



Contact details

Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Continuation form

Application to register a new a main member

Who we are

Retail Medical Scheme registration number 1176, referred to as “the Scheme” is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as ‘the administrator’) is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd administers Retail Medical Scheme.

This document is a request to register a new main member on an existing membership. It also contains some terms and conditions for membership. Please make sure you read and understand the terms and conditions.

If you have any questions, please let us know. Once we have assessed your request, we will let you know what will happen next.

How to complete this form

- 1. Please use one letter per block, complete with black ink and print clearly or complete electronically.
- 2. This form must be completed by the person applying to be the main member.
- 3. To avoid administration delays, please ensure this application is completed in full.
- 4. To be completed and returned to your People Team Department.

When you sign this request, you confirm that you have read and understood the terms and conditions for membership and agree to them.

1. About the new main member

Date membership of new main member starts	<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"/>	<input type="text"/>	<input type="text"/>		
Membership number	<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"/>	<input type="text"/>	Tax number <input type="text"/>		
Job title	<input type="text"/>														
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Surname	<input type="text"/>														
First name(s) (as per identity document)	<input type="text"/>														
Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>									
ID or passport number	<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"/>	<input type="text"/>	<input type="text"/>		
Employee number	<input type="text"/>														
Telephone (H)	<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"/>	<input type="text"/>	Telephone (W) <input type="text"/>		
Cellphone	<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"/>	<input type="text"/>	<input type="text"/>		
Personal address															
Unit/suite number	<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"/>	<input type="text"/>	Complex name <input type="text"/>		
Street number	<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"/>	<input type="text"/>	Street name <input type="text"/>		
Suburb	<input type="text"/>										Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email	<input type="text"/>														

2. Details of the current main member

If you need to be registered as the main member due to the death of the current main member, please attach a certified copy of the death certificate.

Title	<input type="text"/>	Initials	<input type="text"/>	
Surname	<input type="text"/>			
First name(s) (as per identity document)	<input type="text"/>			
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/>	
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
ID or passport number	<input type="text"/>			
Country of issue	<input type="text"/>			
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>	
Cellphone	<input type="text"/>			
Personal email	<input type="text"/>			

3. Banking details for the new main member's monthly contribution (if applicable)

What you must do

Submit the following with this form if the bank account used belongs to a Third Party (Spouse, brother, sister, relative, etc): (1) copy of ID of the account holder (2) Bank Statement/letter of confirmation from the bank not older than three months.

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account Number	<input type="text"/>		
Name of account holder	<input type="text"/>		
Type of account	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder	<input type="text"/>
Signature of new main member	<input type="text"/>

Please note: If you are using someone else's bank account, the account holder must sign above to confirm this.

Account holders Physical Address (own/3rd Party's/Company or the Trust's address)

Unit/suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>
Account holder's contact number	<input type="text"/>		
Account holder's email address	<input type="text"/>		

As part of the Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit www.retailmedicalscheme.co.za

4. Banking details for claim refunds

What you must do

Submit the following with this form if the bank details belong to a Third Party (Spouse, parent, relative, etc) - Copy of ID of account holder- Bank statement/letter of confirmation from the bank not older than three months.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account, or an account held in any country in Africa, including Lesotho and Swaziland.

Same as section 3? Yes No

Bank name

Branch name Branch code - -

Account number

Name of account holder

Type of account Current Savings

I agree to inform the Scheme in writing of any changes that may occur.

Signature of new main member

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

5. Privacy Statement – how we will process and disclose your Personal Information and communicate with you

Definitions

The Scheme refers to Retail Medical Scheme, registration number 1176, registered with the Council for Medical Schemes.

The Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for Retail Medical Scheme.

We, us, our refer collectively to the Scheme and the Administrator.

You and your refer to:

- the member and the dependants on the Scheme which may include your spouse, children and other dependants, collectively “your dependants”

Your personal information includes information about race, gender, sex, pregnancy, biometrics, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and date of birth of the individual amongst other things.

Process(ing) (of) information means the lawful and reasonable automated or manual activity of collecting, recording, organising, using, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

Competent person means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

How we will process and disclose your personal information and communicate with you

1. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
2. This Privacy Statement applies to you if you engage with us physically through our offices, or virtually through our website (www.retailmedicalscheme.co.za) email, mobile applications such as the Discovery App, social media platforms, over the phone, or otherwise as may be the case from time to time.
3. When you engage with us, you entrust us with personal information about you.
4. We are committed to protecting your right to privacy. We will keep your personal information confidential. We take protecting your personal information seriously and are continuously developing and updating our security systems, processes and data governance policies.
5. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources. Thus, your personal information comprises information you may have given to us yourself or we may have collected from other sources.
6. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that we require your acceptance to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your medical scheme membership.
7. You understand and/or acknowledge that when you include your dependants on your application, we will process their personal information for the activation of the benefit and to pursue their legitimate interest. By submitting your dependants’ relevant personal information, you hereby confirm that you are duly authorised to share such information with us.
8. If you are giving consent for a person under 18 (a minor) you confirm that you are their parent or legal guardian and that you give consent for us to process their personal information for the purposes covered in this Privacy Statement.
9. If you share your personal information with any third parties, we will not be responsible for how they use this information nor be responsible for any loss suffered by you.

10. You understand, accept and consent that we may process your personal information for the following purposes:
 - 10.1. to verify the accuracy, correctness and completeness of any information provided to us in the course of processing an application for membership or providing services related to the membership;
 - 10.2. for the administration of your benefit option;
 - 10.3. for the provision of managed care services to you on your benefit option;
 - 10.4. for the provision of relevant information to a contracted third party who requires this information to provide a healthcare service to you on your benefit option;
 - 10.5. to profile and analyse risk;
 - 10.6. to share your personal information with external healthcare providers for them to assess or evaluate certain clinical information, when you are subject to such a clinical assessment;
 - 10.7. to investigate and/or remedy fraud, waste and abuse.
11. By signing this application form, you expressly consent that we can obtain and share information about your creditworthiness, or the creditworthiness of any payer of your contribution, with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
12. Examples of when and how we will obtain and share your personal information include:
 - 12.1. Obtaining your personal information from other relevant sources, including medical practitioners, contracted service providers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
 - 12.2. If you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your application;
 - 12.3. Communicating with you about any changes to your benefit option, including your contributions or changes and enhancements to the benefits you are entitled to on the benefit option you have chosen;
 - 12.4. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research.
 - 12.5. Sharing your personal information to be processed by healthcare providers via a health information exchange to improve members' treatment and healthcare outcomes.
13. If a third party asks us for any of your personal information, we will share it with them only if:
 - 13.1. you have already given your consent for the disclosure of this information to that third party; or
 - 13.2. we have a legal or contractual duty to give the information to that third party.
14. We will provide your personal information to any Discovery Limited entity for the following purposes only:
 - 14.1. to allow for the administration of your profile/membership/benefit option with the entity with whom you or your dependant/s already have a relationship; or
 - 14.2. where you or your dependant/s have applied for a product, service or benefit from such an entity for the purposes of underwriting.
15. We may process your personal and/or depersonalised information for the following purposes:
 - 15.1. for research and analysis; or
 - 15.2. to support the early identification of medical conditions and/or other lifestyle risks and to encourage you to change your lifestyle to lessen the impact of such conditions; or
 - 15.3. to provide personalised advice to you about risks to your health, how you may become healthier (such as by seeing a healthcare practitioner, having additional tests done or activating benefits) and the rewards and incentives which you may receive as a result of undertaking these activities. We will provide this advice to you based on market and behavioural research and analysis carried out using your personal, special and/or depersonalised information. We may communicate this advice to you using the Discovery App or other communication channels.
16. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we and/or the academic and researcher publish the results of this research, you will not be identifiable:
17. You agree that we may transfer your personal information outside South Africa only:
 - 17.1. if you give us an email address that is hosted outside South Africa; or
 - 17.2. to administer certain services, for example, cloud services.
18. When we share your information, we will ensure that, the company, person or regulatory body (in or outside of South Africa) to whom we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
19. You consent and agree that:
 - 19.1. we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities;
 - 19.2. we may communicate such personal information to local regulatory bodies as well as to other relevant governance structure of Discovery Limited or any of its relevant entities if any Legislative reportable matters are identified.
20. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
21. We have the right to communicate with you electronically about any changes on your benefit option, including your contributions or changes and improvements to the benefits you are entitled to on the benefit option you have chosen.
22. Unless required by law to keep your personal information for a certain period of time or purpose, you agree that we may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-identify it, and for purposes of proof, retain a secure copy of your request.

23. If we become involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
24. Where we are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
 - 24.1. Legislation applicable to us:
 - Medical Schemes Act, 1998
 - The Consumer Protection Act, 2008
 - The Protection of Personal Information Act, 2013
 - Electronic Communications and Transactions Act, 2002
 - Promotion of Access to Information Act, 2002
 - 24.2. Legislation specific to the Administrator only:
 - Financial Advisory and Intermediary Services Act, 2002
25. The Scheme may change this Privacy Statement at any time. It is your responsibility to check our website regularly to ensure that you are aware of these changes. By continuing to be a member you agree that the latest version will apply to you. The current version is available on www.retailmedicalscheme.co.za.
26. You have the right to know what personal information we hold about you. If you wish to receive this information please complete a 'PAIA Form to Request Access to Records' on www.retailmedicalscheme.co.za and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
27. If you believe that we have used your personal information in a way that is contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal escalation and/or disputes process to resolve the matter. We explain the escalation and/or disputes process on the website www.retailmedicalscheme.co.za or contact the Scheme's Information Officer at privacy@discovery.co.za.

If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: The Information Regulator (South Africa) | JD House | 27 Stiemens Street | Braamfontein | PO Box 31533 | Braamfontein | 2017 | Tel: **+27 (0) 10 023 5200** | POPIAComplaints@inforegulator.org.za.

6. Terms and Conditions applicable to Retail Medical Scheme

1. Who "we" / "us" are

Retail Medical Scheme, registration no 1176, is a medical scheme, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, is the administrator and managed care organisation for Retail Medical Scheme. Discovery Pty (Ltd) is an authorised financial services provider.

2. Rules for membership

The Rules of Retail Medical Scheme, "the Scheme", give you details about the rights and responsibilities for your membership of the Scheme. You may ask us for a copy of the Rules at any time. These Rules may change from time to time. When you sign this application, you confirm that you have read and understood, and you agree that you and those you apply for will be bound by these terms and conditions and the Scheme Rules.

3. Who you are applying for

You may apply to join Retail Medical Scheme on your own or together with your spouse, your partner and children and other people who are financially dependent on you, as defined in the Retail Medical Scheme Rules. For anyone to be treated as financially dependent for the purpose of this application, you must have a legal responsibility to provide financially for that dependant. We might ask you to give us proof of financial responsibility.

You may be called the principal member or main member in our future communications to you.

4. Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application;
- you have received permission from your spouse and any dependant/s over 18 to act for them in any matter relating to this application.

5. Giving and getting information

You must give true, correct, and complete information

To consider your application for membership, Retail Medical Scheme must learn more about you and those you apply for. Information about you and those you apply for must be true, correct, and complete. This includes the details you give in this application form and in future dealings with us. We may ask those you apply for, who are 18 and older, for information and this will be treated as if Retail Medical Scheme had asked you in your role as main member.

It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application.

Your legal address

We will send documents to you at the valid email address. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given to us. It is your responsibility to make sure we have the correct address for you.

The Scheme and Discovery Health (Pty) Ltd ("the Administrator") may record telephone calls

We may record telephone conversations with you and with those you apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

6. The Scheme and Administrator may get information about you from other relevant sources

The Scheme and Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies (“relevant sources”) and further process such information to consider your membership application, to conduct underwriting or risk assessments, to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete.

You give your permission that the Scheme and Administrator may get any information that is relevant to your application from your employer.

The Scheme and the Administrator may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments, or to consider a claim for medical expenses, you agree that we can get information about you and those you apply for, from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give on this application, and in respect of any matter pertaining to, or that arose during your membership of the Scheme, is true, correct and complete. You give your permission that we may get any information that is relevant to your application from your employer.

Tell the Scheme or Administrator immediately if your information changes

You or your employer must tell us in writing if any of the information you gave in your application for membership changes between the day you sign this document, and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes, such as the cancellation of your membership, as backdated changes may not be accepted.

When the Scheme may cancel your membership/s

The Scheme may cancel any memberships immediately, if you and those you apply for:

- do not give us information that later turns out to be relevant to this application;
- give us any information that is not true, correct, and complete;
- do not tell us about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document, and the day cover starts.

7. About becoming a member

The Scheme might not pay for certain expenses immediately after you become a member

The Scheme may in certain circumstances apply waiting periods to a membership. This means there may be a set time period before the Scheme starts paying claims for any general or specific medical conditions. Please speak to us to find out if waiting periods apply to your membership and the memberships of those you apply for.

Resign from your current medical scheme when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from Retail Medical Scheme, by letter, email or SMS, telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time

As the main member of the Scheme, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits and membership termination.

8. Repaying money owed to the Scheme

We have the right at any time to collect from you any amount that you owe to the Scheme. We will notify you if there is any amount that you owe to the Scheme. By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claims payment amounts that are due to be refunded to you.

You must repay any medical savings owing when your Retail Medical Scheme membership ends.

When you become a member, and if you chose to belong to the Essential Plus Option, you may have benefits available in advance to use for medical expenses during the year. These benefits are made available in the ‘Medical Savings Account’. If you leave Retail Medical Scheme before the year is up, you must repay any portion of the medical savings you that you may have used over and above the amount that you have already paid for those benefits via the Savings portion of your monthly contributions during the specific year.

By signing this form, you agree to the terms as stipulated, and in particular that any money you owe to the Scheme may be deducted from any future claims refund amounts that are due to be paid to you.

Signature of main member

Date

Y	Y	Y	Y	M	M	D	D
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**The main member must sign and date any changes
Please do not sign an incomplete application form**

7. For office use only

New main membership commencement date

D	D	M	M	Y	Y	Y	Y
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 Employee number

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Branch name

Branch code

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Division

Group number (billing category)

Additional details or comments

8. Retail Medical Scheme approval

This application form has been duly approved.

Name

Signature

Date

Y	Y	Y	Y	M	M	D	D
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