



Group application form 2020

P.O. Box 1101, Florida Glen, 1708 Call 0860 002 108
Fax (011) 671 5380 Email newapplications@bonitas.co.za

Medical aid start date:

This form is to be used by:

- Members joining a new paypoint during an underwriting-free take-on period
- 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 cannot process your application if it is incomplete, incorrect or you have not attached the correct supporting documents.

- 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
- 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.

Section 1: Choosing your option

Please select one option only.

BonComprehensive BonClassic BonComplete BonSave BonFit Select 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 and you will also need to send us proof of your income.

R0 to R8 520 R8 521 to R13 840 R13 841 to R18 900 R18 901+

Please note: If you have chosen **Standard Select**, **Primary Select** or **BonCap** you must complete **Section 6**.

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 brokerage:

Name of broker/agent:

Broker code:

Section 3: Details of main member

Please complete this section. You must submit the completed application form to your HR Department.

Title: Surname:

First names:

Identity number:

Tax number:

Name of employer:

Department/Division:

Employee/Persal number: Employment date:

Marital status: Gender:

Ethnic group:

Cellphone: Telephone (h):

Telephone (w):

Email:

Postal address:

 Code:

Street address:

 Code:

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.

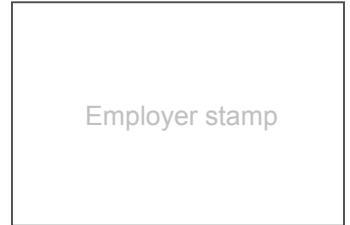
Name of company representative:

Title of company representative:

Telephone:

Email:

Bonitas paypoint code:



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 dependants

Please enter the details of any dependants you want to be covered on your option. You may register up to four dependants on this and any further dependants can be recorded on a separate page. 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. If you intend to register a life partner, please ensure the definition in the Fund Rules is met and you will have to provide an affidavit confirming that the person has been your life partner. We also require copies of previous membership certificates with the termination date. Failure to do so could limit your benefits or exclude you from receiving some benefits.

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 full-time 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 6: GP nomination

If you choose the **Standard Select, Primary Select or BonCap** option you must nominate a GP from the relevant Bonitas GP network for each beneficiary. You can access the GP network list when you log in to www.bonitas.co.za.

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

Section 7: Banking details for contributions**Use this account for contribution collections**

Bank name:

Branch code:

Branch name:

Name of account holder:

Account number:

Account type:

Use this account for refunds only

Bank name:

Branch code:

Branch name:

Name of account holder:

Account number:

Account type:

Upon me being accepted as a member of Bonitas, 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 of 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 8: 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 only to authorised individuals, confidentiality agreements with service providers and staff members.
3. I consent that to the extent that my medical or health information is required for purposes of managed healthcare, assessing and processing of my or dependants claims or any other reason related to my membership of the Fund, I hereby authorise that any healthcare service provider which has such information to provide some to the Fund for such purposes.
4. 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 which may be applicable from time to time, subject to such rights as you may have in law.
5. We may share your information with the service providers for the purpose of processing it and rendering services to you, subject to such appropriate confidentiality requirement.
6. You may access the personal information we hold and request us to correct any errors.

Section 9: 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 true and 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, 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. 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 accept that where the Fund discovers that underwriting was not applied correctly due to administrative oversight, the Fund reserves the right to apply the correct underwriting from the date that the oversight was discovered, after informing the member accordingly. The Fund will accept liability for claims incurred prior to the correct underwriting being imposed.
6. 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.
7. I understand that should a period greater than three months lapse since contributions were paid to Bonitas, that my membership will not be reinstated. I understand that I will have to reapply for new membership and that full underwriting may be applied to this new membership application.

8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.
14. I also agree and understand that I may be required to attend an examination by Bonitas' medical assessors from time to time.
15. I declare that my dependants and I are not registered on another registered medical scheme.
16. 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.
17. I understand that the underwriting conditions will affect my rights and my dependants' rights to benefits if applied.
18. 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.
19. 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 and will be made available to me on request.
20. 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.
21. I acknowledge that I have read and understood the contents 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.
22. 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.
23. 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 is treated as confidential at all times.
24. I understand that it is my responsibility to provide the Fund with notice of my intention to terminate my membership, as per the Fund's Rules, in writing by completing the relevant Termination of Membership form.
25. 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 on an anonymous basis. 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 as permitted by 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.