



## Details of the Group

- Will the scheme be compulsory for all employees and all future employees within the group? YES  NO
- Will the scheme be compulsory for specific categories and all future employees within those categories (please motivate on separate page) YES  NO
- State the retirement age of all employees
- Have any application for pensioners been included? YES  NO
- If, YES, will the employer collect and pay over contributions? YES  NO

## Details for Billing

- Contact person for billing
- Telephone - work (code - number)  Fax - work (code - number)
- Cellphone number
- E-mail address
- Contributions  Advancde  Arrears

NB: \* Pensioners should complete Debit Order forms if the employer does not pay over the premiums  
\* Pensioners will remain part of the group

## Payment Details

- Debit order
- Name of account holder
- Name of financial institution
- Account number
- Account type  Current  Savings  Transmission
- Branch code  Branch name
- Direct payment into Scheme's bank account

## Terms and Conditions

- The quotation was based on information provided at the time of underwriting. Should the information provided in the quotation differ from the employee application, KeyHealth Medical Scheme reserves the right to have the group re-underwritten.
- On an ongoing basis, KeyHealth Medical Scheme evaluates the demographic profile of the group and undertakes to inform both the intermediary and the Employer. Should the demographic profile of the group change, KeyHealth Medical Scheme reserves the right to change the initial underwriting decision, for future employees.
- As a participating employer we hereby apply for membership for our employees of the Keyhealth Medical Scheme.
- On our employees' behalf, we accept the benefits provided for in terms of the rules of the Scheme.
- We warrant the correctness of the statements and information contained in this application and acknowledge that the correctness thereof and of all other documents submitted now or in the future by any officer, member of intermediary or on behalf of the employer shall constitute a condition precedent to the payment of the benefits provided for in terms of the rules of the Scheme.
- We consent to our employees and their listed dependants participating in the contracts to which this proposal relates being called upon to submit to such medical examinations as the Scheme deems necessary, during the currency of the said contracts and for the Scheme to address such requests directly to our employees or their dependants with the same legal consequences as if such requests had been addressed to us.
- We acknowledge that the Scheme reserves the right to cancel membership if any contribution is not paid on the due date.
- We understand that the Scheme assumes no liability for any employee until such time as notice of acceptance of the risk is given by the Scheme.
- We undertake to give the Scheme immediate written notice should any changes material to the assessment of this application occur before the date upon which the Scheme grants written acceptance. This will enable the Scheme to reconsider the terms of acceptance.
- We acknowledge that should this application be submitted via the Internet it is solely for the purpose of convenience and neither our employees nor the Scheme (subject to its sole and absolute discretion) shall rely on the information herein contained without us first providing the Scheme with a signed hard copy of this application. We further agree that the hard copy submitted pursuant to an Internet application shall constitute an offer on our part for membership of our employees of the medical scheme.
- Terms and conditions issued in respect of this application are valid for 30 days from the signature date.

12. We hereby accept the quotation dated   -   -
- Signed at  this  day of

Authorised signatory(ies)

On behalf of employer and employees, duly authorised

- Name(s)
- Designation(s)

## Financial Advisor / Broker

Name	<input type="text"/>																												
Broker Code	<input type="text"/>										Accreditation Number	<input type="text"/>																	
Telephone number (code - number)	<input type="text"/>																												

**I declare that,**

1. The employer group has appointed me as their broker and the employer group is entitled to cancel my services at any time;
2. I am licensed by the FSB in terms of the FIAS Act;
3. I have provided the employer group with my name, physical and postal address and telephone number;
4. I have a valid contract with the Medical Scheme;
5. All the relevant information was provided to the employer group, and the employer group is familiar with the information requested in the application form;
6. The advice and assistance given to the employer group was impartial and in the best interest of the employer group;
7. An authorised representative from the employer group has signed the application form.

Signature of Financial Advisor

Date   -   - 2 0

