SAPPI APPLICATION FORM FOR REGISTRATION OF DEPENDANTS



1. APPLICANT (PRI	NCIP/	AL M	EME	BER)																		
Title											Date	of cha	nge		D	D	М	М	Υ	Υ	Υ	Υ
First name																						
Middle name																	lr	nitials				
Surname																						
ID number												Gend	der	М	F	I	Preferr	ed lan	guage		Eng	Afr
Passport number																						
Membership number												Date	of birth	ı	D	D	М	М	Υ	Υ	Υ	Υ
Marital status Unmarrie	ed Mai	ried		Date o	of marr	riage/ (divorc	e		D	D	М	М	Υ	Υ	Υ	Υ					
Current employer																						
Group division name]	lı	ncome	type		Salary	/		Wages	;
Date of employment	D D	М		I Y	· Y		,	Υ			Em	nolove	numb	er								
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2. DEPENDANTS TO) BE I	ADD	ED																			
1. Dependant details																						
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First name																						
Surname			, [ndor	M	
Surname ID number (passport number f	For non-SA	ı citizen	ıs)																	ender	M	F
Surname ID number (passport number f Country of issue	for non-SA	ı citizen	is)									Date	of birt	h	D	D	M	M	Ge	ender Y	M	F
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Surname ID number (passport number f Country of issue		a citizen	is) [Date	of birt	h	D	D	М	М				
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2. De	penuai	it de	talis																						
First n	iame																								
Surna	me																								
ID nun	nber (pass	sport nu	umber fo	or non-S	A citize	ns)																Ge	nder	М	F
Counti	ry of issu	e													Date	of birth	n	D	D	М	М	Υ	Υ	Υ	Υ
SARS :	tax numt	er																							
Depen	ıdant con	tact n	umber																						
Email	address																								
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5. Dependa	nt det	tails																						
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Country of issu	ie													Date	of birt	h	D	D	М	М	Υ	Υ	Υ	Υ
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If other, plea		_						ie dec	ididilo	11 111 36	ction	*)				mprece	decian		7 5000					
B. ELIGIBIL	ITY	OF D	FPF	NDA	NTC	5)																		
* The rules of t							the ap	plicable	e rates															
Children are	regard	ed as s	uch o	nly up	to the	age of	21, ur	iless si	tudyin	g (but	not old	der tha	n 26).											
1. Is your child																				Υ	'es		No	
2. Are the ad	ult dep	endan	t(s) fin	anciall	y depe	ndent (on the	princip	al mer	nber?										Υ	'es		No	
4. PARTNE	RSH	IP D	ECL	ARA	ΓΙΟΝ																			
Only to be con	mplete	d if yo	u are	regist	tering	a Part	ner/ fi	ancé/	comm	on-la	w spot	ıse												
I .																								
(principal mem	ber nar	ne and	surna	me) de	clare t	hat I ha	ave est	tablish	ed a pa	artners	ship wi	th												
(your partner/	fiancé/	comm	on-law	spous	se nam	e and s	urnam	ie) and	that v	ve hav	e been	living	togeth	er sind	ce) [)	М	Υ	Υ	Υ	Υ
I declare that	we int	end to	contin	ue livi	ng toge	ether ir	ndefini	tely, aı	nd I un	dertak	e to in	form B	estme	d withi	in 30 d	ays in	the eve	nt of 1	termin	ation o	f this p	artner	ship.	
										l														
Signed by me										on 1	this			day	y of			mont	h		Y	Y	Υ	Υ
																						1		l
	Signa	ture of	princi	pal me	mber																			
* The rules of	the Sch	neme w	ill det	ermine	admis	sion ar	nd the	applica	able ra	tes.														

5.0	HILD (DEC	LAR	ATI	ON																					
Onl	y to be co	mple	ted i	f you	are re	gister	ing a	:hild w	vhere	the su	ırnam	e diffe	ers to	the pr	incipa	l mem	ber									
1																										
(pri	ncipal mer	nber r	name	and su	urname	e) decl	are tha	t (all c	hildrer	wher	e surn	ame's o	differs	to prir	icipal r	nembe	r) is m	y/ my :	spouse	/ my p	artner	(s) bio	logical	child.		
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2.																										
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Sigr	ed by me											on th	nis			day	of			montl	h		Υ	Υ	Υ	Y
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* T	e rules of			·	·			n and	the 20	olicabl	lo roto	-														
6.	HE FO	LLO	WIN	IG D	ocu	MEN	TS A	RE C	:OMF	PULS	ORY															
1	. If a child i	is olde	er tha	ո 21, բ	oroof o	f regis	tration	at a te	ertiary i	institu	tion (u	p to the	e age (of 26) i	s requ	ired in	order t	o quali	fy as a	child (depend	dant. If	a child	l is olde	er than	21
	and unen	nploye	ed, a d	leclara	tion st	ateme	nt is re	quired	and ac	dult rat	es will	apply.														
2	. In the cas	se of e	exten	ded fa	mily (p	arent,	brothe	r or sis	ter onl	y) - aff	idavit	of depe	endant	t(s) wit	h rega	rds to o	lepend	lency o	n prin	cipal m	ember					
3	Proof of proof contain the						bership	must	be pro	vided;	this ap	plies to	o mem	bers a	nd all d	lepend	ants (N	NB: Not	a mer	nbersh	ip card	l). The	afores	aid pro	of mus	st
4	. In the cas	se of a	a hand	dicapp	ed chil	d depe	ndant,	a repo	rt from	a med	dical pr	actitio	ner.													
5	. If you are 30 days,					baby,	a birth	certific	cate/ fu	ıll ID n	umber	/ passp	ort nu	mber v	vill be	require	d. It is	compu	lsory t	hat yo	u regis	ter you	ır new	born b	aby wi	ithin
6	. Ensure th	nat de	pend	ant(s)	full na	imes a	nd ider	ntity no	umbers	s are co	omplet	ted. pas	ssport	numbe	ers req	uired f	or non	-SA cit	izen.							
7	. Medical c • Each medic	quest	ion m	ust be		leted i alisatio		Yes/No	indica	itor, be	eneficia	ary, dia	ignose	d date	, last t	reatme	nt dat	e, leve	l/stage	e of illr	ness, c	onditio	on, nati	ure of t	treatm	ent,
7. P	REVIO	JS N	1EM	BER	SHII	P ST	ATUS																			
	ase suppl mission o																				s med	ical ai	d cove	r. This	•	
Hav	e you and	/ or yo	our sp	ouse/	partn	er and	or de	pendar	nt(s) be	een a r	nembe	er(s) or	deper	ndant(s) of a ı	medica	l sche	me(s)?					Yes		No	0
If "	yes", atta	ch the	e mer	nbers	hip ce	rtifica	te(s) o	f the p					irming	the s	tart ar	nd end	date	of mer	nbersl	nip.						
Na	me of sch	eme			Membe	er num	ber		Prin	cipal n	nembe	r		Depend	lant			Date	from			D	ate to			
				\perp																						
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8. MEDICAL QUESTIONNAIRE / MEDIESE VRAELYS

Please note: Where the answer is YES, please give full details of the person concerned in the space provided. If you or any of your dependant(s) are suffering from a chronic condition, a medical report is required setting out details of the condition. If the space provided is insufficient, write the details on a separate page and attach it to this questionnaire. The examples listed under each condition below is not intended as a full list of conditions, disorders or symptoms, but only serve as examples.

Have you or any of your proposed beneficiary-(ies) received any medical advice, diagnosis, care or was recommended for treatment for the following, within the 12 month period ending on the date on which you are applying for membership. Please clearly specify the diagnosed conditions in relevant tables.	an	te with "X" ulsory)	Name of patient	Date diagnosed	Last treatment date	Level/stage of illness, condition, nature of treatment, medicine, dosage and hospitalisation
Congenital physical deviations e.g. bat ears, valvular heart disease	Yes	No				
2. Abnormality of skin (including allergies) e.g. eczema, psoriasis, acne	Yes	No				
Deviations and problems in skeleton, joints and muscles e.g. arthritis, back problems	Yes	No				
4. Sensory organs: sight, hearing, speech, also state spectacles and/or contact lenses	Yes	No				
5. Respiratory system e.g. asthma, COPD	Yes	No				
6. Cardio-vascular systems e.g. hypertension, high cholesterol, heart failure, thrombosis	Yes	No				
7. Digestive system e.g. hiatus hernia, stomach ulcer, spastic colon, gallstones	Yes	No				
Urinary system, e.g. kidney problems (infections, failure, dialysis, stones) or bladder problems (infection, incontinence)	Yes	No				
9. Metabolic diseases e.g. obesity, diabetes, porphyria, thyroid problems	Yes	No				
10. Psychiatric or psychological treatment e.g. depression, anxiety, sleeping disorders, counselling	Yes	No				
11. Nervous system e.g. paralysis, epilepsy, Parkinson's disease, headaches, stroke	Yes	No				
12. Substance dependence e.g. alcohol, drugs, rehabilitation	Yes	No				
Have you ever been diagnosed with cancer, a growth or tumour of any kind? Please state type and date.	Yes	No				
14. Dental treatment	Yes	No				

Initial of applicant:	

15. Ear, Nose and throat related treatment, e.g. grommets, nasal surgery, tonsils	Yes	No				
16. Operations undergone. Please state type and date.	Yes	No				
17. Current medication used, not yet stated above	Yes	No				
18. Contagious diseases e.g. positive for HIV/AIDS*, hepatitis B, tuberculosis	Yes	No				
* If you and/or any of your dependants are HIV positive or have AIDS and would prefer not to disclose to notify Bestmed of your and/or your dependant(s) that you and/or your dependants are living with membership. On receipt of this request Bestmed will determine whether underwriting conditions will	HIV/Aid	s. This in	formation must be disclosed to Bestmed	within seven (7) wo	rking days from the	
19. A condition for which you and/or your dependant(s) received a payment and/or medical treatment of whatever nature e.g. third party claim	Yes	No				
20. Any other medical condition not mentioned above, that you or your dependant(s) might have received treatment or advice, or consult a doctor for, in the past 12 months?	Yes	No				
21. For males only						
21a. Male reproductive system, e.g. prostate and testes problems	Yes	No				
21b. Hormone system e.g. hormone replacement therapy	Yes	No				
22. For females only						
22a. Pregnancy or suspected pregnancy	Yes	No				
22b. Female reproductive system e.g. endometriosis, menstrual problems, infertility and hormone replacement therapy	Yes	No				
Please note: If you are currently using chronic medicine, also complete the sechronic medication at the previous medical scheme, please submit a copy of to the Important: It remains the responsibility of the applicant to make full disclosure of the required infort to do so. The Medical Schemes Act makes provision for a membership to be terminated where non-distances amongst others, that you understand the terms and conditions of membership, and that the informat Contact Centre.	mation p	pertaining of mater	chronic authorisation letter tog g to the applicant and/or all the dependa ial information is proven and the law doe	nts. Should you wish so not recognise ignor	py of the most to add a medical re rance as an excuse	eport from your family practitioner you are welcome. Your signature to the application form indicates,
(principal member name and surname) acknowledge that all information declared above is Signed by me on this Signature of principal member	day of		month Y Y	YY		

9. UNDERWRTING THAT MIGHT APPLY / ONDERSKRYWING WAT TOEGEPAS KAN WORD

It is important to note that proof of previous membership may prevent possible waiting periods being imposed:

Bestmed will do NO risk underwriting in respect of staff of participating employers who apply for registration as principle members within 90 (ninety) days of the date of permanent appointment, marriage or divorce.

The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a Dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application:

- A general waiting period of up to 3 (three) months;
- A condition-specific waiting period of up to 12 (twelve) months.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application:

- A condition-specific waiting period of up to 12 (twelve) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits; or
- In respect of any person contemplated in this sub-rule, where the previous medical scheme had imposed a general or condition-specific waiting period, and such waiting period had not expired at the time of termination, a general or condition-specific waiting period for the unexpired duration of such waiting period imposed by the former medical scheme.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of more than 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application.

A general waiting period of up to 3 (three) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits.

Bestmed will implement waiting periods and evaluate and/or investigate information and membership in all cases where adverse selection is exercised to obtain specific benefits.

Monitor for possible non-disclosure

To exclude the possibility of non-disclosure of material information, for the first 12 months we will monitor membership in the following cases:

- Claims of new beneficiaries with less than 24 months continuous medical scheme membership and with less than 90 days break, immediately prior to date of application.
- b) When an application is made for membership or admission for a person who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application.

In accordance with the Medical Schemes Act, we implore new applicants to disclose true and complete information to the Scheme. It is always better to disclose too much than too little.

Please note that if membership is subject to the above-mentioned 12-month monitor period, the Scheme may request additional medical history upon receiving a claim and/or a request for authorisation.

In this case, the Scheme will only confirm benefits once it is satisfied with the additional information received.

Late Joiner Penalty (in terms of Regulation 131 of the Medical Schemes Act (Act 131 of 1998))

Late joiner penalties can be imposed on beneficiaries over the age of 35. Depending on the number of years the beneficiary did not belong to a medical scheme, a late joiner penalty will be added to the members monthly risk contribution. The penalty is calculated on a sliding scale as shown in the table below, based on the total number of years from age 35 being effective 1 April 2001, where a beneficiary did not belong to a medical scheme

Number of years since age 35 where applicant was not a member of a medical scheme	Penalty
1 - 4 years	0.05 x risk contribution
5 - 14 years	0.25 x risk contribution
15 - 24 years	0.50 x risk contribution
25+ years	0.75 x risk contribution

10. APPLICATION AND DECLARATION

I herewith apply for:
Recognition of my abovementioned dependants as beneficiary(ies) of the Scheme on the grounds that, to the best of my knowledge:
1. The details in respect of your dependant(s) set out above are true and correct and that they qualify for enrolment as dependant(s) in terms of the Scheme Rules;
2. My aforementioned children are fully dependent on me, or, if they have an income, the income does not exceed the maximum basic social pension per year; and
3. My aforementioned dependants are in good health, both mentally and physically. Should an applicant be unable to sign the declaration as required in (1) and (2) on account of temporary absence of a dependant or on account of ill health or of a mental or physical disability of such a dependant, full details should be submitted to the Scheme for consideration.
I undertake on behalf of the above mentioned dependant(s) to abide by the Rules of the Scheme.

Signed by me on this day of month Y

Signature of principal member



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