Application form 2019

Group Take-on

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Fax (011) 671 5380 Email newapplications@bonitas.co.za

Medical aid start date: D D M M Y Y

This form is to be used by:
- Members joining a new paypoint during an underwriting-free take-on period
- Members joining an existing paypoint during an underwriting-free window period during the year or at year end
- Members joining an existing permanent underwriting-free paypoint
- All new employees joining an existing paypoint after the initial take-on period or a window period and within 3 months from their employment date.

Instructions
- We require proof of registration at a recognised tertiary institution for child dependants between the ages of 21 and 24 years, who are studying full-time
- Government employees must attach a copy of their latest salary advice.
- If you are adding any special dependants, for example a parent or sibling, you will need to complete the application form for individual members instead. Please provide us with proof of dependency.

Please note: We cannot process your application if it is incomplete, incorrect or you have not attached the correct documents.

Section 1: Choosing your option
Please select one option only.

BonComprehensive ☐ BonClassic ☐ BonComplete ☐ BonSave ☐ BonFit ☐ Standard ☐ Standard Select ☐

Primary ☐ Primary Select ☐ Hospital Standard ☐ BonEssential ☐ BonEssential Select ☐ BonCap ☐

BonCap contributions are income based. Please select the income band that applies to your gross monthly salary.

R0 to R8 030 ☐ R8 031 to R13 050 ☐ R13 051 to R17 830 ☐ R17 831+ ☐

Please note: If you have selected **BonCap**, you will also need to send us proof of your earnings. If you have chosen **Standard Select, Primary Select** or **BonCap** you must complete **Section 7**.

Section 2: Intermediary details
This section must be fully completed and stamped by the broker or agent. Failure to comply may result in the member not being assigned to the broker or agent until broker or agent details have been checked and verified.

Name of broker/agent:
Broker code:
Name of brokerage:
Telephone (w):
Cellphone:
Email:

Brokerage/agency stamp

Section 3: Employee information
Please complete this section. You must submit the completed application form to your HR Department.

Name of employer:
Department/Division:
Employee/Persal number: Employment date: D D M M Y Y
Number of child dependants: Number of adult dependants:

Section 4: Employer information
This section must be completed by your employer. This form will not be processed if it does not have your employer's stamp on it.

Name of company representative:
Title of company representative:
Telephone:
Email:
Bonitas paypoint code:

Employer stamp

Please indicate which industry you operate in.

Administration, consultation & legal services	☐	Healthcare	☐	Telecommunications	☐
Agriculture & food processing	☐	Service industry	☐	Tourism	☐
Banking	☐	Information technology	☐	Trade/Retail	☐
Clothing & textiles	☐	Manufacturing	☐	Transport	☐
Education	☐	Media	☐	Utility	☐
Engineering/Construction	☐	Mining	☐		
Financial services	☐	Municipality and city councils	☐		
Gas & energy	☐	Parastatals	☐		
Government	☐	Religious organisations	☐		

We, the employer, confirm that the applicant is employed by us and began employment on the employment date stated in **Section 3**. Contributions will be deducted according to the Fund Rules and option chosen.

Signature of employer representative: _____ **Date:** _____

Section 5: Details of main member
Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:		Surname:	
First names:			
Identity number:			
Date of birth:		Tax number:	
Marital status:		Gender:	M ☐ F ☐
Ethnic group:	Black ☐ Coloured ☐ Indian ☐		White ☐ Asian ☐ Other ☐
Cellphone:		Telephone (h):	
Telephone (w):			
Email:			
Postal address:			
		Code:	
Street address:			
		Code:	

Section 6: Details of dependants
Please fill in the details for any dependants you want to be covered on your option. You may register up to four dependants on this form. Please provide identity numbers or passport numbers for all dependants and attach copies of these. You must also attach copies of marriage certificates, birth certificates, adoption papers or foster care court orders where applicable. We require an affidavit for life partners. We also require copies of previous membership certificates with the termination date.

Please note:
- An adult dependant is a person 21 years or older
- Child rates apply to students between 21 and 24 years of age, provided that proof of registration, from a recognised tertiary institution, for the current year is attached to the application

Dependant 1

Adult: ☐	Child: ☐	Relationship to main member:	
Title:		Surname:	
First names:			
Identity number:			
Date of birth:		Tax number:	
Marital status:		Gender:	M ☐ F ☐
Cellphone:		Telephone (h):	
Telephone (w):			
Email:			

Dependant 2

Adult: ☐ Child: ☐ Relationship to main member:

Title: Surname:

First names:

Identity number:

Date of birth: Tax number:

Marital status: Gender: M F

Cellphone: Telephone (h):

Telephone (w):

Email:

Dependant 3

Adult: ☐ Child: ☐ Relationship to main member:

Title: Surname:

First names:

Identity number:

Date of birth: Tax number:

Marital status: Gender: M F

Cellphone: Telephone (h):

Telephone (w):

Email:

Dependant 4

Adult: ☐ Child: ☐ Relationship to main member:

Title: Surname:

First names:

Identity number:

Date of birth: Tax number:

Marital status: Gender: M F

Cellphone: Telephone (h):

Telephone (w):

Email:

Section 7: GP nomination

If you choose the **Standard Select**, **Primary Select** or **BonCap** option you must nominate a GP from the Bonitas GP network for each beneficiary.

	Name	Surname	Doctor's name	Practice number	Doctor's contact number
Main member					
Dependant 1					
Dependant 2					
Dependant 3					
Dependant 4					

Section 8: Banking details for contributions

Use this account for contribution collections and refunds		**Use this account for refunds only**	
Bank name:		Bank name:	
Branch code:		Branch code:	
Branch name:		Branch name:	
Name of account holder:		Name of account holder:	
Account number:		Account number:	
Account type:		Account type:	

I instruct Bonitas to collect my contributions by debit order using the information above. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Bonitas to adjust any incorrect transactions and/or correct any electronic transfer or funds errors without prior notice. I, further, instruct Bonitas to deposit claims and savings refunds into my account using the details above.

Account holder's signature: _____

If the account holder's details differ from the main member, we require a letter from the account holder instructing and authorising Bonitas to collect contributions from their bank account. We will also require a copy of the account holder's identity document and a bank statement or a letter from the bank confirming the account holder's details.

Section 9: Protection of your information

1. We will keep your information and your dependants' information confidential. We and our administrator have data security measures in place to do this. Personal information refers to information that identifies you or relates specifically to you or your dependants, such as an identity number, name or email address.
2. We have data security measures in place to protect you and your dependants' personal information. This may include access control to restrict the disclosure of personal information to only authorised individuals, confidentiality agreements with service providers and staff members.
3. We will only use your information for the following purposes:
   - Underwriting
   - Assessing and processing medical services claims
   - Fraud prevention and detection
   - Statistical analysis
   - Audit and record-keeping purposes
   - Compliance with legal and regulatory requirements
   - Verifying your identity
   - Certain marketing and related activities that may be applicable from time to time, subject to such rights as you may have in law.
4. We may share your information with the service providers for the purpose of processing it and rendering services to you.
5. You may access the personal information we hold and request us to correct any errors.

Section 10: Acknowledgement and declaration

1. I, the undersigned, apply to be admitted as a member of Bonitas Medical Fund. If accepted, I agree to follow the rules of Bonitas Medical Fund. I know that the rules are available at www.bonitas.co.za and will be provided to me upon my request to Bonitas.
2. I declare that the information contained in this application form, is correct. I also declare that I have the permission of my dependants to disclose personal information about them to Bonitas and will provide written proof of this, if asked.
3. I declare that any false information in this application form or the non-disclosure of any material information will result in my membership being declared null and void.
4. I accept that Bonitas has the right to claim damages in respect of any loss or damages it may suffer due to my non-disclosure or misrepresentation or fraudulent behaviour. If any of my or my dependants' circumstances change after the date of signing this application or the acceptance of my membership, I will promptly notify Bonitas of the changes. I understand that failure to do so may lead to the termination or amendment of the terms and conditions of my membership and Bonitas shall also be entitled to reclaim any amounts, it may have erroneously paid to any service provider on behalf of me or my dependants, from me.
5. I instruct and allow my employer to deduct and pay over amounts (that may become owing or due on my behalf) to Bonitas from time to time. I also authorise any persons, bodies or institutions that may hold retirement funds for my benefit, to deduct and pay to Bonitas all amounts that may become due and owing to Bonitas.
6. I agree that should Bonitas incur any legal costs or expenses to recover any contributions owed by me or any other amount due by me to Bonitas, for any reason; I shall be responsible for such costs and expenses on the attorney/client scale. I consent to my details being listed with a credit bureau should I default in the payment of my monthly contributions or in respect of any money owed to Bonitas.
7. I understand that it is my responsibility to ensure that the monthly contributions are received by Bonitas. I also understand that if any contributions are unpaid, it may result in me and my dependants being terminated from Bonitas until all arrear contributions have been settled. I also understand that should my membership be suspended or terminated, I will not be entitled to any benefits arising from my membership whatsoever.
8. I will inform Bonitas of any changes to my or my dependants' health or personal status within 30 days of the change as required by Fund Rules.
9. I authorise my and my dependants' healthcare providers to disclose information to Bonitas and its contracted service providers and partners, provided that the information is treated as confidential.
10. I agree to provide Bonitas with any medical or historical information and grant Bonitas access to medical information reasonably required relating to a specific ailment, disease, disorder, condition or disability.
11. I agree that should I be accepted as a member of Bonitas, I shall provide Bonitas with all information including medical information that Bonitas may reasonably require for the purpose of carrying out its obligations in terms of the Medical Schemes Act No. 131 of 1998 and the Fund Rules.
12. I also agree and understand that I may be required to attend an examination by Bonitas' medical assessors from time to time.
13. I declare that my dependants and I are not registered on another registered medical scheme.

14. I understand that the following underwriting conditions may be applicable to my membership as prescribed by the Medical Schemes Act No. 131 of 1998:
    i. A 3-month general waiting period in respect of all benefits
    ii. A 12-month exclusion in respect of a pre-existing condition
    iii. A late-joiner contribution penalty.
15. I understand that the underwriting conditions will affect my rights and my dependants' rights to benefits if applied.
16. I allow Bonitas to take all reasonable steps to verify information provided by me in this application form and agree to submit proof of identification to Bonitas on demand.
17. I consent to my telephone conversations with the Bonitas call centre being recorded and forming part of Bonitas' records. I also agree that such records will remain the sole property of Bonitas.
18. I declare that the information provided in this document is true and accurate and if accepted will form the basis of my agreement with Bonitas.
19. I acknowledge that I have read and understood the content of this application form. I confirm that the content of this application form and the implications thereof have been read and explained to me if necessary.
20. I hereby confirm that as the main member on Bonitas, I have received permission from my dependants to access and view their healthcare claims made on my membership and deal with all matters relating to the claims on my membership.
21. I hereby authorise the Fund to share my and my dependants' personal and healthcare information with the Fund healthcare management facility, the Fund's administrator or the relevant government authorities for administrative and statistical purposes, provided such information shall be treated as confidential at all times.
22. I understand that it is my responsibility to provide the Fund with notice of my intention to terminate my membership, according to the Fund Rules, in writing by completing the relevant Termination of Membership form.
23. I agree that my and my dependants' personal healthcare data may be shared with third parties for the purpose of membership trend analysis (e.g. employer) and for any other such purposes as may be related to our membership of the Fund. I have read and understood these statements and my permission and the permission of my dependants are given voluntarily. My signature below confirms that I give permission.

Signature of main member: _____ **Date:** _____

Please note:
Late-joiner penalties and waiting periods may apply to your membership. This is a requirement of the Medical Schemes Act No. 131 of 1998.

A late-joiner penalty applies to members over 35 years of age or older, who have had a break in medical aid membership for more than 3 months from 1 April 2001. Late-joiner penalties will result in your premium being increased. This is based on a specific calculation considering the number of years you have not been a member of a medical aid.

A general waiting period lasts 3 months. During this period, you and your dependants are not entitled to claim any benefits, except, in some circumstances, Prescribed Minimum Benefits.

A condition-specific waiting period lasts 12 months. During this period, you and/or your dependants are not entitled to claim benefits related to a specific condition.