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- 🖶 086 608 0771
- membership@sizwehosmed.co.za
- ♀ 23 West Street, Houghton Estate,
  - Johannesburg,
  - 2198

DOCUMENTS REQURED       Yestion and capies of birth certificate or D for all beneficiaries.       Image: Cender Pice Transmitter State St	SALGA FREEDOM OF ASSOCIATION MEMBERSHIP APPLICATION FORM							
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PLEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULLE  Title: Mr/Mrs/Miss initials First name Surname   ldentity no.  Tell. no. (b) (cell) Email Residential address Postal code Race (please tick) Artican Coloured Indian/Aslam White Preferred method of communication (please tick) Email SMS Post  Englover name Jain date		SECTION A:	SIZWE HOSMED SCH	HEME PLAN SELECTIO	N			
SECTION B: MEMBER DETAILS         Title Mr/Mrs/Mas       Initials       First name         Sumane       Lidentity no.         Tel. no. (h)       (w)       (cell)         Enail       Cell)       Enail         Residential address       Postal code         Postal address       Postal code         Postal address       Postal code         Residential address       Postal code         Resc (please tick)       African       Coloured         African       Coloured       Indian/Asian         Vibite       Preferred method of communication (please tick)       Email       SMS         Postal code       Employer name       Payroll no.       African         Jain date       Total contribution       R       Gross monthly salary       R         SECTION D: PARTICULARS OF DEPENDANTS         Dependent 1       Dependent 2       Dependent 5         Name and Surname of dependant       Image: Coloured (plain/Asian)       Image: Coloured (pla	PI	us Value Platinum Platinum	Value Gold Gold EDO Ascend	Gold Access Ascend Saver	Access Core	Essential Copper		
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Note: Full 13 digit ID numbers are required in full in order to have the dependant considered for processing.	Name and Surname of dependant ID number (compulsory) Relationship to member (spouse, partner, daughter etc.) Sex (M/F) Race (African, Coloured, Indian/ Asian, White)	SECTIO	ON D: PARTICULARS	OF DEPENDANTS	Dependant 4			
	Name and Surname of dependant ID number (compulsory) Relationship to member (spouse, partner, daughter etc.) Sex (M/F)	SECTIO	ON D: PARTICULARS	OF DEPENDANTS	Dependant 4			

## SECTION E: MEDICAL CONDITIONS

Kindly supply the Scheme with any current medical and chronic conditions:

### SECTION F: EMPLOYER DETAILS

Company		
Region	Date of employment	

## SECTION G: BANKING DETAILS FOR DEDUCTION OF MONTHLY CONTRIBUTIONS (BY DEBIT ORDER)

Account holder				
Account number	Account type (please mark appropriate)	Current	Transmission	Savings
Name of bank				
Branch				
Branch code				
Debit order run date				

I authorise Sizwe Hosmed to draw from my bank account (wherever it may be), the contribution and members portion of claims due in terms of the Rules of Sizwe Hosmed, without prejudice to the rights of Sizwe Hosmed. I further authorise Sizwe Hosmed to increase the amounts due, in terms of the rules, and authorise my bank to effect payment of such increased amounts upon receipt of a written notice from Sizwe Hosmed stating the increased amount and the date from which it is payable. This authorisation is to remain in effect until I cancel it by giving written notice to Sizwe Hosmed. I agree that I am not entitled to recover any amount drawn from my account by means of this debit order and that should my bank repay such amount to me, I will refund it immediately to Sizwe Hosmed. I undertake to notify Sizwe Hosmed immediately of any change in respect of my details. I acknowledge that Sizwe Hosmed may not cede or assign any of their right to any third party without my prior consent and that I may not delegate any of my obligations in terms of the contract to any third party without prior written consent of the authorised to debit my bank account with my portion of accounts paid on my behalf by Sizwe Hosmed.

Name

Signature

# SECTION H: BANK DETAILS (FOR CLAIMS REFUND)

Account holder					 	
Account number	Account type (please ma	rk appropriate)	Current	Transmission	Savings	
Name of bank		Branch code				

## SECTION I: UNDERTAKING BY MAIN MEMBER

#### I acknowledge that:

- (a) I am aware that, once I have decided to move to another medical aid scheme for which provision is made by my employer I will not be allowed to move to another scheme during the next 12 months.
- (b) The onus rests with me to ensure that my application is submitted to my Support Services Division.
- (c) The onus rests with me to provide cancellation to my current Medical Aid before the deduction for Sizwe Hosmed Medical Scheme can be implemented.
- (d) I must register my chronic medication with Sizwe Hosmed.
- (e) I agree to access www.sizwehosmed.co.za to access full conditions and undertakings of the Scheme as a member of Sizwe Hosmed Medical Scheme.
- (f) Where applicable: Member Savings Account allocations will be pro-rated depending on when joining the option.
- (g) The Scheme has the sole right to collect negative balances owed to the Scheme by the member even when member has terminated from the Scheme.

Signature of member

Date

Date

#### **Fund Declaration**

As Sizwe Hosmed Medical Scheme we are strongly committed to protecting your personal data. We are required by POPIA to explain why and how we collect, use, and disclose your personal information, which may include health and financial information. Sizwe Hosmed Medical Scheme and its administrator (35ixty Health (Pty) Ltd) will keep your information supplied to us in this application confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for the following purposes:

a. Administration of your health care option;

- b. Provision of managed care services to you;
- c. Providing relevant information to a contracted third party;

d. To profile and analyse risk;

e. For research purposes and;

f. To comply with legislation.

Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relationship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time, please check our website to inform yourself of any changes.