# **CORPORATE MEMBER CONTINUATION FORM**



1. REASON FO	OR CHAI	IGE																					
Change	due to cont	inuation	ı as a p	ensione	r							Chan	ige effe	ective fro	om	D	D	M	M	Υ	Υ	Υ	Υ
	ll member d		l, depei	ndant co	ontinua	ation (v	widow,	widow	er or o	rphan)		Chan	ige effe	ective fro	om	D	D	М	M	Υ	Υ	Υ	Υ
2. DETAILS OF	CURRE	NT PR	INCI	PAL N	IEMI	BER																	
Membership nun	nber																						
Initials					SAI	RS tax	numbe	r (SAR	5 legisla	ative re	quirem	ent)											
Surname																							
L Previous employe	or																						
Employee numbe									<u>                                      </u>														
3. DETAILS C	F APPL	ICAN	T (NI	EW P	RIN	CIPA	L ME	МВ	ER)														
Title					F	ull nar	nes																
Surname																							
ID number													Date	of birth	1	D	D	М	М	Υ	Υ	Υ	Υ
Home language																							
Passport numbe	r																						
Country of issue	(passport)																						
SARS tax numbe	r (SARS legi	ا slative r	equirer	ment)												]							
Tel number										]	I C	l ell num	ıber			J							
L Physical										]													
address																							
																		C	ode				
F-mail address																							

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• Client Service 086 000 2378 • Fax +27 (0)12 472 6500 • E-mail service@bestmed.co.za • www.bestmed.co.za • Reg no. 1252

. BENEFIT OPTIO	N																					
Option change subjective New benefit option (ind			and re	levant	appro	val. Plea	ase r	refer t	to Bes	tmed	l Sc	heme Rui	les									
Beat1				Beat1N	(Netw	ork) †				F	Pace	<u> </u>					Rh	ythm1	* ‡			
Beat2				Beat2N	(Netw	ork) †				F	Pace	2					Rh	ythm2	* ‡			
Beat3				Beat3N	l (Netw	ork) †				F	Pace	3										
Beat3 Plus			_							F	Pace	4										
Beat4																						
Income bracket if you a	re joining	g on the	Rhythi	n1 Opti	on			Inc	ome br	acket	if y	ou are join	ing on	the Rh	ythm2	Option	ı					
R O - R 9 000 monthly		01 - R 14 monthly			R 14 ( and ab mont	oove				R 5 5		R	5 501 – mon	R 8 50 thly	0	aı	R 8 50° nd abov nonthl	/e				
* Provide <b>proof of incom</b> Please note that you w										s).												
Members on any of th	e BeatN	options	enjoy a	an effici	ency di	scount. B	y sel	lecting	one o	f the E	Beat	:N options	you ac	knowle	dge ar	d agre	e to th	e follo	wing co	onditio	ns:	
1. I am limited to a hos	pital net	work and	d desig	nated se	ervice p	roviders a	as de	termir	ned by t	the Sc	hem	ne.										
2. I am aware of the lo	cation of	the near	rest ab	ove-me	ntioned	l network	hosp	oital pr	oviders	5.												
3. If I willingly do not m	nake use	of the af	oresai	d netwo	rk provi	iders, I am	n awa	are and	d agree	that I	l will	l be held lia	ble for	а со-р	aymen	t in terr	ns of t	he Sch	eme Ru	ıles.		
4. I am aware that this	is a uniq	ue benef	fit opti	on and t	hat I ma	ay not, in	term	s of th	e Sche	me Rı	ules,	, change fro	om a B	eatN op	otion to	a stan	dard B	eat opt	ion du	ring the	year.	
Members on a Rhythn that your option is sub				to the co	ontracto	ed Rhythr	n de	signat	ed serv	vice p	rovi	der netwo	rk. By s	electin	g a Rh	ythm o	ption v	ou ack	nowle	dge an	d agre	e
1. Primary care service	provide	r networl	k																			
2. Specialist network																						
3. Hospital network																						
. YOUR BANKING	DETA	ILS																				
<b>DEBIT ORDER FOR MON</b> For monthly contributions							ing d	etails t	elow													
* Debit order deduction of	late		20 <sup>th</sup>		25 <sup>th</sup>		1 <sup>st</sup>															
Bank																						
Branch																						
Branch code						Ту	pe of	faccou	nt		Che	que/curren	t		Savin	ıgs						
Account number																						

\*If you have selected "OTHER" please complete below section in accordance with SARS legislative requirements where account holder differs from the principal member:

irst name													
∕liddle										1.	nitials		
name										"	IIIIdis		
Surname													

\*Other

Account holder ID number

Company

Passport number (for non-SA citizens) Country of issue

Member

Select account

Name of company

holder

SARS tax number												Da	te of bi	rth		D	D	M	М	Υ	Υ	Υ	Υ
Home address																							
																		Postal (	code				
Is your home address th	ne sam	e as yoı	ur post	al addre	255?		Ye	S	No														
Postal address (Domicilium citandi																							
et executandi)																							
																		Postal	code				
CLAIMS REFUND BAN	KING E	ETAILS	5																				
Is your claims refund ba									nking d	etails											Yes	l l	No
Bank																							
Branch																							
Branch code								Type o	f accou	nt		Che	eque/c	urrent				Sa	vings				
Account number																							
Name of the account holder																							
If account holder differ	s from	princip	al men	nber, pl	ease co	onfirm a	account	t holde	r ID nur	mber/p	asspor	t numb	er for r	non-SA	citizen	S		•	•	•	•		
Account holder ID numl	ber																						
contribution amount for as contributions are an we agree to pay bank registered post, starting for payments incurred were legally owing to lany third party withou written consent of the subject to subscription	mended charges ng on tl . I/we u Bestme t my/o autho	d from s relatione first underst ed. I/we ur prion rised pa	time to ng to the day of tand the e acknown writte arty. Th	time. his deb the fol hat I/we owledgen cons	All such it order lowing shall r e that t ent and	n withd r instruction calend not be e the part	Irawals ction. T lar mor entitled ty here /we ma	from rhis auth. Sho I to any by auth	my/our thority ould the refund norised delegat	accour may be ere be a ds of ar to effe e any o	nt by Be cance a breac mounts ect the of my/o	estmed lled by h of thi which drawin our oblig	shall to me/us s conto have to g(s) ag gations	by givi by givi ract the been wi ainst m	ted as t ng Bes ere is a thdraw ny/our a ns of th	though tmed of possib on while account nis con	they home modility that this at this at this at this at this at the thick th	ave be nth's n at the r authorit not ced authorit	en sign otice ir nembe ty was e or as	ned by r writing will b in force sign ar by third	me/us   g via e- e held   e if sucl y of its party \	persona -mail, fa respons h amou s rights without	ally. I/ ax or sible ints to
Signature of principal	membe	er							_			Sig	nature	of acco	ount ho	lder							
. BROKER CONF	IRM <i>I</i>	ATIO	N																				
Change subject to t											propria	ate opt	ion										
I want to con	tinue w	ith my	curren	t broke	rage/b	roker.																	
I want to app	oint a r	new bro	okerag	e/brok	er on m	ıy Best	med m	ember	ship pr	ofile. P	lease co	omplet	e secti	on 7 of	the Be	stmed	contin	uation	form.				
I want to rem	ove my	/ currer	nt brok	er. I wi	l deal v	vith Be	stmed	in my c	own cap	oacity.													
. NEW BROKER	DETA	ILS																					
Brokerage name																							
Brokerage code							]																
Broker name																							
Broker code																							

DECLARATION																								
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am duly authoris Furthermore, I re																							:heme.	
and indemnify m	ny sele	cted br	rokerag	e/brok	er as v	vell as	Bestm	ed Med	dical So	heme a	against	any cla	aims or	damag	ges suf	fered	as a res	ult of d	isclosii	ng the i	nforma	ation.		
Signature of ma	in mer	nber											Signa	ature o	f broke	r								
Signed at															Date	9	D	D	М	М	Υ	Υ	Υ	Υ
. CALCULATI	ON	OE M	ONT	HIV	COM	TDIR	UTIO	N																
This section s									iect t	o annr	oval f	rom v	our Hu	man	Pasau	rces	denart	ment						
				ipict	-u y	our cr	unge	15 546	, ccc c	очррі	ova. i	10111 y	our me	·····	R									
1. Employer sub																								
2. Member's mo	nthly o	ontrib	ution												R									
TOTAL MONTHL	Y CON	TRIBU	TION (1	-2)											R									
Employer name																								
Date	D	D	M	M	Υ	Υ	Υ	Υ					Арр	roval f	rom Hu	ıman l	Resourc	es depa	artmen	t		Yes	r	Vo
EMPLOYER A	\PPRO	VAL	•																					
Name																								
Surname	F																						$\pm$	7
Tel number																								
remainbei																								
Signature of	emplo	yer												1	Date		D	D I	М	M	Y	Υ	Υ	Υ
CTATEMEN	UT D	/ EN	DI O	/ED																				
9. STATEMEN																								
To be completed	l by En	nployer	(ALL F	IELDS	COMP	ULSOR	Y)				1	1												
We (employer na	ame)																							

- 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.
- 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.
- 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 the Data Protection and Privacy Policy published on Bestmed's website and available on request, thereby fully appreciating the manner in which Bestmed may process our Personal Information and for which purpose(s) Bestmed may process such Personal
  - 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.
  - 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 3.3
  - 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.
  - 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 3.5 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.
  - 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

### 10. APPLICATION AND DECLARATION

U. APPLICA	ITION AND DECLARATION									
I herewith apply	, for:									
1. Change due to	o continuation as a pensioner									
2. Change due to	principal member deceased, dependant continuation (wido	ow, widower or orphan)								
	nat I, as well as my existing dependant(s) shall be bound by t principal member of the membership profile and hereby agr		to time.	I the u	ndersig	gned, h	ereby a	apply to	be	
By signing this form.	form, I agree to the terms and conditions of Bestmed's me	embership and confirm that I have fully read a	nd unde	rstood	each o	f the p	ages ir	cluded	l in this	i
Signed by me										
		Date	D	D	M	М	Υ	Υ	Υ	Υ

Signature of principal member

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

## 11. 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.
- 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	
Signature of	applicant	