

Continuation form

Application to change a main member

Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

This document is an application form to change the main member on an existing membership.
It also contains some rules for membership. Please make sure you read and understand the rules.

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, 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). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
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 Human Resources department.
5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

1. About your employer

Employer name	<input type="text"/>	Date of employment	<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"/>
Employer number	<input type="text"/>												
Branch name	<input type="text"/>	Branch 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"/>

2. About the new main member

Date membership of new main member starts	<input type="text"/>	Membership number	<input type="text"/>
Job title	<input type="text"/>	Title	<input type="text"/>
Initials	<input type="text"/>		
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Preferred name	<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"/>	Preferred language	English <input type="checkbox"/> Afrikaans <input type="checkbox"/>
Previous/maiden name	<input type="text"/>		
ID or passport number	<input type="text"/>		
Country of issue	<input type="text"/>		
Telephone (Home)	<input type="text"/>	(Work)	<input type="text"/>
Cellphone	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Email	<input type="text"/>		

Preferred mean of communicating (where appropriate) Email Post Email type Home Work
In which country do you live?

3. Details about previous main member

If you need to change the main member due to the death of the previous main member, please attach a certified copy of the death certificate.

What you must do

Submit the following with this form: Copy of account holder ID - and Bank statement/letter of confirmation from the bank not older than three months.

Title Initials Surname

First name/s
(as per identity document)

Preferred name Gender M F Date of birth Y Y Y Y M M D D

Marital status Married Single Divorced Widowed

ID or passport Number

Country of issue

Telephone (Home) (Work)

Cellphone Fax

Email

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

What you must do

Submit the following with this form: (1) A copy of your account holder ID (2) Bank statement/letter of confirmation from the bank.

Bank name

Branch name Branch code - - -

Account number

Name of account holder

Type of account Cheque Savings

Physical Address

Account holder's Physical Address(Own/Third Party/ Company/Trust)

 Code

Account holder's contact number -

Account holder's email address

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

Due to Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's 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.malcormedicalaid.co.za.

Signature of account holder Signature of new main member

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

5. Banking details for claim refunds

What you need to do

Submit the following documentation with this form: 1. Copy of account holder's ID 2. 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. Please note only a South African bank account is valid.

Same bank details as in section 4? Yes No

Please complete the below section if 'no' is selected.

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
Account number	<input type="text"/>		
Name of account holder	<input type="text"/>		
Type of account	Cheque <input type="checkbox"/>	Savings	<input type="checkbox"/>
Signature of account holder	<input type="text"/>		

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.

6. Malcor Medical Aid Scheme – Privacy Statement – how we will process and disclose your Personal Information and communicate with you

Definitions

The Scheme refers to Malcor Medical Aid Scheme, registration no 1547, registered with the Council for Medical Schemes.

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

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 or legal guardian.

Discovery Group refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the group. Subsidiaries in the Group are authorised financial services providers. Process(ing) (of) information means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.

Sanction screening refers to the checking of a person's profile against specific sanction lists to enable the imposition of restrictive measures by competent authorities against countries, persons, groups and/or legal entities. The extent of the restriction will be guided by our applicable policies.

You and your refers to the member and your registered dependants on your medical scheme plan.

Your personal information refers to all personal information the Discovery Group has on you, or data subjects which are related to you or under your authority ("other data subjects") (as relevant). It includes:

- financial information;
- information about your health, race or ethnic origin, biometrics, criminal behaviour or religion;
- your gender;
- your age;
- unique identifiers such as your identity number or, contact numbers; and addresses.

1. When you engage with the Scheme and Administrator, you trust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy.
2. 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.
3. 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.
4. 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 the Scheme and Administrator 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.
5. The Scheme and Administrator will keep your personal information confidential. You may have given us this information yourself or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable).
6. You understand that when you include your spouse and/or dependants on your application, we will process their personal information for the activation of the policy/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. We will furthermore process their information for the

purposes set out in this Privacy Statement.

7. Each party accepts responsibility to the extent that the processing activities of personal information fall under the control of that party and agrees to indemnify the other party/ies against any loss or damage, direct or indirect, that an employee may suffer because of any unauthorised use of the employees' personal information or if a breach of the employees' personal occur, but only if the processing of that personal information is controlled by that party.
8. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person and that you have authority to give their consent for them.
9. You agree that the Scheme and Administrator may process your personal information for the following purposes:
 - for the administration of your health plan;
 - for the provision of managed care services to you on your health plan;
 - for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you on your health plan;
 - to analyse risks, trends and profiles;
 - to share your personal information with external health providers for the purposes of evaluating certain clinical information, in the event that you require medical treatment.Examples of how this will happen include:
 - 9.1. Sharing your personal information with your chosen financial adviser during the application process to help the Administrator, if necessary, while we process your membership application;
 - 9.2. Obtaining and sharing your personal information with other relevant sources, including medical practitioners, contracted service providers, health information exchanges, financial advisers, credit bureaus, entities that are part of Discovery Group 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;
 - 9.3. If you have joined as a member of an employer group, getting information from and sharing information with your employer that is relevant to your application for membership with due regard for consideration of confidentiality in respect of your state of health;
 - 9.4. Communicating with you about any changes in your health plan, including your contributions or changes to the benefits you are entitled to on the health plan you have chosen;
10. If a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
 - you have already given your consent for the disclosure of this information to that third party; or
 - we have a legal or contractual duty to give the information to that third party; or
 - we need to share it with them for risk analytical or fraud detection, prevention or recovery purposes.
11. You consent and agree that:
 - We may process your information, including personal information, to conduct sanction screening against all mandatory and non-mandatory sanctions lists and to perform transaction monitoring activities;
 - We may communicate such personal information to local and international Regulatory Bodies as well as to other entities in the Discovery Group if you are matched to one of these sanctions lists.
12. The Scheme and the Administrator will provide your personal information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship; or where you or your dependant/s have applied for a product, service or benefit from such entity. This information will be provided for the administration of your or your dependant/s products or benefits with other entities within the Discovery Group, and for fraud detection, prevention of recovery purposes.
13. The Scheme and Administrator may share and combine all your personal information for any one or more of the following purposes:
 - market, statistical and academic research; including cross-company analytics; and
 - to customise our benefits and services to meet your needs.
 - To market our services to you.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 a third party unless that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this research, you will not be identified by name. If we want to share your personal information for any other reason, we will do so only with your permission.
14. By accepting this privacy statement, you authorise the Scheme and Administrator to obtain and share information about your creditworthiness 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.
15. The Scheme and Administrator have the right to communicate with you electronically about any changes on your health plan, including your contributions or changes and improvements to the benefits you are entitled to on the health plan you have chosen.
16. 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.
17. The Scheme and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time. The Scheme, Administrator, any entity within the Discovery Group and contracted third-party service providers may communicate with you about these.
18. You may opt out of Electronic Marketing by:
 - 18.1. Logging into your profile on www.malcormedicalaid.co.za or the Discovery App;
 - 18.2. Following the unsubscribe prompts on the electronic marketing communication received;
 - 18.3. By informing your appointed financial adviser.We will store your personal information for the purpose of actioning this request and action it as soon as reasonably possible.
19. You have the right to know what personal information the Scheme holds about you. If you wish to receive this information please complete an 'Access to Records Form' attached to the PAIA manual on www.malcormedicalaid.co.za or using the link: Malcor Scheme PAIA – Malcor Medical Scheme and specify the information you would like. We will take all reasonable steps to confirm your identity

before providing details of your personal information.

We are entitled to charge a fee for this service and will let you know what it is at the time of your request.

20. You agree that the Scheme and Administrator 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 for the pursuit of our legitimate business purpose. Where we cannot delete your personal information, we will take all practical steps to anonymize it.
21. You have the right to ask us to update, correct or delete your personal information by completing the Request for Deletion or Correction of Information Form available on the Scheme's Website at <https://www.malcormedicalaid.co.za/portal/individual/malcor-scheme-privacy>
22. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
 - 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, 2002Legislation specific to Discovery Health (Pty) Ltd only:
 - Financial Advisory and Intermediary Services Act, 2002
 - Companies Act, 2008
23. You agree that the Scheme and Administrator may transfer your personal information outside South Africa:
 - if you give us an email address that is hosted outside South Africa; or
 - for processing, storage or academic research; or
 - to administer certain services, for example, cloud services.When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection, as we are obliged to do in South Africa. Unless you specifically give us consent to share your personal information with such person (or company).
24. If the Scheme or Administrator becomes involved in a proposed or actual amalgamation or merger, acquisition or any form of sale of any assets, 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. The terms of this Privacy Statement will continue to apply.
25. You have the right to know what personal information the Scheme holds about you. If you wish to access this information, please complete a 'PAIA Form to Request Access to Records' available. This form can be found on www.malcormedical.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.
26. The Scheme may change this Privacy Statement at any time. The most updated version will always be available on www.malcormedicalaid.co.za or follow this link: Terms and Conditions – Malcor Medical Scheme.
27. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator. However, we encourage you to first follow our internal complaints process to resolve the complaint or contact the Information Officer at pdorfan@gmail.com. If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at:
JD House |27 Stiemens Street | Braamfontein |Johannesburg |PO Box 31533 |Braamfontein |Johannesburg |2001 |
POPIAComplaints@inforegulator.org.za or PAIAComplaints@inforegulator.org.za

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
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7. Malcor Medical Aid Scheme terms and conditions for membership

7.1. Rules for membership

The rules of the Scheme records your rights and responsibilities for your membership of the Scheme. They may change from time to time. You may ask us for a copy at any time.

When you sign this application, you confirm that you have read and understood these terms and conditions and you agree that you and those you apply for will be bound by these and Scheme Rules.

Where applicable you also acknowledge and confirm that the financial adviser you or your employer appointed, may communicate with us on this application and your membership of the Scheme.

You give permission that the Scheme Parties can share your medical information and other relevant Personal Information about you and your dependant/s with your chosen financial adviser. The information will be shared so that he or she can help us if necessary while we process your membership application. Please speak to your financial adviser or us if there is anything you do not understand.

7.2. Who you are applying for

You may apply to join the Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Scheme rules. For anyone to be treated as financially dependent for this application, you must have a legal responsibility to provide financially for that dependant. We might ask you to give us proof of financial or legal responsibility. You may be called the principal member or main member in our future communications to you.

7.3. Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

7.3.1. you have the right to apply for membership and to act for those you apply for in any matter relating to this application.

7.3.2. you have received permission from your spouse and any dependant/s over 18 to act for them in any matter relating to this application. do not give the Scheme Parties information that later turns out to be relevant to this application.

- 7.4. • give the Scheme Parties any information that is not true, correct and complete.
- do not tell the Scheme Parties 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.

Giving and getting information

You must give true, correct and complete information

To consider your application for membership, the 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 the Scheme Parties. It is important that you tell the Scheme Parties 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. We may ask those you apply for who are 18 and older for more information about themselves.

Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. 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 us. It is your responsibility to make sure we have the correct address for you.

Malcor Medical Aid Scheme and Discovery Health (Pty) Ltd may record telephone calls

The Scheme Parties 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.

Malcor Medical Aid Scheme and Discovery Health (Pty) Ltd 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 the Scheme Parties 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, financial advisers, credit bureaus or industry regulatory bodies. The Scheme Parties 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 the Scheme Parties may get any information that is relevant to your application from your employer.

Tell Malcor Medical Aid Scheme or Discovery Health (Pty) Ltd immediately if your information changes

You, your employer or your financial adviser 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 cancellation of membership, as we do not accept backdated changes.

When the Scheme may cancel your membership/s

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

7.5. About becoming a member

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

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

Resign from current medical schemes 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 the 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. The Scheme has the right to amend monthly contributions and benefits from time to time.

7.6. Repaying money owed to the Scheme

The Scheme has 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. You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number MAL CLWBCK will be used.

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
I confirm the information is accurate and complete**

8. Terms and Conditions

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, the undersigned:

- Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;
- Authorise Malcor Medical Aid Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by Malcor Medical Aid Scheme from the bank account (or any other bank or branch to which I may transfer my account) for any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the Agreement which shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving Malcor Medical Aid Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate.
- Confirm that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection and there is an amount outstanding, Malcor Medical Aid Scheme can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise Malcor Medical Aid Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement.
- Acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this agreement to Malcor Medical Aid Scheme as if each payment instruction came from me personally as the account holder.
- Undertake to advise Malcor Medical Aid Scheme in writing of any changes to my account details and acknowledge that Malcor Medical Aid Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify Malcor Medical Aid Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership;
- Acknowledge that although I may terminate this authority and mandate, such termination does not necessarily terminate this agreement. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by Malcor Medical Aid Scheme whilst this authority and mandate was in force if such contributions or amounts were legally owing to Malcor Medical Aid Scheme in terms of the agreement;
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.

Privacy Statement

We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement by going to www.malcormedicalaid.co.za. By accepting these Terms and Conditions and/or by providing personal information to us you agree and give consent to the provisions of our privacy statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions, please let our privacy office know by contacting us on www.malcormedicalaid.co.za.

Reference number

This Agreement reference numbers are MALCOR, MAL CLWBCK

Signature of bank account holder

Please only sign if you have read and understand this statement

Date

Y	Y	Y	Y	M	M	D	D
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In addition to the above terms, the policyholder must agree to the following

1. I confirm that I have the right to give Malcor Medical Aid Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Malcor Medical Aid Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise Malcor Medical Aid Scheme to verify the banking details as provided above for the purposes of setting up the debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a premium collection date I authorise that Malcor Medical Aid Scheme may deduct a double debit of my premiums the following month.

I,

(full name(s) and surname according to your identity document), as the member, give Malcor Medical Aid Scheme and its administrator, in their relevant capacities, permission to change my banking details.

Signed at (town or city)

on

D	D	-	M	M	-	Y	Y	Y	Y
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Signature of main member

Please only sign if you have read and understand this statement