

NEWBORN REGISTRATION FORM (CORPORATE)



(Form only applicable if child is registered from date of birth)

1. PRINCIPAL MEMBER

Membership number	<input type="text"/>	Dependant join date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Title	<input type="text"/>															
First name	<input type="text"/>															
Middle name	<input type="text"/>										Initials	<input type="text"/>	<input type="text"/>			
Surname	<input type="text"/>															
ID number	<input type="text"/>								Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	<input type="text"/>										Gender	<input type="text"/>	<input type="text"/>			
Country of issue	<input type="text"/>															
SARS tax number (mandatory)	<input type="text"/>															
Marital status	<input type="text"/>	<input type="text"/>	Date of marriage / divorce	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Employee code	<input type="text"/>															

2. CONTACT DETAILS

Tel (W)	<input type="text"/>	Tel (H)	<input type="text"/>										
Cell phone	<input type="text"/>												
Email	<input type="text"/>												
Physical address	<input type="text"/>											Postal code	<input type="text"/>

3. ADDITION OF NEWBORN DEPENDANT/S

Please ensure that you enclose a birth certificate. If your newborn's surname differs from yours, you need to provide the Scheme with a declaration stating the reason for the difference. **Please note: If you don't have a birth certificate available, please submit your child's ID number or full passport documentation to the Scheme within ninety (90) days of their birth to avoid termination of their membership. As the Scheme is penalised for non-compliance, we would truly appreciate your assistance.**

Newborn 1

First name	<input type="text"/>													
Initials	<input type="text"/>	Middle name	<input type="text"/>											
Surname	<input type="text"/>													
ID number (passport number for non-SA citizens)	<input type="text"/>								Gender	<input type="text"/>	<input type="text"/>			
Country of issue (passport)	<input type="text"/>							Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>													

Newborn 2

First name

Initials Middle name

Surname

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

Country of issue (passport) Date of birth D D M M Y Y Y Y

Relationship

4. CHILD DECLARATION

Only to be completed if you are registering a child where the surname differs to the principal member

I
(principal member name and surname) declare that

1.

2.

3.

4.

5.

6.

(all children where surname's differs to principal member) is my / my spouse / my partner(s) biological child.

Signed by me on this day of month Y Y Y Y

Signature of principal member

* The Scheme Rules will determine admission and the applicable rates.

5. CONSENT PROVISIONS BY MEMBER

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.

- 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

7. IMPORTANT NOTICE

Please note: in terms of the Scheme Rules, the completed form and relevant supporting documentation (birth certificate / confirmation of birth in an emergency) must be submitted to the Scheme within thirty (30) days of the birth of your child/ren. Bestmed will, however, gladly accept your application if it is made within ninety (90) days of birth, as we understand that your world might be a little upside down with a new addition to your family. If your documentation will only be submitted after the initial thirty (30) day period, please inform the Scheme as soon as possible. This will help us ensure you don't receive any outstanding claim communication for the ninety (90)-day period.

Bestmed can only accept claims for registered dependants. If you want to make a claim for your newborn, you will need to register them first.

EMPLOYER APPROVAL

Name and surname

Telephone number

Signature of employer

on this day of month Y Y Y Y

Signature of principal member

on this day of month Y Y Y Y