

Welcome to Bestmed Medical Scheme



WELCOME TO BESTMED

Dear Business Partner

Access to private healthcare is valued by employers and their employees. Bestmed is an open medical scheme registered with the Council of Medical Schemes. We have been providing quality healthcare to South Africans since 1964.

Over the past few years, Bestmed has solidified our Personally Yours service in the market and has now become one of the fastest growing and most financially sustainable medical schemes in South Africa.

Why partner with Bestmed?

- **Members have no** self-payment gaps
- Value for money - single digit increases over **5 consecutive years**
- Largest self-administered scheme in South Africa
- Child dependant rates up to the age of **24 years of age**
- Students qualify for child dependent rates up to **26 years of age**
- Members pay for the first three child dependants, additional children are covered at no additional cost
- **Free wellness benefits** for all members and a personalised corporate wellness programme for participating employer groups.
- Extensive service provider network > **16 000 nationwide, including family practitioners, hospitals, specialists' disciplines and sub-disciplines, dieticians, occupational therapists, bionkineticists and network pharmacies.**
- Preventative care benefits at no additional cost including female contraceptives, flu vaccines, pneumonia vaccines, baby growth and development assessments, pap smear, mammograms and back and neck preventative programme.
- International travel insurance cover
- Maternity benefits on **all options**
- Mid-year plan upgrades in the event of critical illness (e.g., cancer)

Managed healthcare programmes:

Our Managed Care programmes have been specifically developed to care for members by providing additional benefits to treat and prevent the specific conditions appropriately in a cost-effective manner

Bestmed offers the following managed healthcare programmes:

HIV / Aids
Wound care

Diabetes
Stoma care

Maternity and baby care
Alcohol and substance abuse

Oncology
Renal care

Back and neck rehabilitation programme

We look forward to a mutually rewarding relationship invite you to contact us at any time should you need additional information.

Personally yours,

Anni Wolf
New Business Development Specialist

bestMed
personally yours

1. NAME OF ORGANISATION

Name of organisation

Type of company (example: private, state owned enterprise etc)

2. ORGANISATION INFORMATION

Physical address

A (Domicilium citandi et executandi) Code

Postal address

B Code

Hard copy Scheme correspondence to be sent to (Indicate with 'X') A B

Tel (W) Fax

Cell

E-mail

Total staff complement

3. CONTACT PERSON (GENERAL ADMINISTRATION)

Surname

Full names

Tel (W) Fax

Cell

E-mail

If there are special requirements for card delivery, please arrange with Bestmed business consultant.

4. CONTACT PERSON (PAYMENT OF CONTRIBUTIONS)

Surname

Full names

Tel (W) Fax

Cell

E-mail

5. ADMINISTRATIVE INFORMATION

5.1 From which date do you require medical cover?

D	D	M	M	Y	Y	Y	Y
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5.2 Please indicate the Bestmed benefit options that will be offered to employees (Mark applicable blocks)

Beat1	
Beat2	
Beat3	
Beat4	

Beat1N (Network) †	
Beat2N (Network) †	
Beat3N (Network) †	

Pace1	
Pace2	
Pace3	
Pace4	

Rhythm1 * ‡	
Rhythm2 ‡	

5.3 Copy of Risk Underwriting decision

I _____ (name & surname),

as fully authorised official of _____ (company name)

hereby confirm that the organisation accepts the risk underwriting decisions

D	D	M	M	Y	Y	Y	Y
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5.4 This organisation undertakes to comply with the following conditions for participation:

- Membership of participating employer is compulsory for at least one year;
- Membership of participating employer may be terminated at the end of a financial year only and not in the course of a financial year of the scheme by giving two month's written notice, which shall apply from the date on which the notice was received at the scheme;
- Application for the termination of the membership as participating employer shall be made in writing and shall reach the scheme not less than three months before the end of the scheme's financial year;
- Contributions are payable monthly in advance/arrears as agreed upon and must together with the reconciliation report reach the scheme on or before the 3rd of the month; and
- The requirements for registration as a participating employer are 15 principal members.

6. PAYMENT OF CONTRIBUTIONS

How will contributions be paid?

Advance	Arrears
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Method of payment

EFT	Debit order
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Subsidy applicable to active employees?

Yes	No
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If yes, please specify _____

Subsidy applicable to pensioner members?

Yes	No
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If yes, please specify _____

Name and surname _____ Signature _____

Capacity _____ Date _____

7. PAYER RESPONSIBILITIES

RESPONSIBILITIES	DUE DATE
Submit all membership updates to membership@bestmed.co.za	Daily
To prevent any discrepancies/corrections on payroll, please ensure that any update effective from the 1st of the month we are in, please ensure that the request is sent before the cut-off date	Before payroll closes (normally before the 10 th)
If any updates are submitted after payroll closed for the month, effectively from the 1 st of the month we are currently in or a prior date, the employer has to ensure that additional arrears will accompany the next payment	3 rd of the next month
All resignations to be reported on the 1 st of a month, in writing, to the dedicated membership consultant. If late notifications are received, the employer takes responsibility for any outstanding amounts	1 st of a month
Payments to be made on or before the 3 rd of a month	≤ the 3 rd of the month
Provide payment schedule which balances with the payment amount	≤ the 3 rd of the month
Reconciliation management – the employer will have to ensure payments are in line with the requests that are submitted daily	Corrected monthly
Discrepancies that were reported previously but still not corrected will be escalated to be dealt with by the next level of authority	Monthly

- 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. FOR OFFICE USE ONLY (APPROVED BY EXECUTIVE MANAGER)

Name and surname

Signature

Capacity

Date

