

TERMS AND CONDITIONS

Introduction

Employees / Individuals will be required to provide the Process Manager(s) with permission to access their personal information in order to advise on interventions required. However, no information will be shared with any other party than those that the individual gave permission to. Participants will know exactly what information will be used by which party for what purpose and he / she must agree to this before registration / participation can be finalised.

All Tempo benefits form part of the preventative care benefits offered by Bestmed and are paid from Scheme risk. Members should not pay any of the Tempo network pharmacies upfront when completing the Tempo Lifestyle Screening, as the Scheme will pay the claim based on the relevant benefit codes.

Overall – IT system

The registration process is secure by means of a secure https website. We validate registration against Human Resources (HR) data from the employer and with a validation e-mail. Employees can be assured of the following:

- Individual data will not be shared with your employer, only aggregated group data with the exception of compliance-related information.
- Individual data will only be shared with medical providers under strict supervision. A provider will only have access to information that is applicable to the diagnosis he / she has to make and will only see member's data that is assigned to him / her. After the consultation the provider will not be able to view the member's data.

Authorisation to use

I, irrevocably authorise Bestmed Medical Scheme its successors and assigns, to use in whole or in part my personal information as per the following statement, study(ies), medical history, picture, endorsement or quotation obtained from the following sources:

- Information on confirmation that lifestyle questionnaire was completed – to the Wellness Coordinator as well as other personal details such as my (or my dependant[s]) contact number, office location – in order for her to schedule an appointment for the biometric screening.
- Analyse lifestyle data as provided in order to provide participant of risk classification report. Report will be generated per programme and forwarded to the participant.
- Include individual results (anonymous) in group report that will be discussed and analysed by the Health Committee.

I furthermore authorise that my individual results and biometric data may be shared with the healthcare providers / network providers, for inter alia research purposes as part of the intervention programme.

This authorisation shall be an exclusive authorisation in relation to such statement, study, personal information, medical history, picture, endorsement or quotation and shall be valid for the circumstances as explained to me by the Wellness Coordinator.

Signature of member

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|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date

1. PERSONAL PARTICULARS

| | |
|-------------------|----------------------|
| Title | <input type="text"/> |
| First name | <input type="text"/> |
| Surname | <input type="text"/> |
| ID number | <input type="text"/> |
| Employer | <input type="text"/> |
| Branch | <input type="text"/> |
| Tel number | <input type="text"/> |
| Cellular number | <input type="text"/> |
| Email | <input type="text"/> |
| Membership number | <input type="text"/> |

2. LIFESTYLE

Please answer the following questions by indicating with and "X" in the appropriate column:

| | | |
|--|--------|----|
| 2.1. What is your age? | | |
| 2.2. What is your gender? | M | F |
| 2.3. Do you currently or have you ever smoked? (including cigarettes, cigars, pipes, vapes or other forms of tobacco intake) | Yes | No |
| 2.3.1. For how many years have you smoked in total (please add up all the years even if you have since quit smoking completely) | Number | |
| 2.3.2. Describe your smoking exposure by giving an estimate of the number of cigarettes you smoked on average per day during all the time that you smoke cigarettes. If you did not smoke cigarettes, indicate it using the number zero. | Number | |
| 2.4. Have you been diagnosed with diabetes mellitus? | Yes | No |
| 2.5. Have you been diagnosed with high cholesterol? | Yes | No |
| 2.6. Have you been diagnosed with high blood pressure? | Yes | No |
| 2.7. Have you been diagnosed with heart disease? | Yes | No |
| 2.8. Has diabetes been diagnosed in your family - parents, brothers and/or sisters? | Yes | No |
| 2.9. Do any of your close relatives suffer from heart disease? | Yes | No |
| 2.10. Has anyone in your close family been diagnosed or treated for high-blood pressure? | Yes | No |

Please answer the following questions by indicating with an "X" in the appropriate column:

| | |
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| 2.11. A session of increased physical activity is defined as 30 minutes of exercise that causes heavier breathing than during inactivity and/or perspiration. How often do you exercise? | |
| I don't exercise | <input type="text"/> |
| Less than twice a month | <input type="text"/> |
| About once a week on average | <input type="text"/> |
| 2-3 Days a week | <input type="text"/> |
| 4 Days or more per week | <input type="text"/> |

2.14. Please describe your daily work routine

I have a desk job, with just the normal breaks

It's about 50/50 for sitting as opposed to walking or standing

I am moving around or standing most of my day

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2.15. Please look at each of the food descriptions and tick the box that best reflects your average weekly consumption:

| | Never | Occasionally | Once a week or so | 2-3 times a week | 4-5 times a week | Every-day |
|--|-------|--------------|-------------------|------------------|------------------|-----------|
| 2.15.1. Fish, chicken, beans, lentils, legumes | | | | | | |
| 2.15.2. Red meat e.g. beef, mutton, lamb | | | | | | |
| 2.15.3. Processed foods like salami, viennas, bacon, ham, canned meat, sausages | | | | | | |
| 2.15.4. Soft drinks containing sugar | | | | | | |
| 2.15.5. Two portions of fruit per day | | | | | | |
| 2.15.6. Two portions of vegetables per day | | | | | | |
| 2.15.7. Fried, deep fried or high fat food (including things like adding mayonnaise to meals or cream to coffee) | | | | | | |
| 2.15.8. Sweets, chocolates bars, dessert confectionery | | | | | | |

Please answer the following questions by indicating with an "X" in the appropriate column:

2.16. How would you describe your salt intake?

I don't add salt when cooking or eating

I occasionally add salt when cooking or eating

I always add salt when I am cooking and/or eating

I really like salt and salty foods and add salt to all my food

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3. BIOMETRICS

3.1. Blood pressure: Systolic

3.2. Blood pressure: Diastolic

3.3. Total cholesterol (random)

3.4. Glucose (random)

3.5. Height (cm)

3.6. Weight (kg)

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3.7 When was your last meal?

In the last 1-2 hours

3-5 hours ago

6 hours or more

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4. 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.

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 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. Aside from information which is legally required (such as tax certificates, vital benefit information and claims statements) Bestmed may also send me important information about Bestmed products and services - such as the Bestmed Newsletter and additional benefit information.

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| Yes | No |
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Signature of applicant