

Transfer from active to individual status

Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • 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 or complete digitally.
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 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"/>	<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"/>																			
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"/>	<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"/>												
ID or passport 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"/>	<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"/>
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"/>	Telephone (W)	<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"/>
Cellphone	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>																			
Physical address																				
Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>																	
Street number	<input type="text"/>	Street name	<input type="text"/>																	
Suburb	<input type="text"/>																			
City	<input type="text"/>														Post code	<input type="text"/>	<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"/>										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"/>
Account 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"/>	<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"/>	
										Account type	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>					

Name of account holder

Physical Address of account holder

Suite/Unit number Complex name

Street number Street name

Suburb

City Code

Account holder email address (If account holder is a company, please state company email address)

Account holder contact number (If account holder is a company, please state company contact number)

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.

I, hereby give Malcor Medical Aid Scheme permission to charge my bank account for my bank for my contributions to Malcor Medical Aid 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 Branch code - -

Account number Account type Cheque Transmission Savings

Name of account holder

Signature of account holder Date

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 emailed to membership@totalmed.co.za

Signed at (town or city) on

Signature of main applicant

Please do not sign an incomplete application form

5. Debit order mandate

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

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment due date: as per signed contract

Signature of bank account holder

Date

Y	Y	Y	Y	M	M	D	D
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Please only sign if you have read and understand this statement

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