TELKOM BENEFIT OPTION CHANGE FORM

best **M**ed

1. APPLICANT (PRINCIPAL MEMBER)																									
Membership number																									
Comments																									
Surname			<u> </u>																						
Initials					ID r				ID num	number															
Employee number																									
2. ADDRESS AN	D CC	ONTA	аст і	DETA	ILS (F	RIN	CIPA	LM	EMB	ER)														
	_	1	1	1		1	1	1	1					1	1	1	1	1	1	1	1				
Email address																			<u> </u>	<u> </u>					
Telephone number (w)												Cellphone nur		mber	mber										
Physical address																									
																				Code					
3. BENEFIT OPT	ION																								
Beat1	enefit option (indicate with 'X')						Beat1N (Network) †												Rhythm1 * ‡						
Beat2					Beat2N (Network) †					_	Pace1 Pace2						_	Rhythm2 * ‡							
Beat3	Beat3			Beat3N (Network) †								Pace3													
Beat3 Plus	Beat3 Plus			·						Pace4															
Beat4																									
Income bracket if you	ı are jo	ining	on the	Rhythr	m1 Optic	on			Inc	ome	brac	ket if	you a	are joir	ning on	the R	hythm	2 Optio	n						
R 0 - R 9 000		R 9 001 - R 14 000 R 14 001 and above							R 0 - R 5 500 R 5 501 - R 8 500							i	R 8 501 and above								
monthly		n	nonthly	nthly monthly						monthly monthly								monthly							
* Provide proof of inc Please note that you																									
							·							4h = 4 h				Deel	NI and				-		
Take note: Member agree to the followi					ions enjo	by an e	TTICIEN	cy also	count. A	45 50	icn, pi	lease	note	that D	y selec	ting o	ne or tr	те веа		ions ye	ри аск	nowi	eage	anu	
1. I am limited to a h	iospita	l netw	ork and	d desig	nated se	rvice p	orovide	rs as d	etermir	ned t	by the	Sche	me.												
2. I am aware of the	locatio	on of tl	he neai	rest abo	ove-mer	ntioned	d netwo	ork hos	spital pr	rovid	ers.														
3. If I willingly do not																									
4. I am aware that th	nis is a	uniqu	e bene	fit optio	on and th	nat I m	ay not,	in terr	ns of th	ne Sc	heme	e Rule	s, cha	ange fr	om a B	BeatN c	ption t	o a sta	ndard	Beat o	ption o	durin	g the	year.	
[‡] Take note: Member acknowledge and a									l Rhyth	m de	esigna	ated s	ervic	e prov	ider ne	etwork	. As su	ch, by	selecti	ing a R	hythm	opti	ion, y	ou	
1. Primary care serv	ice pro	vider r	networ	k																					
2. Specialist networ	k																								
3. Hospital network																									

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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.
- 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	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	Y	Y	Y	Y
Sigr	nature of principal member								

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