing a	Rhyt	hm op	otion,	you		
Primary care servi					Jaul	yeer at	, and I	J.I.O WIII	.9.																	
2. Specialist network	•																									
3. Hospital network																										

Block A, Glenfield Office Park, 361 Oberon Avenue, Faerie Glen, Pretoria, 0081, RSA • PO Box 2297, Pretoria, 0001, RSA
• Client Service 086 000 2378 • Fax +27 (0)12 472 6500 • E-mail service@bestmed.co.za • www.bestmed.co.za • Reg no. 1252

## 4. CONSENT PROVISIONS BY APPLICANT

- 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.
  - $2.10 \quad \text{To provide me with health and wellness information throughout the subsistence of my membership.} \\$
  - 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	
Signature of	member	

## 5. APPLICATION AND DECLARATION

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December. I understand the benefits of my new option choice and accept the option change on my membership profile.

Signed by me		on this		day of	month	Υ	Υ	Y	Υ
9	Signature of principal member								

## 6. CONSENT PROVISIONS BY EMPLOYER To be completed by Employer (ALL FIELDS COMPULSORY) We (employer name)

- 1. Hereby warrant that, in as far as we provide Bestmed with any Personal Information and/or Special Personal Information ("collectively referred to as "Personal Information"), as defined in terms of the Protection of Personal Information Act, 4 of 2013 (POPIA), pertaining to our employees, their dependants, spouse(s) and/or children, we do so with the express informed consent of such employee.
- 2. We hereby confirm that in as far as we provide Bestmed with the Personal Information of any Third Party as contemplated in clause 1 above, we do so in our capacity as "competent person" in respect of such Personal Information, as contemplated in terms of the provisions of POPIA.
- 3. We hereby expressly make the following acknowledgements in respect of Bestmed's processing of our Personal Information ("referred to as "Personal Information"), as defined in terms of the Protection of Personal Information Act, 4 of 2013 (POPIA):
  - 3.1 That we have considered and fully understand the provisions of Bestmed's Data Protection and Privacy Policy, thereby fully appreciating the manner in which Bestmed may process our Personal Information and for which purpose(s) Bestmed may process such Personal Information.
  - 3.2 That through submitting this application as a corporate member/participating employer, we may be providing Bestmed with the Personal Information and/or Special Personal Information of our employees and their spouse(s), children and or other dependant third parties.
  - 3.3 That by engaging with Bestmed through any physical and/or electronic means, Bestmed will in effect be processing the Personal Information provided by us from time to time.
  - 3.4 That Bestmed may from time to time, depending on the circumstances, collect our Personal Information, as well as that of our employees and their spouse(s), children and or other dependant third parties from another source other than directly from us.
  - 3.5 That we fully appreciate that Bestmed places a high premium on our privacy, as well as the privacy of our employees, their spouse(s), children and or other dependant third parties.
  - 3.6 That we 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 our Personal Information and/or that of our employees and their spouse(s), children and or other dependant third parties shall be processed with a reasonable standard of care as may be expected from Bestmed.
  - 3.7 That we fully appreciate that Bestmed will only process our Personal Information and/or that of our employees and their spouse(s), children and or other dependant third parties in a manner consistent with the provisions of its Data Protection and Privacy Policy, as well as for the purpose(s) set forth therein.
  - 3.8 That, in accordance with the provisions of Section 18 of POPIA, we have been provided with adequate notification of the processing of our Personal Information and/ or that of our employees and their spouse(s), children and or other dependant third parties by Bestmed, the scope and purpose(s) for such processing, as well as our rights to object to such processing should we elect to do so.
  - 3.9 That we acknowledge that the processing of our Personal Information is a mandatory requirement for the existence of a valid medical insurance agreement and for us to enjoy the status of a corporate member/participating employer.
- 4. In light of the above acknowledgements, and in accordance with the requirements set forth in Section 11 of POPIA, we hereby provide our specific and informed consent to Bestmed for the processing of our Personal Information, for any purpose(s) legitimately connected or related to our application for corporate membership and/or membership as a participating employer, which purpose(s) may include, but not be limited to the following:
  - 4.1 To provide or manage any information, products and/or services requested by us pursuant to our application for membership.
  - 4.2 To establish our needs, requirements and preferences in relation to the products and/or services provided by the Bestmed.
  - 4.3 To facilitate the delivery of products and/or services to us as a corporate member/participating employer of Bestmed.
  - 4.4 To administer any claims and premiums pertaining to us.
  - 4.5 To activate any policies or prescribed benefits pursuant to our membership.
  - 4.6 To allocate a unique identifier to us for the purpose of securely storing, retaining, and recalling our Personal Information from time to time, including after our corporate membership or membership as a participating employer is terminated.
  - 4.7 For general administration purposes pertaining to our membership.
  - 4.8 For legal and/or contractual purposes and to enable Bestmed to comply with its contractual obligations towards us.
  - 4.9 To transact with suppliers and business partners, including healthcare service providers, managed facilities, network hospitals and pharmacies to facilitate the delivery of products and/or services to us.
  - 4.10 To provide us with health and wellness information throughout the subsistence of our membership.
  - 4.11 To transact with third parties and transfer our Personal Information to such third parties for the purpose of enabling Bestmed to fulfil its contractual obligations towards us.
  - 4.12 To analyse our Personal Information collected for research and statistical purposes.
  - 4.13 To transfer our Personal Information across the borders of South Africa to other jurisdictions should it be required in the legitimate pursuit of Bestmed's business requirements.
  - 4.14 To carry out analysis and profiling of our membership profile.

<sup>\*</sup> The rules of the Scheme will determine admission and the applicable rates.

- 4.15 To identify other products and services which might be of interest to us, as well as to inform us of such products and/or services.
- 4.16 To obtain and share information about our credit worthiness with any credit bureau or credit provider's industry association or industry body, which includes information pertaining to our credit history, financial history, judgements, default history and sharing information for purposes of risk analysis, tracing and related purposes.
- 5. In as far as we provide Bestmed with the Personal Information of any third party, including the Personal Information of our employees, their spouse(s), children or other dependants, we hereby warrant that we have acquired the consent of such third party to do so and that we are a "competent person" in respect of such Personal Information, as contemplated in terms of the provisions of POPIA. The representative acting on our behalf herein and facilitating the submission of this application to Bestmed, warrants that he/she is duly authorised to act on our behalf and to thereby bind us to the terms and conditions related to this application. Signature of employer **HR** practitioner details Employee number Surname Full names E-mail Telephone number Remarks Date D D M M Signature of HR practitioner

Name stamp of employer