

Instructions

- This form can be used for updating personal details (including marital status).

Section 1: Details of membership

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Full name:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Membership number:	<input type="text"/>	Marital status:	<input type="text"/>

Section 2: Confirmation or change of address/contact details

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w):	<input type="text"/>		
Email:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Street address:	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>

Section 3: Details of dependants

Please enter 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.

	Name	Surname	ID	Relationship to main member:
Dependant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4: Protection of your information

- 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.
- 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.
- 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
 - 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.
- We may share your information with the service providers for the purpose of processing it and rendering services to you.
- You may access the personal information we hold and request us to correct any errors.

Section 5: Acknowledgement and declaration

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. I also agree and understand that I may be required to attend an examination by Bonitas' medical assessors from time to time.
11. I understand that the underwriting conditions will affect my rights and my dependants' rights to benefits if applied.
12. 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.
13. 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.
14. 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.
15. 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.
16. 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.
17. 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.
18. 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: _____