

# Transfer from active to individual status

## Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • [www.malcormedicalaid.co.za](http://www.malcormedicalaid.co.za)

## 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 is for main members who move onto individual status, to make contributions or payments directly to Malcor Medical Aid Scheme.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Human Resources department. Human Resources in turn will email to [membership@totalmed.co.za](mailto:membership@totalmed.co.za) or fax to **011 372 1578**.
5. Please call Malcor Medical Aid Scheme on 0860 100 698 for any queries.

## 1. Member information (main applicant)

Membership number (compulsory)	<input type="text"/>	Start date	<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"/>	<input type="text"/>	<input type="text"/>				
Employee number (compulsory)	<input type="text"/>																		
Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>														
First name/s	<input type="text"/>																		
Preferred name	<input type="text"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth	<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"/>				
Marital status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Date of marriage	<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"/>				
Previous/maiden name	<input type="text"/>																		
ID or passport number	<input type="text"/>																		
Country of issue	<input type="text"/>																		
Telephone (H)	<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"/>	(W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Fax	<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"/>	Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Email address	<input type="text"/>																		
Postal address	<input type="text"/>																		
	<input type="text"/>														Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>																		
	<input type="text"/>														Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Banking details for your monthly contributions

### What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You may only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as an individual member.

Bank name	<input type="text"/>	Branch name	<input type="text"/>												
Account type	Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>	Branch code	<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"/>

Name of account holder

Account number

Signature of account holder

Physical address of account holder

I,  hereby give Malcor Medical Scheme permission to charge my bank account for my bank for my contributions to Malcor Medical Scheme.

### 3. Banking details for reimbursement of your claims

#### What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank.

Banking details: Same as above? Yes  No  (if "No" please complete below)

Bank name  Branch name

Account type Cheque  Transmission  Savings  Branch code  -  -

Name of account holder

Account number

Signature of account holder

### 4. Your legal declaration

It is my sole responsibility as a member to make sure Malcor Medical Aid Scheme receives the monthly contribution. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise Malcor Medical Aid Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with Malcor Medical Aid Scheme. Changes must be e-mailed to [membership@totalmed.co.za](mailto:membership@totalmed.co.za)

Signed at  on

Signature of main applicant

**Please do not sign an incomplete application form**

### 5. 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;

