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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

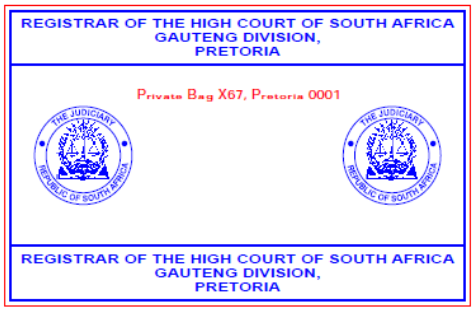
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

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ELECTRONICALLY SIGNED BY:

Registrar of Pretoria , Gauteng Division,Pretoria

"FA16"

Chardonnay Arends

From: Ian Fleming <Ian@engagedbt.co.za>
Sent: Friday, 17 July 2026 15:59
To: Gillian Teixeira
Cc: Minki Rasenyalo; khandani.msibi@3sixtygsg.co.za; Zaheer Suleman; Gert Botha; Buhle Duma; Chardonnay Arends; Ian Fuller; Thabang Magare; Mbalenhle Themba
Subject: Re: 3Sixty Health Managed Healthcare & Administration Proposal
Attachments: SHMS Response to 3SH 17072026.pdf

Categories: [SharePoint] This message was saved in 'matters > BDUMA > 00156177-SIZ-C0039462 > Emails'

Dear Gillian

Thank you for your letter.

Please find our response attached.

Kind regards
Ian

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA
Private Bag X67, Pretoria 0001
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA

SIZWE HOSMED
MEDICAL SCHEME
Your choice for quality care

17 July 2026

3Sixty Health (Pty) Ltd

ATT: The Acting CEO – Minki Rasenyalo

Dear Minki

RE: RESPONSE TO THE 16 JULY 2026 PROPOSAL FROM 3SIXTY HEALTH (3SH)

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA
Private Bag X67, Pretoria 0001
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA

Thank you for your letter dated 16 July 2026.

We greatly appreciate 3Sixty Health's commitment to Sizwe Hosmed Medical Scheme (the scheme) as expressed in your letter, and further thank you for outlining the reasons that led to both the scheme and 3SH finding themselves in the position that they are currently in.

Re your strategic alternatives

We agree that self-administration by the scheme represents the most practical and sustainable solution, and the safest option that best suits the scheme's need to mitigate risk.

Re your paragraph entitled "Our Proposal"

1) We agree that the administration of the scheme be taken over by the scheme.
2) We agree that the scheme should take over **select** employees and service providers / third parties to enable the scheme to continue the administration.
3) At this point we cannot agree to waive all past, present and future claims that the scheme has, or might have, against 3SH. We will need to obtain legal advice to this extent.

Re your paragraph entitled "Short-Term Funding Requirements"

1) It is noted that 3SH requires additional working capital to continue delivering services. This aligns to my discussion with Mr Msibi when we met on 9 July 2026, during which he informed me that 3SH does not have the financial resources to continue managing the scheme beyond 31 July 2026, and that he wished for us to insource the administration by no later than 1 August 2026.
2) According to our records, there are no outstanding administration fees due to 3SH, and the account is presently up to date.
3) We request that you kindly check your records and revert with details of the account status, should you still believe that the account is not up to date.

The Scheme's proposal to 3SH

We wish to offer the following, in order to allow the scheme to start performing the administration and managed care functions in-house from 1 August 2026 with the least possible disruption to the scheme and its members:

1) The scheme takes over the IT infrastructure, being the telephony system, SAP, NOVA Cloud environment, iSquared system, SMS and WhatsApp messaging system, document management system, portal and any other systems or licences required for effective administration of the scheme.

2) The scheme takes over a selection of 3SH staff from 1 August 2026, the selection and number of which is to be determined by the scheme. The staff will be brought across to the scheme on a fixed-term contract for a defined period, without the scheme assuming any related liabilities.

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3) The scheme, at its discretion, acquires from 3SH specific hardware such as laptops, the tools used in the call centre, alongside any other assets which may be deemed necessary by the scheme to enable a smooth transition.

4) The staff which are taken over will be accommodated at the scheme's current office premises in Waterfall Office Park.

5) We wish to help ensure that the staff and suppliers of 3SH are paid for the month of July 2026, for their own wellbeing and to ensure minimum possible disruption to the scheme's services to members during and after the transition. To this end, we request that you send us a detailed breakdown of all monthly overheads of 3SH, so that we can urgently consider which staff and suppliers the scheme should offer to pay for the month of July 2026. To be clear, we are proposing that the scheme will consider **directly paying** certain staff and suppliers of 3SH **on time** for the month of July 2026, in lieu of the monthly administration and managed care fees, to ensure that these staff and suppliers are paid on time.

6) The scheme is unfortunately not able to pay any fees to 3SH in advance but offers the above remedy instead, whereby certain staff and suppliers are paid directly and on time, in lieu of the monthly administration and managed care fees.

7) The selection of staff which the scheme will offer to pay directly and on time for July 2026 will not necessarily align to the selection of staff which the scheme will offer to take over from 1 August 2026.

8) In advance of any payments being made by the scheme on behalf of 3SH, a contract is to be signed between the parties which sets out the whole agreement in respect of the insourcing of the administration and managed care function by the scheme with effect from 1 August 2026. The contract will be drafted by the scheme's attorneys.

We thank you for your engagement and look forward to your urgent response.

Please do not hesitate to send us the detailed breakdown of all 3SH's monthly overheads in advance of sending us your formal response to this letter. It is urgent for us to start considering without further ado which staff and suppliers we can offer to pay directly for the month of July 2026.

Yours sincerely





Ian Fleming

Curator

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Administered by 3Sixty Health | A Subsidiary of 3Sixty Global Solutions Group (Pty) Ltd

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IN THE HIGH COURT OF SOUTH AFRICA
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CASE NO: **2025-150109**

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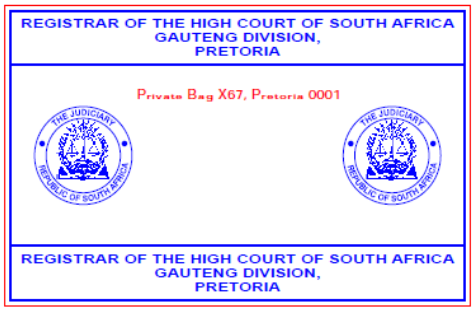
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and

Defendant / Respondent

Annexure 16 and More

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Our Ref : BD/ca/156177
Your Ref :
Date : 17 July 2026

Writer's Direct Line: 011 328 1814
Email: bduma@fluxmans.com

BY EMAIL

THE COUNCIL FOR MEDICAL SCHEMES

Attention: Ms Hannelie Cornelius
(Senior Manager: Administrators & MCO Accreditation)
Email: H.Cornelius@medicalschemes.co.za

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Private Bag X67, Pretoria 0001
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PRETORIA

Dear Madam

APPLICATION FOR AN EXEMPTION IN TERMS OF SECTION 8(H) OF THE MEDICAL SCHEMES ACT 131 OF 1998: SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP) (REGISTRATION NUMBER: 1486) – TEMPORARY SELF-ADMINISTRATION AND INTERNAL PROVISION OF MANAGED HEALTH CARE SERVICES BY THE SCHEME

1. INTRODUCTION

1.1 We act for Sizwe Hosmed Medical Scheme (in curatorship) (**"the scheme"**), represented by its curator, Mr Ian Fleming (**"the curator"**).

1.2 We have been instructed by the curator to address this letter on the scheme's behalf.

1.3 The scheme's administration and managed health services are currently provided by 3 Sixty Health (Pty) Ltd (**"3Sixty"**).

1.4 On 9 July 2026, the curator was unexpectedly advised verbally by 3Sixty that the scheme should insource its administration and managed health care services with effect from 1 August 2026 (**"the effective date"**) as 3Sixty is in financial distress, with the result that it will be unable to continue rendering those services to the scheme and its members beyond the effective date. On 16 July 2026, the scheme received a

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Directors: CJ Strime (Joint Chief Executive Officer), IS Epstein (Joint Chief Executive Officer and Managing Director), DO Pretorius (Exco), JH Phalane (Exco) CP Ancer, C Blumenthal, L dos Passos, BE Duma, SR Fisher, KM Fuchs, J Fung, D Furman, DR Hirschowitz, IRE Jacobsberg, PL Kemp, J Levitz, RP Lisinski, BF Marques, MS Mer, JK Myhill, AH Peral, J Shafir, CB Shapiro, VCL Shibambo, SP Shoba, TA Simon, EB Tonini, KJ Van Huyssteen **Executive Consultants:** AC Kruger, JS Peart, CD Stein, P Vallet, P van Niekerk **Chief Financial Officer:** S Simpson C.A. (S.A.) **Senior Associates:** L Donaldson, B Weinberg **Associates:** CC Arends, MP Dube, MS Geel, MM Khumalo, A Koutromanos, RA Mopeli, N Noor Mahomed, B Reichenberg, TS van Eyssen, S Visser
Human Resources Manageress: I Steyn

letter from 3Sixty *inter alia* confirming this and containing a proposal. A copy of the letter is attached hereto marked "**A**".

1.5 The scheme was thus given approximately 3 weeks to insource its administration and managed health care services, which has rendered this matter urgent and exceptional.

1.6 We respectfully submit that it is impossible for the scheme to comply with the applicable provisions and requirements to obtain the necessary accreditation and/or compliance certificate(s) under such extremely truncated time periods, which are manifestly insufficient and unreasonable. This thus presents **exceptional circumstances** warranting and justifying an exemption application by the scheme as contemplated in section 8(h) of the Medical Schemes Act No. 131 of 1998 ("**the Act**"), from complying with the relevant and applicable provisions described more fully below.

1.7 This is accordingly an extremely urgent written application by the scheme to the Council for Medical Schemes ("**the Council**"), to the extent necessary, in terms of section 8(h) of the Act for an exemption, for a period of 6 to 9 months ("**the exemption period**") calculated from the effective date, from compliance with:-

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1.7.1 section 58 of the Act, read with section 1 of the Act, Regulation 17 and the Requirements for Administration of Medical Schemes dated June 2022 published by the Council ("**the June 2022 Administration Requirements**"), insofar as the scheme is required to be accredited or hold a compliance certificate as a self-administered scheme prior to undertaking the administration of its own affairs and business; and

1.7.2 Regulation 15B, insofar as the scheme wishes to insource and provide managed health care services to its members.

1.8 For the reasons set out above and below, the scheme seeks to temporarily insource its own administration and managed health care services to its members during the exemption period to ensure the least disruptive transition and handover of those services from 3Sixty and safeguard the interests of the scheme's members.

1.9 The scheme is considering all options available to it, which it intends to implement after the termination of the exemption period, including (without limitation) appointing an external accredited service provider to render those services to the scheme and its members respectively or merging with another scheme which already has an accredited service provider to render those services.

2. EMPOWERING PROVISIONS AND THE REQUIREMENTS FROM WHICH EXEMPTION IS SOUGHT

Exemption

2.1 Section 8(h) of the Act provides that the Council shall, in the exercise of its powers, be entitled to exempt, in exceptional cases and subject to such terms and conditions and for such period as the Council may determine, a medical scheme or other person, upon written application from complying with any provision of the Act.

Administration

2.2 Section 58(1) of the Act provides that no person shall administer a medical scheme as an intermediary unless the Council has, in a particular case or in general, granted accreditation to such person. The definition of an "administrator" in section 1 of the

Act includes a medical scheme itself where any obligation has been placed upon it in terms of the Act.

2.3 Paragraph 1.a of Part C of the June 2022 Administration Requirements provides that *"there is no requirement for self-administered schemes to be accredited, but as self-administered schemes fall under the definition of "administrator", in section 1 of the Act, the same accreditation requirements are applied, with the exception of the "accreditation" period – the compliance certificate is valid for three years in the case of self-administered schemes."* Para 2 thereof requires self-administered medical schemes to obtain the requisite compliance certification from the Council before commencing self-administration.

2.4 Regulation 17 stipulates that any person desiring to be accredited as an administrator must apply in writing to the Council.

Managed Health Care

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2.5 Regulation 15A(2) read with 15B, provides that a medical scheme desirous of undertaking managed health care services to its members is required to apply to the Council in writing for accreditation.

3. THE EXCEPTIONAL CIRCUMSTANCES GIVING RISE TO THIS URGENT EXEMPTION APPLICATION AS CONTEMPLATED IN SECTION 8(H) OF THE ACT

3.1 As stated above:-

3.1.1 the scheme's administration and managed health care services are currently outsourced to 3Sixty;

3.1.2 on 9 July 2026, the curator was suddenly advised verbally by 3Sixty that the scheme should insource its administration and managed health care services with effect from the effective date as 3Sixty is in financial distress, with the result that it will be unable to continue rendering those services beyond the effective date. On 16 July 2026, the scheme received a letter from 3Sixty *inter alia* confirming this and containing a proposal. A copy of the letter is attached hereto marked "A";

3.1.3 the scheme was thus given approximately 3 weeks to insource its administration and managed health care services, which has rendered this matter urgent. We respectfully submit that it is impossible for the scheme to comply with the applicable provisions and requirements to obtain the necessary accreditation and/or compliance certificate under such extremely truncated time periods, which are manifestly insufficient and prejudicial to the scheme and its members. This therefore presents exceptional circumstances warranting and justifying an exemption application by the scheme as contemplated in section 8(h) of the Act from complying with:-

3.1.3.1 section 58(1) of the Act, read with Regulation 17 and Part C of the June 2022 Administration Requirements referred to above, for purposes of undertaking self-administration of the scheme's business and affairs; and

3.1.3.2 Regulation 15A(2), read with 15B, for purposes of rendering managed health care services to its members.

3.2 3Sixty's financial distress and inability to continue rendering these essential services to the scheme and its members respectively have thus created an operational risk for the scheme and its members warranting urgent and exceptional measures to be undertaken by the scheme at least on an interim basis, with limited time, to avoid interruption of these services which would be prejudicial to the scheme and its members.

3.3 If no interim arrangement is put in place, then, with effect from the effective date, the scheme and its members will have no administration and no managed health care services. It will have a massive exodus of its members, which it cannot afford. That would have catastrophic consequences for the scheme, its members and other relevant stakeholders. This will defeat the whole purpose of curatorship, which is to rescue the scheme and restore its sustainability for the benefit of its members.

3.4 The curator has therefore resolved that the scheme will, for the duration of the exemption period, temporarily insource the administration and managed health care services for *inter alia* the following reasons:-

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3.4.1 it is undesirable, risky and impossible under these circumstances and at this time to:-

3.4.1.1 prepare for and undertake fully-fledged certification and accreditation processes and applications which apply under normal circumstances in respect of the services concerned;

3.4.1.2 procure and transition seamlessly to an alternative administrator on such short notice, who has no institutional memory, background and/or experience in relation to the scheme or its systems and operations;

3.4.1.3 merge with another scheme which already has an accredited administrator and managed health care provider;

3.4.2 insourcing of administration and managed health care is the only option the curator believes will be least disruptive and most beneficial to the scheme's members. The scheme will continue operating on the systems currently used by 3Sixty to ensure, amongst other things, continuity and preservation of membership data, claims history, financial and other records. This interim measure does not involve the amalgamation of the scheme's business with any business of another person or the transfer of any business of another person to the scheme as contemplated in section 63 of the Act. The mechanics of this interim arrangement (proposed transaction) are summarised below;

3.4.3 self-administration and insourcing managed health care on this interim basis would be cheaper as the scheme will save the fees which would otherwise be payable to a third party for these services, and thus reducing non-healthcare expenditure to the benefit of the members;

3.4.4 as stated above, the scheme is considering all options available to it, which it intends to implement after the termination of the exemption period, including (without limitation) appointing an external accredited service provider to render those services to the scheme and its members respectively or merging with another scheme which already has an accredited service provider to render those services.

3.5 These circumstances arose suddenly without warning and entirely beyond the scheme's control, and thus constitute exceptional circumstances as contemplated by section 8(h).

4. THE PROPOSED TRANSACTION

4.1 The scheme and 3Sixty have agreed in principle that the proposed insourcing of the administration and managed care service will be undertaken on *inter alia* the following basis:-

4.1.1 transfer of data and uninterrupted use of the systems and platforms which were previously used by 3Sixty (i.e HealthLogik PBTit, Nova Cloud, Portals and other Platforms);

4.1.2 the scheme has already identified certain key staff members of 3 Sixty which it intends to hire on a permanent and temporary basis, respectively, who were involved in the administration and managed health care services which are currently being rendered by 3Sixty to the scheme and its members;

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4.1.3 the scheme will prepare and dispatch the necessary communication to its members and other stakeholders.

4.2 The scheme submitted its formal counter-proposal to 3Sixty today, 17 July 2026. A copy of the counter-proposal is attached hereto marked **"B"**.

5. CONCLUSION

5.1 Accordingly, the scheme respectfully requests that the aforesaid exemptions be granted, on the conditions proposed herein or as determined by the Council, and that the application be determined urgently before the effective date (i.e 1 August 2026).

6. Kindly acknowledge receipt.

7. Your urgent response is awaited.

Yours faithfully

BUHLE DUMA
FLUXMANS INC

"A"

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16 July 2026

Sizwe Hosmed Medical Scheme

Waterfall Office Park
1Bekker Rd, Vorna Valley
Midrand
1969

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PRETORIA

Dear Ian,

I trust this letter finds you well.

Following your discussion with our Group Chairman, Mr Khandani Msibi, yesterday, I would like to take this opportunity to formally introduce myself as the Acting Chief Executive Officer of 3Sixty Health. As discussed during your engagement with Mr Msibi, please find below a summary of the matters that were discussed for your consideration.

Background

The period of curatorship under Lebo Mpakati, has had a profound impact on both SizweHosmed Medical Scheme and 3Sixty Health which resulted in the loss of approximately 80% of the scheme's membership. The decisions and events that occurred during this period of curatorship have had far-reaching operational and commercial consequences for both organisations. As the Scheme's administrator, 3Sixty Health has absorbed the financial impact of this decline while continuing to deliver administration services and support the Scheme through an exceptionally challenging period.

Notwithstanding these circumstances, 3Sixty Health remained committed to the Scheme by accepting administration fee increases below inflation and below prevailing market benchmarks in recognition of the Scheme's solvency constraints, despite the increasing cost of delivering the contracted services. This reflected our commitment to maintaining operational continuity and supporting the Scheme's long-term sustainability.

In evaluating the future of the business, the Board has carefully considered several strategic alternatives as follows:

1. Sell the business.

Dr Mahanjana offered to purchase the business at nominal value but did not follow through, and the sale collapsed.

2. Orderly wind-down of the business

The Board has also considered the orderly wind-down of 3Sixty Health should a sustainable solution not be achieved within the required timeframe.

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3. Offer SizweHosmed to self-administer.

The Board believes that the self-administration by the Scheme represents the most practical and sustainable solution. It would preserve institutional knowledge, operational capability and experienced personnel, while providing the Scheme with greater control over its administration model and significantly reducing transition risk. We believe this is the safest option and best suits the scheme's need to mitigate risk.

Our Proposal

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The Board of 3Sixty Health has proposed to the Board of 3Sixty Global Solutions Group (Pty Ltd that the administration of SizweHosmed be taken over by the Scheme. The proposal is that the scheme will take over employees and service providers / third parties to enable the Scheme to continue the administration and also the scheme to waive all past , present and future claims it might have against 3Sixty Health (Pty Ltd. The shareholders are not seeking to realise a commercial profit from this transaction. Rather, the proposal is intended to secure the continued viability of the administration capability and provide the Scheme with a sustainable platform from which to operate going forward.

Given the urgency of the current circumstances, we would appreciate the Scheme's consideration of this proposal at the earliest opportunity to enable the necessary due diligence and future operating model assessment to commence without delay.

This proposal remains subject to approval by the Board of 3Sixty Global Solutions Group (Pty) Ltd by **24 July 2026**.

Short-Term Funding Requirements

In the interim, 3Sixty Health requires additional working capital to cover June and July 2026 operations and continue delivering services while these discussions are underway.

Accordingly, in addition we respectfully request that the Scheme:

- settles the outstanding administration fees to bring the account up to date

These measures will assist in maintaining operational stability while a longer-term solution is pursued.

We believe it would be beneficial to meet with you and the relevant principals at your earliest convenience to discuss this proposal and identify a sustainable path forward.

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3Sixty Health remains committed to working collaboratively with the Scheme to achieve an outcome that protects members, preserves operational capability and supports the long-term sustainability of the Scheme.

We look forward to your response.

Yours sincerely,

Minki Rasenyalo
Acting Chief Executive Officer
3Sixty Health

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"B"

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17 July 2026

3Sixty Health (Pty) Ltd

ATT: The Acting CEO – Minki Rasenyalo

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Dear Minki

RE: RESPONSE TO THE 16 JULY 2026 PROPOSAL FROM 3SIXTY HEALTH (3SH)

Thank you for your letter dated 16 July 2026.

We greatly appreciate 3Sixty Health's commitment to Sizwe Hosmed Medical Scheme (the scheme) as expressed in your letter, and further thank you for outlining the reasons that led to both the scheme and 3SH finding themselves in the position that they are currently in.

Re your strategic alternatives

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1) It is noted that 3SH requires additional working capital to continue delivering services. This aligns to my discussion with Mr Msibi when we met on 9 July 2026, during which he informed me that 3SH does not have the financial resources to continue managing the scheme beyond 31 July 2026, and that he wished for us to insource the administration by no later than 1 August 2026.
2) According to our records, there are no outstanding administration fees due to 3SH, and the account is presently up to date.
3) We request that you kindly check your records and revert with details of the account status, should you still believe that the account is not up to date.

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Fax: +27 (13) 690 3187

Administered by 3Sixty Health | A Subsidiary of 3Sixty Global Solutions Group (Pty) Ltd

The Scheme's proposal to 3SH

We wish to offer the following, in order to allow the scheme to start performing the administration and managed care functions in-house from 1 August 2026 with the least possible disruption to the scheme and its members:

1) The scheme takes over the IT infrastructure, being the telephony system, SAP, NOVA Cloud environment, iSquared system, SMS and WhatsApp messaging system, document management system, portal and any other systems or licences required for effective administration of the scheme.

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2) The scheme takes over a selection of 3SH staff from 1 August 2026, the selection and number of which is to be determined by the scheme. The staff will be brought across to the scheme on a fixed-term contract for a defined period, without the scheme assuming any related liabilities.

3) The scheme, at its discretion, acquires from 3SH specific hardware such as laptops, the tools used in the call centre, alongside any other assets which may be deemed necessary by the scheme to enable a smooth transition.

4) The staff which are taken over will be accommodated at the scheme's current office premises in Waterfall Office Park.

5) We wish to help ensure that the staff and suppliers of 3SH are paid for the month of July 2026, for their own wellbeing and to ensure minimum possible disruption to the scheme's services to members during and after the transition. To this end, we request that you send us a detailed breakdown of all monthly overheads of 3SH, so that we can urgently consider which staff and suppliers the scheme should offer to pay for the month of July 2026. To be clear, we are proposing that the scheme will consider **directly paying** certain staff and suppliers of 3SH **on time** for the month of July 2026, in lieu of the monthly administration and managed care fees, to ensure that these staff and suppliers are paid on time.

6) The scheme is unfortunately not able to pay any fees to 3SH in advance but offers the above remedy instead, whereby certain staff and suppliers are paid directly and on time, in lieu of the monthly administration and managed care fees.

7) The selection of staff which the scheme will offer to pay directly and on time for July 2026 will not necessarily align to the selection of staff which the scheme will offer to take over from 1 August 2026.

8) In advance of any payments being made by the scheme on behalf of 3SH, a contract is to be signed between the parties which sets out the whole agreement in respect of the insourcing of the administration and managed care function by the scheme with effect from 1 August 2026. The contract will be drafted by the scheme's attorneys.

We thank you for your engagement and look forward to your urgent response.

Please do not hesitate to send us the detailed breakdown of all 3SH's monthly overheads in advance of sending us your formal response to this letter. It is urgent for us to start considering without further ado which staff and suppliers we can offer to pay directly for the month of July 2026.

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Yours sincerely

Ian Fleming

Curator

Chardonnay Arends

From: Ian Fleming <Ian@engagedbt.co.za>
Sent: Friday, 17 July 2026 15:59
To: Gillian Teixeira
Cc: Minki Rasenyalo; khandani.msibi@3sixtygsg.co.za; Zaheer Suleman; Gert Botha; Buhle Duma; Chardonnay Arends; Ian Fuller; Thabang Magare; Mbalenhle Themba
Subject: Re: 3Sixty Health Managed Healthcare & Administration Proposal
Attachments: SHMS Response to 3SH 17072026.pdf

Dear Gillian

Thank you for your letter.

Please find our response attached.

Kind regards
Ian

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From: Gillian Teixeira <Gillian.Teixeira@3SixtyHealth.co.za>
Date: Thursday, 16 July 2026 at 21:11
To: Ian Fleming <ian.fleming@sizwe-hosmed.co.za>; Ian Fleming <Ian@engagedbt.co.za>
Cc: Minki Rasenyalo <Minki.Rasenyalo@3SixtyHealth.co.za>; khandani.msibi@3sixtygsg.co.za <khandani.msibi@3sixtygsg.co.za>; Zaheer Suleman <Zaheer.Suleman@3SixtyHealth.co.za>; Gert Botha <Gert.Botha@3SixtyHealth.co.za>
Subject: 3Sixty Health Managed Healthcare & Administration Proposal

On behalf of the CEO

Dear Ian,

I trust you are doing well.

Please find the attached document for your review and consideration.

3sixty HEALTH

Thanks & Regards

Gillian Teixeira
Fund Manager

Tel:+27 (011) 353 0060
Mobile: +27 (72) 748 7359
Email: gillian.teixeira@3sixtyhea



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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

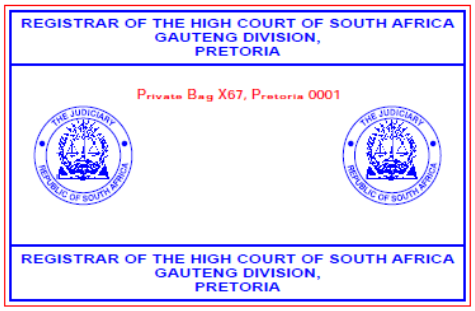
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

NOTE: **This document was filed electronically by the Registrar on 21/10/2026 at 3:32:54 PM South African Standard Time (SAST). The time and date the document was filed by the party is presented on the header of each page of this document.**



ELECTRONICALLY SIGNED BY:

Registrar of Pretoria , Gauteng Division,Pretoria

Fluxmans

SIZWE HOSMED ADMINISTRATION AGREEMENT

between

SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP)

and

3SIXTY HEALTH (PTY) LTD



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1. **PARTIES**

1.1 SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP)

1.2 3SIXTY HEALTH (PTY) LTD

2. **INTERPRETATION**

2.1 In this Agreement:-

2.1.1 clause headings are for the purposes of convenience and reference only and shall not be used in the interpretation of, nor modify nor amplify any of the provisions of this Agreement;

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2.1.2 the Parties shall, wherever necessary or appropriate, be referred to by their defined designations as in clause 2.2 below;

2.1.3 a reference to:-

2.1.3.1 any particular gender shall include the other two genders;

2.1.3.2 the singular shall include the plural and *vice versa*;

2.1.3.3 a natural person shall include corporate or unincorporate created entities and *vice versa*;

2.1.4 "days" means calendar days unless qualified;

2.1.5 "laws" means all constitutions; statutes; regulations; by-laws; codes; ordinances; decrees; rules; judicial, arbitral, administrative, ministerial, departmental or regulatory judgments, orders, decisions, rulings, or awards; policies; voluntary restraints; guidelines; directives; compliance notices; abatement notices; agreements with, requirements of, or instructions by any Governmental Body; and the common law, and "law" shall have a similar meaning;

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2.1.6 "person" means any natural person, company, close corporation, trust, partnership, joint venture, association, unincorporated association, governmental body or other entity, whether or not having separate legal personality;

2.1.7 all of the schedules and/or annexes are incorporated herein and shall have the same force and effect as if they were set out in the body of this Agreement;

2.1.8 words and/or expressions defined in this Agreement shall bear the same meanings in any schedules and/or annexes hereto which do not contain their own defined words and/or expressions;



2.1.9 where a period consisting of a number of days is prescribed, it shall be determined by excluding the first and including the last day;

2.1.10 where the day upon or by which any act is required to be performed is a Saturday, Sunday or public holiday in the Republic of South Africa, the Parties shall be deemed to have intended such act to be performed upon or by the first day thereafter which is not a Saturday, Sunday or public holiday;

2.1.11 where an expression has been defined (whether in clause 2.2 below or elsewhere in this Agreement) and such definition contains a provision conferring rights or imposing obligations on any Party, effect shall be given to that provision as if it were a substantive provision contained in the body of this Agreement;

2.1.12 if figures are referred to in numerals and words, the words shall prevail in the event of any conflict between the two;

2.1.13 words and/or expressions defined in any particular clause in the body of this Agreement shall, unless the application of such word and/or expression is specifically limited to that clause, bear the meaning so assigned to it throughout this Agreement;

jm

2.1.14 the terms "holding" and "subsidiary" in relation to any company shall bear the meanings assigned to them in the Companies Act No 71 of 2008;

2.1.15 the *contra proferentem* rule shall not apply and accordingly, none of the provisions hereof shall be construed against or interpreted to the disadvantage of the Party responsible for the drafting or preparation of such provision;

2.1.16 the *eiusdem generis* rule shall not apply, and whenever a provision is followed by the word "including" and specific examples, such examples shall not be construed so as to limit the ambit of the provision concerned;

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2.1.17 a reference to any statutory enactment shall be construed as a reference to that enactment as at the Signature Date and as amended or re-enacted from time to time thereafter;

2.1.18 unless specifically provided to the contrary, all amounts referred to in this Agreement are exclusive of value added tax;

2.1.19 the expiration or termination of this Agreement shall not affect such of its provisions as expressly provide that they will continue to apply after such expiration or termination or which of necessity must continue to apply after such expiration or termination;

2.1.20 any communication which is required to be "in writing" shall include a communication which is written or produced by any substitute for writing or which is partly written and partly so produced, and shall include printing, typewriting, lithography, facsimile or electronic mail or any form of electronic communication or other process or partly one and partly another.

2.2 In this Agreement, unless the context indicates a contrary intention, the following words and expressions shall bear the meanings assigned to them hereunder and cognate words and expressions shall bear corresponding meanings:

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2.2.1 "3Sixty" means 3Sixty Health (Pty) Ltd (registration number: 1978/001109/07), the administrator of the scheme;

2.2.2 "3Sixty Office" means the office premises of 3Sixty situated at 23 West Street, Houghton;

2.2.3 "Administration Agreement" means the written agreement (as amended) concluded between the Parties in terms of which 3Sixty was appointed to render the Services to the Scheme;

2.2.4 "Agreement" means this agreement and all annexures hereto;

2.2.5 "Business Day" means any day other than a Saturday, Sunday or public holiday as gazetted by the government of South Africa from time to time;

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2.2.6 "Ceded Contracts" means:

2.2.6.1 Satellite Offices Contracts;

2.2.6.2 any other contracts identified and confirmed by the Scheme in writing as "Ceded Contracts" on or before 15 August 2026, which contracts shall include but not be limited to contracts in respect of all IT Infrastructure and related licence agreements;

2.2.7 "CMS" means the Council for Medical Schemes, established in terms of section 3 of the Medical Schemes Act;

2.2.8 "Confidential Information" means all information that is reasonably regarded as confidential, being information not in the public domain, whether such information is oral or written, recorded or stored by electronic, magnetic, electro-magnetic or other form or process or otherwise in an electronic form, translated from the original form, recompiled, made into a compilation, wholly or partially copied, modified, updated or otherwise altered, or originated or obtained by, or coming into possession, custody control or knowledge of the Parties or their agents, including all inventions, technical data, research and development information, records, information and notes, products, know-how, trade secrets, designs, specifications, processes and

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formulae, planning procedures, techniques or information, marketing plans, strategies and forecasts, product development plans, financial statements, budgets, prices, costs and financial projections, accounting procedures or financial information, names and details of consumers, clients and agents, employee details, and like information;

2.2.9 "Current Agreements" means the Administration Agreement and the Managed Health Care Agreement;

2.2.10 "Effective Date" means 1 September 2026, being the date on which the Services shall be or have been fully transferred and handed over to the Scheme by 3Sixty in terms of this Agreement;

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2.2.11 "Employees" means the employees of 3Sixty responsible for rendering the Services, the details of such employees as at the Signature Date are described in Annexure "A";

2.2.12 "Hardware" means the hardware used by 3Sixty in the rendering of the Services, including but not limited to laptops and the tools used in the call centre;

2.2.13 "IT Infrastructure" means information technology infrastructure, systems, processes, software and licences required by the Scheme for the transition and handover of the Services from 3Sixty to the Scheme, including PBT, Nova, Healthlogik and any other systems required by the Scheme for that purpose;

2.2.14 "July Expenses" means the amounts payable to the operational creditors and suppliers of 3Sixty set out in Annexures "B1" and "B2" hereto;

2.2.15 "Managed Health Care Agreement" means the written agreement (as amended) concluded between the Parties in terms of which 3Sixty was appointed to render managed health care services to the Scheme;

2.2.16 "Medical Schemes Act" means the Medical Schemes Act 131 of 1998;

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2.2.17 "Parties" means the parties to this Agreement, being the Scheme and 3Sixty, and "Party" means either of them;

2.2.18 "Rand" or "R" means the official currency of South Africa;

2.2.19 "Satellite Offices" means the Scheme's satellite offices situated in Cape Town, Gqeberha and Durban, which are operated and hired by 3Sixty on behalf of the Scheme in terms of the Administration Agreement;

2.2.20 "Satellite Offices Contracts" means the lease agreements in regard to the Satellite offices, copies of which shall be delivered by 3Sixty to the Scheme on the Effective Date;

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2.2.21 "Scheme" means Sizwe Hosmed Medical Scheme (registration number: 1486), a medical scheme registered in terms of the Medical Schemes Act;

2.2.22 "Services" means administration and managed health care services set out in and undertaken by 3Sixty in terms of the Current Agreements;

2.2.23 "Signature Date" means the date of signature of this Agreement by the Party signing last in time;

2.2.24 "Transition Period" means the period commencing on 1 August 2026 and ending on the day immediately preceding the Effective Date, both dates inclusive.

3. INTRODUCTION

3.1 3Sixty currently provides the Services to the Scheme. In rendering the Services, 3Sixty utilises inter alia, the Employees, Hardware and IT Infrastructure.

3.2 The Scheme was advised by 3Sixty that:

3.2.1 3Sixty does not have funds and financial means to continue rendering the Services to the Scheme and its members beyond 31 July 2026;

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3.2.2 in order for 3Sixty to be able to continue rendering the Services to the Scheme beyond 31 July 2026, 3Sixty requires funds to be able to pay the Employees and suppliers / creditors.

3.3 This Agreement records the terms, conditions and provisions upon which the Current Agreements shall be terminated, the manner in which the Services shall be rendered by 3Sixty during the Transition Period, the manner in which the Services shall be taken over by the Scheme from 3Sixty with effect from the Effective Date and matters which are incidental and ancillary thereto.

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4. APPROVAL BY CMS

The Scheme requires that the transactions contemplated in this Agreement are approved ("the Approval") by CMS prior to 31 July 2026 or such later date as may be determined by the Scheme (which date shall not be later than the Effective Date). Accordingly, in the event that the Approval is not obtained by 31 July 2026, the Scheme shall in its sole discretion terminate this Agreement on written notice to 3Sixty.

5. TERMINATION OF THE CURRENT AGREEMENTS AND TRANSFER OF THE SERVICES

5.1 Subject to the provisions of this Agreement:

5.1.1 the Current Agreements shall be terminated with effect from the Effective Date;

5.1.2 the Parties shall co-operate with each other to ensure that the Services are rendered to the Scheme during the Transition Period.

5.2 3Sixty shall ensure that the Services are transferred to the Scheme and that a full hand over of the Services is given to the Scheme on the Effective Date and in accordance with the provisions of this Agreement.

5.3 The Services fee for August 2026 (i.e. administration and managed health care fee for August 2026) will be set off against the amounts that the Scheme pays

staff and suppliers of 3Sixty for August 2026 as contemplated in this Agreement.

6. TRANSITION PERIOD AND REPAYMENT OF FUNDS IN TRUST

6.1 3Sixty shall during the Transition Period grant the Scheme direct and unrestricted access to and full operational control over the Services currently rendered by 3Sixty to the Scheme in order to facilitate a comprehensive transition, ensuring the Scheme is fully equipped and positioned to completely take over the Services with effect from the Effective Date. 3Sixty agrees that the Scheme shall fully and freely control and direct the manner in which the Services are rendered in August 2026 and shall make all the necessary decisions regarding the rendering of the Services and/or the payment of suppliers. 3Sixty shall not have the right to make any decisions relating to the rendering of the Services unless directed by and/or decided otherwise by the Scheme in writing.

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6.2 3Sixty undertakes that it shall fully cooperate with the Scheme during the Transition Period. Without limiting the generality of the aforegoing, 3Sixty shall promptly furnish the Scheme with all such assistance, data, documentation and personnel support as may be required by the Scheme to ensure that:

6.2.1 the Services are rendered efficiently, safely and without any interruption during the Transition Period;

6.2.2 the Scheme is well positioned to execute a smooth, seamless / less disruptive takeover and continuity of the Services and the Infrastructure with effect from the Effective Date.

6.3 In addition to what is stated above, 3Sixty shall during the Transition Period compile and make available to the Scheme a record of all the data and information relating to the Scheme that would enable the Scheme to sufficiently and properly control and utilise that data and information in a manner which would enable the Scheme to undertake the Services with effect from the Effective Date.

jm

6.4 Within 7 (seven) days of the Signature Date, 3Sixty shall submit a project plan to the Scheme detailing the steps to be taken during the Transition Period, for the Scheme's approval which approval will not be unreasonably withheld.

6.5 3Sixty shall give the Scheme reasonable access to registers, minute books and other relevant records of 3Sixty during the Transition Period.

6.6 The provisions of the Current Agreements, insofar as they may be applicable, shall continue to apply *mutatis mutandis* during the Transition Period. Notwithstanding the aforegoing, in the event of any conflict between any of the provisions of this Agreement and the provisions of the Administration Agreement, the provisions of this Agreement shall prevail.

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6.7 3Sixty undertakes to refund the Scheme all the money and any interest thereto held in its attorney's trust account pursuant to the fraud perpetrated by the employees of 3Sixty to the detriment of the Scheme during December 2025. The refund shall be effected on or before 14 August 2026.

6.8 3Sixty undertakes to sign all documents and do all things that are required by the Scheme to be signed pursuant to or give effect to the provisions of this Agreement. If 3Sixty fails and/or delays to sign any document as aforesaid, 3Sixty hereby irrevocably authorises and empower in *rem suam* the Scheme or its nominated representative to sign any such documents on behalf of, and as the agent of, 3Sixty.

7. PAYMENTS DURING THE TRANSITION PERIOD

7.1 The Scheme shall pay some of the July Expenses , subject to clause 7.3, in an amount of R5 918 296.00 (five million nine hundred and eighteen thousand two hundred and ninety six Rand) ("the July Expenses Amount").

7.2 The Scheme shall pay salaries for August 2026 directly to the Employees.

7.3 Payment of the July Expenses Amount is subject to the following terms:

7.3.1 it shall be paid in August 2026 provided that 3Sixty is fully complying or has fully complied with the provisions of this Agreement and the

jm

suppliers forming part of the July Expenses cooperate with the Scheme in ensuring a smooth transition of the Services;

7.3.2 the Scheme shall in its sole and absolute discretion verify and determine which of the July Expenses are payable and should be paid and the amount that should be paid to the relevant suppliers / creditors and how the payment/s should be made, taking into account the suppliers that are critically important to the Scheme to ensure that the Scheme functions without interruptions and that there is a smooth transition of the Services from 3Sixty to the Scheme;

7.3.3 to the extent required, payment shall be subject to CMS's approval as contemplated in clause 4;

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7.3.4 payment shall be made by the Scheme directly to the relevant suppliers / creditors.

7.4 Save as specified in this Agreement,

7.4.1 the Scheme shall not be responsible for any amounts owing by 3Sixty to any party (including but not limited to any suppliers of 3Sixty) nor shall the Scheme pay any amounts to and/or on behalf of 3Sixty whether in terms of the Current Agreements or otherwise;

7.4.2 any amounts paid by the Scheme to 3Sixty pursuant to this Agreement shall be used to for the specific purpose/s set out in this Agreement.

8. EMPLOYEES

8.1 The Scheme undertakes to offer employment to the Employees from 1 September 2026 on terms and conditions no less favourable than those applicable to the Employees at 3Sixty. The Scheme shall recognise the Employees' historical service with 3Sixty.

8.2 3Sixty acknowledges that it does not require and shall not hire any additional employees to render the Services.

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9. ACQUISITION OF HARDWARE

9.1 The Parties agree that Scheme shall be entitled to purchase from 3Sixty such Hardware that the Scheme, in its sole and absolute discretion, deems necessary ("the Selected Hardware").

9.2 The purchase of the Selected Hardware shall be subject to the following:

9.2.1 the purchase of the Selected Hardware shall be with effect from the Effective Date. Accordingly, 3Sixty shall deliver the Selected Hardware to the Scheme on or before the Effective Date;

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9.2.2 the purchase price for the Selected Hardware shall be an amount agreed to by the Parties, failing which an amount determined by an independent valuator agreed between the Parties on or before 31 July 2026 or such later date as may be determined by the Scheme. In the event that the Parties cannot agree on the identity of the independent valuer, the independent valuer shall be appointed by the Scheme and the independent valuer's determination shall be final and binding on the Parties;

9.2.3 the purchase price shall be paid by the Scheme within 7 (seven) Business days after the later of the date on which the purchase price is determined and the Effective Date.

10. CESSION OF CONTRACTS AND PREMISES

10.1 The rights and obligations in terms of the Ceded Contracts shall, with effect from the Effective Date, be ceded, assigned and delegated to the Scheme and the Scheme hereby accepts such cession, assignment and delegation.

10.2 To the extent that it is necessary to do so and subject to the provisions of this Agreement, the Scheme and 3Sixty shall use their reasonable endeavours to procure the written consent of the other parties to the Ceded Contracts, to the

jm

cession, assignment and delegation by 3Sixty to the Scheme of all the rights and obligations in terms of the Ceded Contracts.

10.3 3Sixty shall in relation to Ceded Contracts that involve IT Infrastructure ensure that it furnishes the Scheme with all control systems, full access to all applications and all relevant and requisite administrative credentials, recovery details, codes and/or information that will enable the Scheme to use and access the IT Infrastructure. 3Sixty shall not retain any rights whatsoever in regard to the said IT Infrastructure.

10.4 In addition to what is stated in clause 10.3, 3Sixty shall ensure that the Scheme is given full and unrestricted access to the following:

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10.4.1 Nova Cloud Environment and all its associated applications (Servers, IP address, Vuleka Telephony system including the IVR, Cloud Data Warehouse);

10.4.2 the SMS and WhatsApp applications;

10.4.3 the Web Based portal;

10.4.4 any applications/portals used by the brokers/CLOs network;

10.4.5 interfaces with switching houses and the bank.

10.5 Where applicable and as contemplated in clause 10.2, 3Sixty assigns and transfers to the Scheme all right, title and interest in and to the relevant IT Infrastructure and related intellectual property rights, to the fullest extent permitted by law.

10.6 Save as stated otherwise herein, the Scheme shall not assume any of 3Sixty's liabilities of whatsoever nature and howsoever arising which were incurred or the cause of action of which arose prior to the Effective Date, including but not limited to any liabilities in terms of the Ceded Contracts and/or in relation to the Employees.

10.7 The Scheme shall with effect from 1 August 2026 until 31 December 2026 contribute an amount of approximately R92 500.00 (ninety two thousand five

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hundred Rand) (excluding VAT) per month towards the rental for the call centre portion of the premises situated on the 1st floor of the 3Sixty Office, which premises 3Sixty shall make available for use by the Scheme until 31 December 2026. The monthly contribution shall be paid on or before the 25th day of the relevant month.

10.8 The Scheme will with effect from 1 August 2026 until 31 December 2026 rent the "walk-in centre" area at the 3Sixty Office at a monthly rental not exceeding R5 000.00 (five thousand Rand) per month.

10.9 The Parties agree that no additional payment shall be made by the Scheme in relation to the use of the premises and walk-in centre referred to in clauses 10.7 and 10.8

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11. JULY 2026 ADMINISTRATION AND MANAGED HEALTH CARE FEES

11.1 The fees for the Services rendered by 3Sixty during the month of July 2026 in an amount equal to 95% (ninety five percent) of the amount paid by the Scheme for the Services rendered by 3Sixty in June 2026 shall be paid by the Scheme within 24 (twenty four) hours from the Signature Date.

11.2 The percentage referred to in clause 11.1 takes into account the declining membership of the Scheme.

12. GENERAL WARRANTIES

Each of the Parties hereby warrants to and in favour of the other that –

12.1 it has the legal capacity and has taken all necessary corporate action required to empower and authorise it to enter into this Agreement;

12.2 this Agreement constitutes an agreement valid and binding on it and enforceable against it in accordance with its terms;

12.3 the execution of this Agreement and the performance of its obligations hereunder does not and shall not –

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12.3.1 contravene any law or regulation to which that Party is subject; or

12.3.2 contravene any provision of that Party's constitutional documents.

13. CONFIDENTIALITY

13.1 The Parties undertake that during the operation of, and after the expiration, termination or cancellation of, this Agreement for any reason, they will keep confidential –

13.1.1 any information which a Party ("Disclosing Party") communicates to the other Party ("Recipient") and which is stated to be or by its nature is intended to be confidential;

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13.1.2 all other information of the same confidential nature concerning the Scheme and the members of the Scheme, the Services and/or the business of a Disclosing Party which comes to the knowledge of the Recipient whilst it is engaged in negotiating the terms of this Agreement or after its conclusion.

13.2 If a Recipient is uncertain about whether any information is to be treated as confidential in terms of this clause 13, it shall be obliged to treat it as such until written clearance is obtained from the Disclosing Party.

13.3 Each Party undertakes, subject to clause 13.4, not to disclose any information which is to be kept confidential in terms of this clause 13, nor to use such information for its own or anyone else's benefit.

13.4 Notwithstanding the provisions of clause 13.3, a Recipient shall be entitled to disclose any information to be kept confidential if and to the extent only that the disclosure is *bona fide* and necessary for the purposes of carrying out its duties in terms of this Agreement.

13.5 The obligation of confidentiality placed on the Parties in terms of this clause 13 shall cease to apply to a Recipient in respect of any information which –

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13.5.1 is or becomes generally available to the public other than by the negligence or default of the Recipient or by the breach of this Agreement by the Recipient;

13.5.2 the Disclosing Party confirms in writing is disclosed on a non-confidential basis;

13.5.3 has lawfully become known by or come into the possession of the Recipient on a non-confidential basis from a source other than the Disclosing Party having the legal right to disclose same, provided that such knowledge or possession is evidenced by the written records of the Recipient existing at the Signature Date; or

13.5.4 is disclosed pursuant to a requirement or request by operation of law, regulation or court order, to the extent of compliance with such requirement or request only and not for any other purpose,

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provided that –

13.5.5 the onus shall at all times rest on the Recipient to establish that information falls within the exclusions set out in clauses 13.5.1 to 13.5.4;

13.5.6 information will not be deemed to be within the foregoing exclusions merely because such information is embraced by more general information in the public domain or in the Recipient's possession; and

13.5.7 any combination of features will not be deemed to be within the foregoing exclusions merely because individual features are in the public domain or in the Recipient's possession, but only if the combination itself and its principle of operation are in the public domain or in the Recipient's possession.

13.6 In the event that the Recipient is required to disclose confidential information of the Disclosing Party as contemplated in clause 13.5.4, the Recipient will –

13.6.1 advise the Disclosing Party thereof in writing prior to disclosure, if possible;

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13.6.2 take such steps to limit the disclosure to the minimum extent required to satisfy such requirement and to the extent that it lawfully and reasonably can;

13.6.3 afford the Disclosing Party a reasonable opportunity, if possible, to intervene in the proceedings;

13.6.4 comply with the Disclosing Party's reasonable requests as to the manner and terms of any such disclosure; and

13.6.5 notify the Disclosing Party of the recipient of, and the form and extent of, any such disclosure or announcement immediately after it is made.

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13.7 In addition to the aforegoing confidentiality obligations, 3Sixty

13.7.1 acknowledges that all confidential information obtained, collected, processed, or generated during the execution of the Services, including but not limited to personal and special information of the members of the Scheme ("the Members Information") remains the sole and exclusive property of the Scheme;

13.7.2 undertakes to maintain the absolute confidentiality of the Members Information and shall not directly or indirectly disclose, publicise, or distribute such information to any third party;

13.7.3 shall comply with all the applicable laws (including but not limited to the Medical Schemes Act and the Protection of Personal Information Act 4 of 2013) with regard to the confidentiality, use and disclosure of the Members Information.

13.8 The provisions of this clause 13 shall survive the termination, invalidity or voidness of this Agreement for any reason whatever.

14. BREACH

14.1 If a Party ("Defaulting Party") commits any breach of this Agreement and fails to remedy such breach within 10 (ten) Business Days ("Notice Period") of

written notice requiring the breach to be remedied, then the Party giving the notice ("Aggrieved Party") will be entitled to claim immediate specific performance of all or any of the Defaulting Party's obligations under this Agreement, with or without claiming damages, whether or not such obligation has fallen due for performance and to require the Defaulting Party to provide security to the satisfaction of the Aggrieved Party for the Defaulting Party's obligations.

14.2 The Parties agree that any costs awarded will be recoverable on an attorney-and-own-client scale unless the Court specifically determines that such scale shall not apply, in which event the costs will be recoverable on the attorney-and-client scale.

14.3 The Aggrieved Party's remedies in terms of this clause 14 are without prejudice to any other remedies to which the Aggrieved Party may be entitled in law.

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15. ARBITRATION

15.1 Save as otherwise expressly provided for herein, any dispute arising from or in connection with this Agreement shall in the first instance be referred to a representative of the Parties to the dispute ("representatives"). Should the representatives be unable to resolve the dispute within 10 (ten) days after the referral of the dispute to them, the dispute shall, at the request of any Party to the dispute, be dealt with as provided in clause 15.2.

15.2 Any dispute arising from or in connection with this Agreement or its termination which has not been resolved pursuant to clause 15.1 shall, if so requested by any Party to the dispute, be finally resolved in accordance with the rules of the Arbitration Foundation of Southern Africa ("AFSA") (or such other rules as may be agreed in writing by the Parties to the dispute) by an arbitrator agreed to between the Parties to the dispute and failing such agreement within 3 (three) days of a request therefor by any Party, appointed by AFSA (or such other party as may be agreed to by the Parties to the dispute), provided that there shall be no appeal against the award of the arbitrator and the arbitrator's award shall be final and binding on the Parties, unless he/she has made a manifest error. The arbitration shall be held in Johannesburg. The arbitrator contemplated in this

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clause shall be a practising attorney or advocate with at least 15 (fifteen) years' experience

15.3 The Parties agree that the written demand by a Party to the dispute in terms of this clause 15 that the dispute be submitted to arbitration shall constitute a legal process for the purpose of interrupting extinctive prescription in terms of the Prescription Act No 68 of 1969.

15.4 Notwithstanding anything to the contrary contained in this clause 15, no Party shall be precluded from instituting any injunctive or similar proceedings in any appropriate court of competent jurisdiction and, if successful, being granted appropriate injunctive relief.

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15.5 For the purposes of clause 15.4 and for the purposes of having any award made by the arbitrator being made an order of court, each of the Parties hereby submits itself to the non-exclusive jurisdiction of the High Court of South Africa (Johannesburg Local Division, Gauteng).

15.6 This clause 15–

15.6.1 is severable from the rest of this Agreement and shall, notwithstanding the termination, cancellation, invalidity or alleged invalidity of this Agreement or any part of it for any reason, remain in full force and effect;

15.6.2 constitutes an irrevocable consent by the Parties to any proceedings in terms hereof and no Party shall be entitled to withdraw therefrom or to claim in any such proceedings that it is not bound by this clause 15. For the purposes of this clause 15, the term "proceedings" shall include proceedings referred to in clause 15.4.

16. NOTICES AND DOMICILIA

16.1 The Parties select as their respective *domicilia citandi et executandi* the following physical addresses, and for the purposes of giving or sending any notice provided for or required under this Agreement, the said physical

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addresses as well as the following email addresses provided that a Party may change its *domicilium* or its address for the purposes of notices to any other physical address or email address in South Africa by written notice to the other Party to that effect. Such change of address will be effective 5 (five) Business Days after receipt of the notice of the change.

16.1.1.1 Scheme:

Physical address:	21 Treur Close (Old Pragma Building) Bekker Road, Waterfall Office Park, Midrand.
Email address:	Ian@engagedbt.co.za
Attention:	Mr Ian Fleming (Curator)

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16.1.2 3Sixty:

Physical address:	23 West Street Houghton
Email addresses:	minki.rasenyalo@3sixtyhealth.co.za
Attention:	Ms Minki Rasenyalo (Acting CEO)

16.2 All notices to be given in terms of this Agreement will be given in writing, in English, and will –

16.2.1 be delivered by hand or sent by email;

16.2.2 if delivered by hand during business hours, be presumed to have been received on the date of delivery. Any notice delivered after business hours or on a day which is not a Business Day will be presumed to have been received on the following Business Day; and

16.2.3 if sent by email during business hours, be presumed to have been received on the date of successful transmission of the email. Any email sent after business hours or on a day which is not a Business Day will be presumed to have been received on the following Business Day.

16.3 Notwithstanding the above, any notice given in writing in English, and actually received by the Party to whom the notice is addressed, will be deemed to have been properly given and received, notwithstanding that such notice has not been given in accordance with this clause.

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17. APPLICABLE LAW AND JURISDICTION

17.1 This Agreement will in all respects be governed by and construed under the laws of South Africa.

17.2 The Parties hereby consent and submit to the non-exclusive jurisdiction of the High Court of South Africa, Gauteng Division, Johannesburg in any dispute arising from or in connection with this Agreement.

18. GENERAL

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18.1 This Agreement constitutes the whole of the agreement between the Parties relating to the matters dealt with herein and, save to the extent otherwise provided herein, no undertaking, representation, term or condition relating to the subject matter of this Agreement not incorporated in this Agreement shall be binding on either of the Parties.

18.2 Save as stated otherwise herein, the Parties agree that they shall have no claim against each other in relation to any monies owing by one Party to the other.

18.3 This Agreement supersedes and replaces any and all agreements between the Parties (and other persons, as may be applicable) and undertakings given to or on behalf of the Parties (and other persons, as may be applicable) in relation to the subject matter hereof.

18.4 No addition to or variation, deletion, or agreed cancellation of all or any clauses or provisions of this Agreement will be of any force or effect unless in writing and signed by the Parties.

18.5 This Agreement will also be for the benefit of and be binding upon the successors in title and permitted assigns of the Parties or either of them.

18.6 No latitude, extension of time or other indulgence which may be given or allowed by either Party to the other Party in respect of the performance of any obligation hereunder, and no delay or forbearance in the enforcement of any

right of either Party arising from this Agreement and no single or partial exercise of any right by either Party under this Agreement, shall in any circumstances be construed to be an implied consent or election by such Party or operate as a waiver or a novation of or otherwise affect any of the Party's rights in terms of or arising from this Agreement or estop or preclude such Party from enforcing at any time and without notice, strict and punctual compliance with each and every provision or term hereof. Failure or delay on the part of either Party in exercising any right, power or privilege under this Agreement will not constitute or be deemed to be a waiver thereof, nor will any single or partial exercise of any right, power or privilege preclude any other or further exercise thereof or the exercise of any other right, power or privilege.

18.7 No waiver, suspension or postponement by either Party of any right arising out of or in connection with this Agreement shall be of any force or effect unless in writing and signed by such Party. Any such waiver, suspension or postponement will be effective only in the specific instance and for the purpose given.

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18.8 All provisions and the various clauses of this Agreement are, notwithstanding the manner in which they have been grouped together or linked grammatically, severable from each other. Any provision or clause of this Agreement which is or becomes unenforceable in any jurisdiction, whether due to voidness, invalidity, illegality, unlawfulness or for any other reason whatever, shall, in such jurisdiction only and only to the extent that it is so unenforceable, be treated as *pro non scripto* and the remaining provisions and clauses of this Agreement shall remain in full force and effect. The Parties declare that it is their intention that this Agreement would be executed without such unenforceable provision if they were aware of such unenforceability at the time of execution hereof.

18.9 The expiration or termination of this Agreement shall not affect such of the provisions of this Agreement as expressly provide that they will operate after any such expiration or termination or which of necessity must continue to have effect after such expiration or termination, notwithstanding that the clauses themselves do not expressly provide for this.

18.10 Neither this Agreement nor any part, share or interest herein nor any rights or obligations hereunder may be ceded, delegated or assigned by either Party

without the prior written consent of the other Party, save as otherwise provided herein.

19. COSTS

Except as otherwise specifically provided herein, each Party will bear and pay its own legal costs and expenses of and incidental to the negotiation, drafting, preparation and implementation of this Agreement.

20. SIGNATURE



20.1 This Agreement may be executed in counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same Agreement as at the date of signature of the Party last signing one of the counterparts.

20.2 The persons signing this Agreement in a representative capacity warrant their authority to do so.

20.3 The Parties record that it is not required for this Agreement to be valid and enforceable that a Party shall initial the pages of this Agreement and/or have its signature of this Agreement verified by a witness.

THUS DONE AND SIGNED BY THE PARTIES ON THE DATES AND AT THE PLACES SET OUT HEREUNDER:

For: **SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP)**
Curator: Ian Fleming
Who warrants that he is duly authorised hereto
Place: Johannesburg
Date: 25 July 2026

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For: **3SIXTY PROPRIETARY LIMITED**
Director: Minki Rasenyalo
Who warrants that s/he is duly authorised hereto
Place: Houghton
Date: 24/07/2026

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ANNEXURE "A" – DETAILS OF EMPLOYEES

The list of employees is as per the schedule that was emailed to the Curator by the CFO of 3Sixty on 22 July 2026 at 13:02. It is recorded that for the purposes of this Agreement, the Employees shall exclude those who are not directly responsible for rendering the Services to the Scheme.

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ANNEXURE "B1" – JULY 2026 EXPENSES

Vendor Name	Amount Excl Vat	Vat	Amount Excl Vat	Description	
3ONE (PTY)LTD	- 50 000,00	- 7 500,00	- 57 500,00	Actuaries - Reduced amount	Monthly
A & F Sanitary Installations	- 4 347,83	- 652,17	- 5 000,00	Consumables	Monthly
Aquazania	- 6 021,57	- 903,23	- 6 924,80	Water 23 West	Monthly
Armata Cyber Security	- 26 053,22	- 3 907,98	- 29 961,20	FIREWALLS	Monthly
Avon investments Rental	- 161 623,50	- 24 243,53	- 185 867,03	Rental 23 West	Monthly
Avon investments Rates and Taxes	- 212 387,66	- 25 770,61	- 238 158,27	Rates , Taxes , refuse & electricity	Monthly
Bluekap Southern Bluekap	- 48 402,02	- 7 260,30	- 55 662,32	PE Rental	Monthly
Braintree Pty Ltd	- 72 640,78	- 10 896,12	- 83 536,90	MICROSOFT 365	Monthly
Business Connextion	- 38 824,30	- 5 823,64	- 44 647,94	Mimecast	Monthly
Carol Garner Global Management So	- 30 000,00	- 4 500,00	- 34 500,00	Case Management	Monthly
Craison Hygiene cc	- 8 613,42	- 1 292,01	- 9 905,43	23 West Street	Monthly
Deloitte & Touch	- 6 039,88	- 905,98	- 6 945,86	Tip Offs	Monthly
Doves	- 69 601,74	- 10 440,26	- 80 042,00	Payroll management	Monthly
Dr MBT Ramasia	- 10 500,00	-	- 10 500,00	Dental	Monthly
Health Logix	- 479 285,91	- 71 892,88	- 551 178,79	Monthly System PBTI	Monthly
icon Managed Care Pty Ltd	- 18 009,97	- 2 701,50	- 20 711,47	MHC support	Monthly
Insurance	- 130 434,78	- 19 565,22	- 150 000,00	Monthly Insurance	Monthly
Just Reward Loyalty Pty Ltd	- 9 500,00	- 1 425,00	- 10 925,00	Sizwe loyalty Prog	Monthly
MTN	- 13 043,47	- 1 956,52	- 14 999,99	MTN - Data cards	Monthly
Medikredit	- 16 028,00	- 2 404,20	- 18 432,20	Nappi files	Monthly
Metrofile (CROWN) (PTY)LTD	- 17 890,55	- 2 683,58	- 20 574,13	record storage	Monthly
Metrofile(PTY) LTD	- 300,00	- 45,00	- 345,00	record storage	Monthly
Metrofile(PTY) LTD 5328100	- 2 074,77	- 311,21	- 2 385,98	record storage	Monthly
Motswako Office Solutions	- 21 640,76	- 3 246,11	- 24 886,87	Office machines - Photocopiers	Monthly
Nosipho Trading & Projects	- 60 000,00	- 9 000,00	- 69 000,00	Mobile app	Monthly
Nova Holdings	- 829 868,15	- 124 480,22	- 954 348,37	Nova various	Monthly
Nedfleet	- 56 300,36	-	- 56 300,36	Petrol usage - Clo etc	Monthly
Oryx MHI Services Pty Ltd	- 24 347,83	- 3 652,17	- 28 000,00	23 West street - Cleaning company	Monthly
Patrick Lubbe	- 170 000,00	-	- 170 000,00	Consultant	Monthly
QLink (PTY) LTD	- 6 271,22	- 940,68	- 7 211,90	Persal transactions - Medical	Monthly
Qwerti Pty Ltd	- 99,72	- 14,96	- 114,68		Monthly
Screamer	- 1 260,87	- 189,13	- 1 450,00	IT related	Monthly
Seidor	- 5 200,00	- 780,00	- 5 980,00	SAP SLA	Monthly
Slipknot investments	- 26 397,93	- 3 959,69	- 30 357,62	Cape town office - rental and other	Monthly
Spire property spire	- 49 612,78	- 7 441,92	- 57 054,70	Durban Rental & other	Monthly

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Thanyane Holdings	1 173,91	176,09	1 350,00	23 west fumigation	Monthly
The Genset Doctor	1 575,00	236,25	1 811,25	Generator monthly	Monthly
Telkom	66 360,28	9 954,04	76 314,32	Telkom	Monthly
Uiplay Pty Ltd	100 713,29	15 106,99	115 820,28	Various	Monthly
Vision Tactical	51 260,87	7 689,13	58 950,00	23 West Security	Monthly
Vox Orion Managed	17 247,12	2 587,07	19 834,19	FIBRE	Monthly
VPN Technologies cc	7 800,00	1 170,00	8 970,00	Advanced Security IT	Monthly
WALTONS HARROWER ROAD WP	984,35	147,65	1 132,00	Stationery	Monthly
Waltons PE	3 754,69	563,20	4 317,89	Stationery	Monthly
West Technology Group (Pty) Ltd	68 000,00	10 200,00	78 200,00	MIS reporting - Based on Hours worked	Monthly
Total Expenses	**3 001 492,47**	**408 616,27**	**3 410 108,74**		
Health Logik	1 854 874,88	278 231,23	2 133 106,11	Development hours	Once off
Data Prime Solutions Pty Ltd	47 260,87	7 089,13	54 350,00	IFRS - DRAFTWORKS - Sizwe	Annual
	1 902 135,75	285 320,36	2 187 456,11		
TOTAL	4 903 628,22	693 936,63	5 597 564,85		

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ANNEXURE "B2" – JULY 2026 EXPENSES

Vendor Name	Balance Due
Aquazania (PTY) Ltd	- 6 924,80
Armata Cyber Security	- 29 961,20
Iron Mountain (Pty) Ltd	- 197 347,90
Braintree Pty Ltd	- 83 536,90
Business Connextion	- 89 295,94
Carol Garner Global Management So	- 34 500,00
CMD Physioptherapy Inc	- 204 660,27
Craison Hygiene cc	- 1 486,00
Growth Bridge Capital (Health Logik)	- 164 252,95
Icon Managed Care Pty Ltd	- 20 711,47
Just Reward Loyalty Pty Ltd	- 10 925,00
32 Lukin Street Investments	- 4 971,02
Mazars Forensic Services Pty Ltd	- 215 395,00
METROFILE (PTY) LTD 5328100	- 345,00
METROFILE (PTY) LTD	- 2 385,98
Motswako Office Solutions	- 17 312,91
MANKOTHABI HUB (Pty)	- 139 000,00
Nsika Strategic Partners	- 45 000,00
Data Prime Solutions Pty Ltd	- 54 350,00
Origin Business Advisory	- 143 750,00
QLINK (PTY) LTD	- 7 211,90
Qwerti Pty Ltd	- 131,00
Shandu Attorneys	- 596 663,43
Signifi Pty Ltd	- 14 947,70
METROFILE (CROWN) (PTY)LTD	- 20 574,13
SEKELAXABISO CA INCOPORATED	- 281 750,00
Spire Property Solutions	- 1 557,63
STATIONERY DEN C.C	- 702,40
Supper Traveller	- 265 967,52
Telkom SA	- 38 001,32
TRAINSURE CONSULTANCY	- 110 400,00
TRANSPARENT FINANCIAL	- 564,58
Uiplay Health	- 115 820,28
Vox Orion Managed	- 19 834,19
VPN Technologies cc	- 8 970,00
Warithi Holdings	- 103 500,00
Webber Wentzel	- 3 252 936,51
	- 6 305 644,93

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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

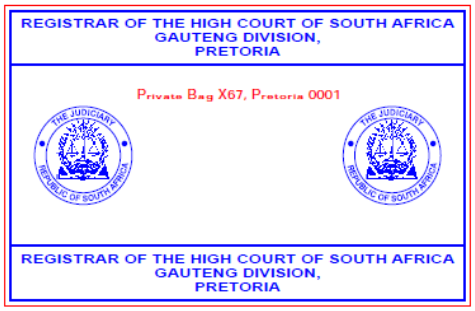
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

NOTE: **This document was filed electronically by the Registrar on 21/10/2026 at 3:33:04 PM South African Standard Time (SAST). The time and date the document was filed by the party is presented on the header of each page of this document.**



ELECTRONICALLY SIGNED BY:

Registrar of Pretoria , Gauteng Division,Pretoria

"FA19"

Chardonnay Arends

From: Hannelie Cornelius <H.Cornelius@medicalschemes.co.za>
Sent: Monday, 31 August 2026 16:13
To: Ian Fleming
Cc: Ian Fuller; Thembalethu Ntimbane; Amos Mavuso; Khathutshelo Mulidzi; John Letsoalo; Thabang Magare; Buhle Duma; Chardonnay Arends; Mbalenhle Themba; Musa Gumede
Subject: RE: Sizwe Hosmed - Supplementary exemption application ito S63 under S8(h) - APPROVED
Attachments: Sizwe Hosmed_Primary and Secondary appls_Approval Letter 31 August .pdf
Importance: High
Categories: [SharePoint] This message was saved in 'matters > BDUMA > 00156177-SIZ-C0039462 > Emails'



Dear Ian,

Please find the primary and secondary exemptions approval letter attached for your attention.

Kind regards,

Hannelie

Hannelie Cornelius
Senior Manager: Administrators & MCO Accreditation
Council for Medical Schemes
t:
e: h.cornelius@medicalschemes.co.za
Disclaimer



CMS
Council for Medical Schemes

Mr Ian Fleming
Curator
Sizwe Hosmed Medical Scheme
Waterfall Office Park
1 Bekker Road
Vorna Valley
Midrand

Ref: Sec 8(h) Exemptions/ Sizwe Hosmed
Enq: Hannelie Cornelius
t: 012 431 0406
e: h.cornelius@medicalschemes.co.za
Date: 31 August 2026

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REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

Per email: ian@engagedbt.co.za
ianfuller@engagedbt.co.za

Dear Mr Fleming

SIZWE HOSMED MEDICAL SCHEME – SECTION 8(h) PRIMARY AND SECONDARY EXEMPTION APPLICATIONS - APPROVAL LETTER

1. Reference is made to the primary exemption application dated 17 July 2026 re exemption from the accreditation requirements for schemes providing own administration and managed care services, as well as the secondary exemption application dated 29 July 2026 re exemption from following the process outlined in section 63 of the Medical Schemes Act 131 of 1998 ("the Act / MSA"), in terms of Section 8(h) of the Act.

2. The purpose of this letter is to inform the Scheme that the applications have received due consideration from the Council for Medical Schemes ("the Council") in terms of section 8(h) of the Act and were approved as indicated below.

Primary exemption application dated 17 July 2026

3. The primary exemption application dated 17 July 2026 under section 8(h) in respect of exemption from the administrator and managed care organisation accreditation requirements in terms of section 58 of the Act and Regulation 15B relating to schemes providing own administration and managed care services, was considered by the Council's Executive Committee (via MS Teams) on 30 July 2026.

4. Council resolved to approve the primary exemption application subject to the following conditions:

   4.1. Period of exemption: 1 August 2026 to 30 April 2027.

   4.2. The Scheme must ensure that it achieves the following with the period allowed:

      4.2.1. the Scheme must apply in terms of the administration and managed care accreditation requirements to receive the administration and managed care compliance certificates applicable to scheme providing own managed care services; or

      4.2.2. the Scheme must engage the services of an external administration and managed care service providers to provide the required administration and/or managed care services to Scheme members; or

      4.2.3. the members must be transferred to a suitable medical scheme; or

      4.2.4. the Scheme must amalgamate with a suitable medical scheme.

   4.3. Monthly progress reports with regards to compliance with the conditions must be provided to the Registrar.

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Secondary exemption application dated 29 July 2026

5. The secondary exemption application dated 29 July 2026 under section 8(h) in respect of exemption from following the process outlined in terms of section 63 of the Act were considered via MS Teams by the Council's Executive Committee on 30 July 2026, and full Council on 31 July and 17, 24 and 28 August 2026.

6. Council resolved to approve the secondary exemption application on 28 August 2026, after having considered the external legal opinion obtained regarding the transaction at the heart of the application, subject to the following conditions:

   6.1. period of exemption: Until such time that the court will issue its judgement on the validity of the Administration Agreement, or the Scheme's members have been transferred to another medical scheme, or the Scheme has amalgamated with another medical scheme, whichever comes first.

6.2. **Condition precedent** to the exemption taking effect:

6.2.1. Clause 18.2 of the Administration agreement must be deleted or amended in such a way as to at least preserve the Scheme's claims arising from the KPMG investigation, all claims arising from the fraud perpetrated against the Scheme by 3Sixty Health staff, and the R30m marketing fee recoupment claim.

6.3. **Other conditions:**

6.3.1. The Scheme must, within 60 days of the exemption being granted, furnish the Registrar with a credible and fully-costed plan for achieving permanent, accredited administration whether by insourcing (with appropriate accreditation) or outsourcing to a new external administrator. (The same would apply to the managed care services provided to Scheme members.);

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6.3.2. This exemption shall lapse automatically if the Scheme fails to apply and receive accreditation within the prescribed time frame and without extension of such period by the Registrar.

6.3.3. Monthly progress reports must be provided to the Registrar by the Curator during the transition period and should detail at least the following with regards to the exemption granted:

6.3.3.1. progress made with regards to the insourcing / outsourcing of the administration and managed care functions;

6.3.3.2. the implementation timetable;

6.3.3.3. governance arrangements;

6.3.3.4. fully-costed plan and actual vs expected expenditure incurred;

6.3.3.5. financial implications experienced by the Scheme; and

6.3.3.6. any relevant matters which the curator may deem relevant to report on or which the Registrar may require the Curator to report on.

6.3.4. The Scheme or 3Sixty as the case might be, provides the following document/information:

6.3.4.1. 3Sixty Health's latest audited financial statements within 3 months or within such time as the Registrar may further permit;

6.3.4.2. 3Sixty Health's signed board resolution authorising the Administration Agreement within 3 months or withing such time as the Registrar may further permit; and

6.3.4.3. the Scheme's audited financial statement showing that the Scheme is capable of absorbing the financial implication of the administration agreement, within 3 months or within such time as the Registrar may further permit.

7. Kindly acknowledge receipt of this letter.

Yours faithfully

Musa Gumede

Signed by Musa Gumede,
m.gumede@medicalschemes.co.za
31/08/2026 16:04:49(UTC+02:00) SIGNIFLOW

DR MUSA GUMEDE
CHIEF EXECUTIVE & REGISTRAR
COUNCIL FOR MEDICAL SCHEMES

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA
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IN THE HIGH COURT OF SOUTH AFRICA
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CASE NO: **2025-150109**

In the matter between:

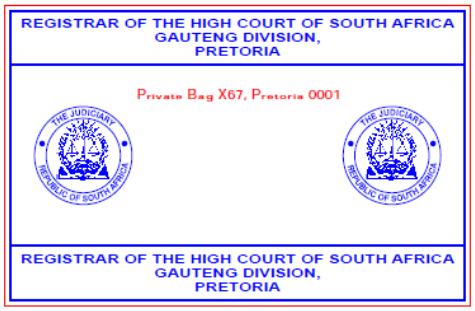
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Registrar of Pretoria , Gauteng Division,Pretoria

Chardonnay Arends

From: Ian Fuller <IanFuller@engagedbt.co.za>
Sent: Friday, 07 August 2026 14:57
To: Ian Fleming
Cc: Mbalenhle Themba; Buhle Duma; Chardonnay Arends; Thabang Magare
Subject: CMS Guidance on the holding of a AGM/SGM

Hi Ian

Ophilia and I met (with apologies from Mbalenhle) with John Letsoalo (CMS Legal) regarding our options of holding an AGM/SGM this year given the issues around self-administration etc.

As usual, he was very helpful and advise the following:

He advised against any form of elective conference at this stage which we are in agreement with;
He said we mustn't worry about the Court Order (requiring an elective SGM within 12 months);
He said they will attend to the Court Order requirements, and we should focus on an S84(h) exemption for not adhering to the Scheme rules around holding the annual AGM by 31 August;
He was not fussed about whether we call it an SGM or AGM (different notice periods) as we will be applying for exemption either way;
He advised against skipping it altogether as he said that with so much going on we need to communicate formally with members;
He also wasn't fussed about the date we choose as it will in any event be after 31 August 2026;
We must apply for the exemption before 31 August 2026, not after the fact.

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Our project plan was aiming for 3 October hoping that would be the end of curatorship so nothing hangs on that anymore. However, the "open period" commences on 1 October so early in the fourth quarter would be important. However, the 2024 external audit is due to be finalised on 30 September so I think given the variables 3 October is too soon. It would be nice to table 2023 and 2024 AFS.

So probably late October would work (obviously not 31 Oct as we are away), possibly 24 October

Let's discuss with the team on Monday (or Tuesday, given the public holiday?).

Regards

Ian



Ian Fuller
Specialist Consultant • Engaged Business Turnaround
BCom, CAIB (SA), SLP Business Rescue

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Email: ianfuller@engagedbt.co.za

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CASE NO: **2025-150109**

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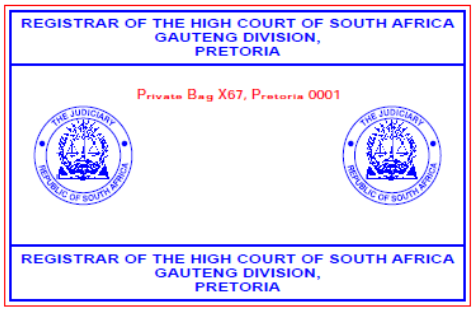
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Registrar of Pretoria , Gauteng Division,Pretoria

Chardonnay Arends



From: John Letsoalo <j.letsoalo@medicalschemes.co.za>
Sent: Tuesday, 11 August 2026 18:11
To: Ophilia Mbatha <Ophilia.Mbatha@sizwe-hosmed.co.za>
Cc: Mbalenhle Themba <Mbalenhle@EngagedBT.co.za>; Mbalenhle Themba <Mbali@sizwe-hosmed.co.za>; legalopinions <legalopinions@medicalschemes.co.za>; Legal <Legal@medicalschemes.co.za>
Subject: Re: Guidance on AGM/SGM and Exemption

Dear Ophilia,

Thank you for your email.

You have correctly understood the options that were discussed during our engagement.

As a preliminary observation, it is important to bear in mind that the governance affairs of a medical scheme are regulated not only by the Scheme Rules and any applicable Court Order, but also by the Medical Schemes Act 131 of 1998 ("the Act"), which remains the primary legislative framework governing the conduct of medical schemes.

In this regard, section 26(7) of the Medical Schemes Act provides that:

> "A medical scheme shall hold an annual general meeting of its members or duly elected representatives within six months after the end of the financial year of the medical scheme concerned and shall at such meeting consider the annual financial statements, the auditor's report and any matters prescribed."

Furthermore, Regulation 17 made under the Act prescribes certain matters that must ordinarily be dealt with at an annual general meeting, including the consideration of annual financial statements and other governance-related matters.

Against this legislative backdrop, the options discussed were understood to be the following:

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1. An application for exemption from the requirement to conduct an elective AGM at this stage, having regard to the provisions of the Curatorship Court Order and the practical difficulties associated with conducting trustee elections while the curatorship process remains ongoing.

2. An application for exemption from the requirement to convene the AGM on or before 30 August 2026, thereby seeking authority to hold the AGM at a later date should there be sufficient grounds demonstrating that compliance with the prescribed timeframe would not be reasonably feasible or would undermine the objectives of the curatorship process.

3. An application for exemption permitting the Scheme to convene an SGM in lieu of an AGM, or to address specific governance matters through an SGM pending the holding of a compliant AGM at a later stage, provided that the rationale for such an approach is fully motivated and supported.

In preparing any exemption application, I would recommend that the submission clearly address the following considerations. The specific statutory or rule-based provisions from which exemption is sought. The relevant provisions of the Curatorship Court Order and how those provisions impact the Scheme's ability to comply with the ordinary AGM requirements. The practical and governance reasons necessitating the exemption. The period for which the exemption is sought. The measures that will be implemented to ensure continued accountability, transparency and member participation during the exemption period. A detailed explanation demonstrating why the proposed approach would not prejudice members' rights or the regulatory objectives of the Act.

The application should further demonstrate that the requested relief is both temporary and necessary, and that it serves the best interests of the Scheme and its beneficiaries while preserving sound governance principles.

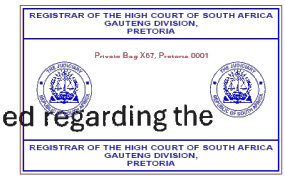
It should be noted that any exemption request would ultimately be considered on its own merits based on the information and supporting motivation provided.

We trust the above clarifies the position. Should you require any further guidance once a draft application has been prepared, we remain available to engage further and provide the necessary regulatory assistance.

Kind regards,

John Letsoalo
Senior Manager: Legal Services
Council for Medical Schemes
t:
e: j.letsoalo@medicalschemes.co.za
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From: Ophilia Mbatha <Ophilia.Mbatha@sizwe-hosmed.co.za>
Sent: Tuesday, August 11, 2026 8:58 AM
To: John Letsoalo <j.letsoalo@medicalschemes.co.za>
Cc: Mbalenhle Themba <mbalenhle@engagedbt.co.za>; Mbalenhle Themba <Mbali@sizwe-hosmed.co.za>
Subject: Guidance on AGM/SGM and Exemption



Dear Mr Letsoalo,

Thank you once again for taking the time to meet with us and for the guidance provided regarding the AGM and SGM requirements.

We appreciate your time and assistance.

I just wanted to confirm our understanding of the possible options discussed, particularly in light of the 30 August deadline under the Scheme Rules and the Curatorship Court Order.

Our understanding is that the options discussed included:

- Seeking an exemption to do away with the requirement for an elective AGM in terms of the Court Order (For now);
- Seeking an exemption to hold the AGM/SGM after 30 August; and
- Seeking an exemption in relation to an AGM to rather convene the SGM.

Could you kindly confirm whether we have correctly understood the options discussed and whether there are any particular requirements or considerations we should take into account in preparing any exemption application?

Thank you again for your assistance.

Kind regards,

Ophilia Mbatha
Manager : Legal and Governance

Waterfall Office Park, 1 Bekker Rd, Vorna Valley Midrand, 1696, South Africa
+27 11 298 1500
+27 60 966 9343
Ophilia.Mbatha@sizwe-hosmed.co.za

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Sizwe Hosmed Medical Scheme is an Open Medical Scheme registered in accordance with the Medical Schemes Act (131 of 1998) in South Africa with the Council for Medical Schemes (CMS).
Registered Office: Waterfall Office, 1 Bekker Rd, Vorna Velly Midrand, 1696, South Africa



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CASE NO: **2025-150109**

In the matter between:

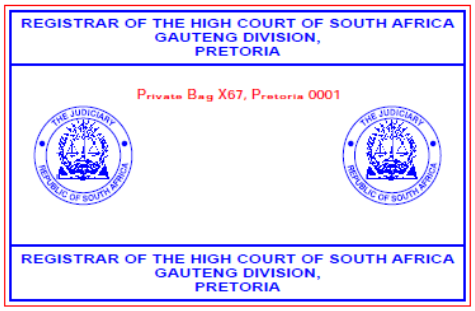
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Registrar of Pretoria , Gauteng Division,Pretoria

Chardonnay Arends

From: John Letsoalo <j.letsoalo@medicalschemes.co.za>
Sent: Thursday, 20 August 2026 15:57
To: Chardonnay Arends
Cc: Ian Fleming; Ian Fuller; Mbalenhle Themba; Thabang Magare; Buhle Duma; legalopinions
Subject: Re: 156177 - SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP) - DRAFT EXEMPTION APPLICATION

Dear Chardonnay,

Thank you for sharing the draft exemption application.

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CMS respectfully cannot provide an assurance that the curator will be insulated from the consequences of non-compliance with paragraph 9.6 of the curatorship order. Paragraph 9.6 is an order of the High Court and not a requirement imposed by the Council. Accordingly, the Council lacks the legal authority to vary, suspend, extend or condone compliance with that order. Those powers reside exclusively with the Court that granted the order.

The exemption sought in terms of section 8(h) of the Medical Schemes Act may, if granted, address the Scheme's regulatory obligations arising from the Act and the Scheme Rules in respect of the holding of the AGM. However, it cannot operate as a variation of the curatorship order nor constitute a defence to any allegation of non-compliance with paragraph 9.6 thereof.

In our view, the application should rather record that the curator recognises the obligations imposed by paragraph 9.6 of the curatorship order, but that exceptional and unforeseen circumstances have arisen which have materially affected the feasibility of implementing the elective process within the period originally contemplated by the Court. The application should further record that the curator reserves the right, if necessary, to approach the Court for appropriate directions, clarification, variation or extension of the timelines contained in the order.

The strongest answer to any potential allegation of non-compliance lies not in a regulatory assurance from CMS, but in demonstrating that the curator has acted diligently, transparently and in good faith throughout the curatorship; that the circumstances giving rise to the delay were exceptional and largely beyond his control; that the interests of members have remained paramount; and that the election process is being deferred only because an immediate election would be premature and potentially prejudicial to the proper administration and stabilisation of the Scheme.

CMS may, in considering the exemption application, take cognisance of these exceptional circumstances and record them in any determination that it makes. However, any issue concerning compliance with paragraph 9.6 of the curatorship order ultimately remains a matter for the Court.

Having considered the application, the Council's powers under section 8(h) of the Medical Schemes Act 131 of 1998 ("the Act"), the curatorship order, and the factual circumstances described in the application, we are broadly supportive of the approach adopted in the draft and agree that the circumstances surrounding Sizwe Hosmed Medical Scheme presently constitute exceptional circumstances capable of justifying an exemption application. In our view, the application appropriately demonstrates that the Scheme's immediate priorities have shifted from ordinary governance processes to the preservation of operational continuity, protection of

members' interests, stabilisation of administration functions, management of the consequences arising from 3Sixty's financial distress, and the implementation of a lawful transition framework. These are precisely the types of circumstances that section 8(h) was designed to accommodate in exceptional cases. The application also correctly emphasises that the proposed relief is temporary in nature and is directed at facilitating sound governance rather than avoiding governance obligations altogether.

We nevertheless recommend that the application be strengthened in relation to paragraph 9.6 of the curatorship order and the comment reflected under paragraph 1.6. In its current form, the application appears to suggest that the Council should indicate what steps it intends taking to address potential non-compliance with the court order. With respect, we do not consider that this is the appropriate basis upon which to formulate the application.

The primary difficulty is that paragraph 9.6 emanates from a High Court order rather than from a regulatory requirement imposed by the Council. The Council cannot, through the exercise of its administrative powers under section 8(h), vary, suspend, amend or condone non-compliance with a court order. Nor can the granting of an exemption by the Council have the legal effect of relieving the curator from obligations imposed directly by the Court. The Court remains the ultimate custodian of its own orders, and any variation, extension, suspension or reconsideration of those obligations ultimately falls within the competence of the Court. Accordingly, the application should avoid creating an impression that the exemption sought from Council will, of itself, regularise any departure from paragraph 9.6 of the curatorship order.

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In our view, the application should instead recognise the distinction between the exemption sought from the statutory and rules-based AGM requirements under section 29(1)(m) of the Act and Rule 27 of the Scheme Rules; and the separate challenge presented by paragraph 9.6 of the curatorship order.

The application should therefore expressly acknowledge that the curator remains mindful of the obligations created by paragraph 9.6, that the current circumstances have made compliance within the stipulated period impracticable, and that the curator reserves his rights to seek appropriate directions, clarification, extension or other relief from the Court should this become necessary. This would demonstrate respect for the Court's authority while simultaneously explaining why the governance processes contemplated by the order cannot presently be implemented in a manner that serves members' interests.

We further recommend that the application emphasise that the very circumstances relied upon in support of the exemption application are the same circumstances that presently militate against the convening of an elective SGM. Put differently, if the Scheme is currently engaged in a complex operational stabilisation process; if there remains uncertainty regarding the future structure and administration of the Scheme; if transitional arrangements are underway; and if the possibility of transfers, restructuring or other interventions remains under consideration, then there is a persuasive basis for contending that the election of a new board at this juncture may not advance the objectives underlying the curatorship order and may in fact undermine them. The application already contains much of this factual material, but the connection between those facts and the inability to implement paragraph 9.6 could be articulated more directly.

We also suggest that the application clarify that the proposed SGM scheduled for 14 November 2026 is intended to preserve transparency, accountability and member participation during the exemption period. The Council would likely be assisted by a clearer explanation that members will not be deprived of information regarding the Scheme's affairs and will continue to receive updates concerning solvency, governance, the status of the curatorship, operational developments and any future decisions affecting the Scheme. This reinforces the proposition that the exemption is not intended to dilute governance but rather to ensure that governance occurs at an appropriate and meaningful time.

Finally, we recommend removing any wording which may be construed as requesting the Council to indicate how it intends to protect the curator from a finding of contempt. Whether a court order has been complied with, whether non-compliance is excusable, and what consequences may follow are matters ultimately reserved for judicial determination. The application should therefore focus on explaining the exceptional circumstances, the reasons why compliance is presently impracticable, the prejudice that may result from immediate implementation of the elective process, and the interim governance measures that will remain in place pending normalisation of the Scheme's affairs.

Subject to the above observations, we consider the exemption application to be substantively sound and that it presents a compelling factual basis for exemptive relief under section 8(h) of the Act. The exceptional circumstances described in the application are significant, objectively verifiable and directly linked to the Scheme's current operational realities. In particular, the overriding consideration of protecting members' interests and ensuring continuity of medical scheme operations remains a powerful factor supporting the relief sought.

Kind regards,



John Letsoalo
Senior Manager: Legal Services
Council for Medical Schemes
t:
e: j.letsoalo@medicalschemes.co.za
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From: Chardonnay Arends <carends@fluxmans.com>
Sent: Thursday, August 20, 2026 11:45 AM
To: John Letsoalo <j.letsoalo@medicalschemes.co.za>
Cc: Ian Fleming <ian@engagedbt.co.za>; Ian Fuller <ianfuller@engagedbt.co.za>; Mbalenhle Themba <mbalenhle@engagedbt.co.za>; Thabang Magare <tmagare@adamantem.co.za>; Buhle Duma <BDuma@fluxmans.com>
Subject: 156177 - SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP) - DRAFT EXEMPTION APPLICATION

Dear John

1 We refer to your 11 August 2026 email below in which you advise that you remain available to engage further and provide the necessary regulatory assistance in relation to the draft exemption application. Thank you for inviting us to engage with you further in this regard.

2 Herewith the scheme's draft exemption application for your consideration and comment. Kindly note the comment in paragraph 1.6 for your attention.

3 Without putting you under pressure, kindly furnish us with your comments on the draft exemption application today, considering the urgency of the matter.

4 Thank you in advance for your assistance and continued guidance. It is much appreciated!

Kind regards

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CASE NO: **2025-150109**

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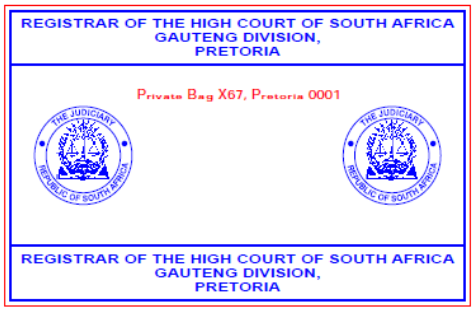
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Docex 54 Johannesburg
Fluxmans Inc. Registration No 2000/024775/21
www.fluxmans.com

Our Ref : BD/CA/pl/156177
Your Ref :
Date : 21 August 2026

Writer's Direct Line: 011 328 1814
Email: bduma@fluxmans.com

BY EMAIL

THE COUNCIL FOR MEDICAL SCHEMES

Attention:
Mr John Letsoalo
(Senior Manager: Legal Services)
Email: j.letsoalo@medicalschemes.co.za

Mfana Maswanganyi
(Executive: Regulation)
Email: m.maswanganyi@medicalschemes.co.za

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Dear Sirs

APPLICATION FOR AN EXEMPTION IN TERMS OF SECTION 8(H) OF THE MEDICAL SCHEMES ACT 131 OF 1998: SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP) (REGISTRATION NUMBER: 1486) – ANNUAL GENERAL MEETING AND RELATED GOVERNANCE AFFAIRS

1. INTRODUCTION AND BACKGROUND

1.1 We act for Sizwe Hosmed Medical Scheme (in curatorship) ("**the scheme**"), represented by its curator, Mr Ian Fleming ("**the curator**").

1.2 We have been instructed by the curator to address this letter on the scheme's behalf.

1.3 The scheme's administration and managed health care services were, until recently, rendered by 3Sixty Health (Pty) Ltd ("**3Sixty**"). As you are aware, 3Sixty unexpectedly advised the curator that it is in financial distress and is therefore unable to continue rendering those services to the scheme and its members. As a result, the scheme was compelled to fund 3Sixty's staff salaries and critical service providers for the month of

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Human Resources Manageress: I Steyn

August *in lieu* of an administration fee pending approval of the scheme's exemption applications respectively dated 17 July and 29 July 2026 ("**the scheme's exemption applications**") for self-administration. This, to avoid any disruption and/or cessation of those services for the benefit of the scheme and its members. The outcome of the scheme's exemption applications on that score remain pending.

1.4 Whilst the scheme awaits the outcome of its exemption applications and approval of the scheme administration agreement from the Council of Medical Schemes ("**the Council**"), the curator and his team have been inundated with and preoccupied by *inter alia* the following:-

1.4.1 the planning for the transitional requirements stipulated in the scheme administration agreement, in anticipation of approvals of the scheme's exemption applications and the scheme's administration agreement by the Council;

1.4.2 fending off an urgent application to interdict and set aside the scheme's administration agreement. It bears mentioning that the scheme succeeded in this regard in that the applicant in that urgent application capitulated and abandoned all the relief it initially sought against the scheme and the curator to challenge, attack and interdict the implementation of the scheme administration agreement. The only issue which remains for determination is the costs of that urgent application insofar as it relates to the scheme's administration agreement which was sought to be interdicted and set aside;

1.4.3 exploring other options to rescue the scheme and its members, including (without limitation) approaching potential medical schemes who may be interested in taking over the scheme's members should the need arise;

1.4.4 resolving and addressing 3Sixty's service delivery issues which are (and were) affecting the scheme's members and its service providers negatively, including tax certificates, remittance advices and payment of the scheme's erstwhile members' medical savings accounts.

1.5 Thus, for business continuity purposes and the exceptional circumstances which gave rise thereto and as described above and in detail in the scheme's aforesaid exemption applications, the curator and the scheme were inevitably required to direct all available time, attention and resources towards ensuring a least disruptive transition, stabilising and improving the scheme's operations to safeguard the interests of the scheme's members and retain key service providers to avoid interruption of the administration and managed health care services.

1.6 In the circumstances, the scheme's immediate priorities have inevitably shifted from ordinary governance processes to the preservation of operational continuity, protection of members' interests, stabilisation of administration functions, management of the consequences arising from 3Sixty's financial distress, and the implementation of a lawful transition framework.

1.7 In terms of paragraph 9.6 of the provisional curatorship order granted by Manamela AJ on 3 September 2025, which was confirmed by Makhoba J on 9 October 2025 ("**the curatorship order**") the curator was directed to *inter alia* take all steps necessary to convene a special general meeting ("**SGM**") at which a new board of trustees who are fit and proper for this purpose shall be elected and report thereon within the twelve month period from 3 September 2025. In this regard, the following bears mentioning:-

1.7.1 the curator recognises the obligations imposed by paragraph 9.6 of the curatorship order, but, as explained herein, exceptional and unforeseen circumstances have arisen which have materially affected the feasibility,

possibility and desirability of implementing the elective process within the period originally contemplated by the Court;

1.7.2 the curator reserves the right, if necessary, to approach the Court for appropriate directions, clarification, variation or extension of the timelines contained in the curatorship order in that regard;

1.7.3 the curator has acted diligently, transparently and in good faith throughout the curatorship;

1.7.4 as demonstrated herein, the circumstances giving rise to the delay in convening an elective SGM as contemplated in the curatorship order were exceptional and largely beyond the curator's control;

1.7.5 the interests of members have remained paramount and the curator's primary and main focus;

1.7.6 as explained more fully below, the election process is being deferred only because an immediate election would be premature and potentially prejudicial to the proper administration and stabilisation of the scheme which were (and remain) prioritised by the curator; and

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GAUTENG DIVISION, PRETORIA

1.7.7 the curator recognises that it does not fall within the province and jurisdiction of the Council to grant any exemptions in relation to any non-compliance with the curatorship order due to exceptional circumstances which are beyond the curator's control. Hence the curator is not requesting the Council to grant an exemption in that regard, as he is advised and thus aware that any issue concerning compliance with paragraph 9.6 of the curatorship order ultimately remains a matter for the court to address. The curator is merely disclosing and highlighting to the Council those exceptional circumstances which have (or may have) prevented the curator from complying with the provisions of paragraph 9.6 of the curatorship order, so that they may also be considered by the Council, if necessary, when determining this exemption application on the grounds set out below in respect of non-compliance with Section 29(1)(m) of the Medical Schemes Act No. 131 of 1998 ("**the Act**") and rule 27 of the scheme rules as elaborated more fully below.

1.8 Section 29(1)(m) of the Act stipulates that no medical scheme shall carry on any business unless provision is made in its rules regarding the manner of calling an AGM and SGM of members, the quorum necessary for the transaction of business at such meetings and the manner of voting.

1.9 Accordingly, rule 27 of the scheme rules requires the scheme to hold an annual general meeting ("**AGM**") by no later than **30 August** of each year to deal with *inter alia* the scheme's annual financial statements ("**AFS**") highlights, auditor's report and annual report. Those provisions are onerous and I quote therefrom as follows:

"*27. **GENERAL MEETINGS***

*27.1 **Annual general meeting***

27.1.1 The annual general meeting of members must be held not later 30 August of each year.

27.1.2 The notice convening the AGM, containing the agenda, the Annual Financial Statements (AFS) highlights, Auditors' report, and Annual Report, must be circulated to members at least (30) days before the date of the meeting. Full AFS will be available for downloading from the scheme's website. The Scheme shall be entitled to circulate abridged versions of the aforesaid documents, in accordance with prevailing industry practice, and subject to such directives as the Council or the Registrar may issue from time to time and having due regard to any other law or practice which may be applicable. The non-receipt of such notice

by a member does not invalidate the proceedings at such meeting provided that the notice procedure followed by the Board was reasonable.

27.1.3 *At least 42 members of the Scheme present in person constitute a quorum. If a quorum is not present after the lapse of the 30 minutes from the time fixed for the commencement of the meeting, the meeting must be postponed by (7) calendar days from the date of the meeting at the same venue and members then present shall constitute a quorum: Provided that if postponed date is a public holiday the meeting shall stand adjourned to the first working day following the public holiday.*

27.1.4 *The financial statements and reports specified in Rules 27.1.2 and Rule 26.6 must be laid before the meeting.*

27.1.5 *The date of the AGM will be provided to members three (3) months (90 days) prior to the meeting. At the same, the scheme will call for motions to be placed before the AGM. Notices of motions must reach the Principal Officer (2) months (60 days) prior to the date of the annual general meeting. Any person qualified to do so may table a motion as contemplated herein, and in so doing, shall furnish the Scheme with a memorandum setting out the reasons for the motion and the objectives that such a motion seeks to achieve, together with proposed wording in respect of the motion. The Board shall consider any such motion so received and shall, in its sole discretion, having taken such advice as may be competent, determine whether the motion is competent to serve before the general meeting. Should the Board determine that the motion is not competent to serve before the general meeting, or that it may serve subject to such reasonable amendments that the Board may determine, then the person seeking to place the motion shall be so notified, and if such a person is aggrieved by the decision of the Board, he/she shall be entitled to pursue such remedies as may be available to him/her under the Act. This provision shall mutatis mutandis be applicable in respect of special general meetings.* [emphasis added]

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27.2 ***Special general meeting***

27.2.1 ***Convening of meeting by the Board***

The Board may call a special general meeting of members if it is deemed necessary.

27.2.2 ***Requisition of meeting by members***

On the requisition of at least 100 (one hundred) members of good standing, the Board must cause a special general meeting to be called within 30 days of the deposit of the requisition. The requisition must state the objects of the meeting and must be signed by all the requisitionists and deposited at the registered office of the Scheme. Only those matters forming the objects of the meeting may be discussed.

Should the Board fail within 14 days after the aforesaid deposit, to convene such meeting the requisitionists may themselves convene such meeting to be held within one month of such deposit.

27.2.3 ***Notice of meeting***

The notice convening the special general meeting, containing the agenda, must be circulated to members employers at least fourteen days before the date of the meeting. The non-receipt of such notice by a member does not invalidate the proceedings at such a meeting provided that the notice procedure followed by the Board was reasonable.

27.2.4 ***Quorum***

At least 42 members of the Scheme present in person constitute a quorum. If the quorum is not present after the lapse of 30 minutes from the time fixed for the commencement of the meeting, the meeting shall be adjourned until the same day and time of the next week: Provided that if the same day of the next week is a public holiday the meeting shall stand adjourned to the first working day following the public holiday; provided further that if a quorum is not present at a special general meeting convened on the requisition of members after the lapse of 30 minutes from the time fixed for the meeting, the meeting shall be regarded as cancelled."

1.10 We respectfully submit that, for the reasons set out above and more fully below, it is not reasonably feasible and/or realistic for the scheme to comply with the aforesaid requirements within the prescribed time periods, nor is it desirable or in the best interest of the scheme and members to convene an elective AGM (or SGM) at this stage, under these challenging and unusual circumstances which have presented themselves under

curatorship which remains ongoing. It goes without saying that it would be premature, undesirable and contrary to the interests of the scheme and its members to convene a fully-fledged elective AGM (or SGM) at this time for purposes of *inter alia* appointing a new board of trustees and dealing with all the matters contemplated in rule 27 and the curatorship order in circumstances where there is uncertainty and the insourcing transitional and service delivery issues remain unresolved. This is more so considering that there remains a possibility that the scheme's members may ultimately be transferred to or amalgamated with another scheme. This thus presents exceptional circumstances warranting and justifying an exemption application by the scheme as contemplated in section 8(h) of the Act, from complying with the relevant and applicable provisions and requirements set out above and below in respect of the convening of an AGM and SGM. It bears mentioning that, as elaborated below, those are the same circumstances which not only militate against convening an elective SGM, but also created the inability and/or unsuitability to implement the provisions of paragraph 9.6 of the curatorship order.

1.11 This letter accordingly constitutes a written application by the scheme to the Council, in terms of section 8(h) of the Act, for an exemption, from compliance with rule 27 of the scheme's rules (as read with section 29(1)(m) of the Act), insofar as the scheme is required to hold an AGM by no later than 30 August 2026 and to, instead, permit the scheme to convene an SGM on 14 November 2026 at which the curator will table the scheme's 2023 and 2024 AFS, update members on the scheme's solvency and the status of the curatorship, and address other governance related matters, pending the holding of a fully-fledged AGM at a later stage i.t.o rule 27.1 stipulated in the scheme rules, if necessary, or an elective SGM as stipulated in the curatorship order, as the case may be.

2. EMPOWERING PROVISIONS AND THE REQUIREMENTS FROM WHICH EXEMPTION IS SOUGHT

Exemption

2.1 Section 8(h) of the Act provides that the Council shall, in the exercise of its powers be entitled to exempt, in exceptional cases and subject to such terms and conditions and for such period as the Council may determine, a medical scheme or other person, upon written application from complying with any provision of the Act.

The annual general meeting

2.2 We repeat the provisions of section 29(1)(m) of the Act as read with rule 27 of the scheme rules insofar as the convening of an AGM by no later than 30 August of each year is concerned, as set out in paragraphs 1.8 and 1.9 above.

2.3 As demonstrated above and below, it is not reasonably feasible and/or realistic for the scheme to comply with the aforesaid requirements within the prescribed time periods, nor is it desirable or in the best interest of the scheme and members to convene an elective AGM (or SGM) at this stage, under these challenging and unusual circumstances which have presented themselves under curatorship which remains ongoing. As stated above, it is manifest that it would be premature, undesirable and contrary to the interests of the scheme and its members to convene a fully-fledged elective AGM (or SGM) at this time for purposes of *inter alia* appointing a new board of trustees and dealing with all the matters contemplated in rule 27 and the curatorship order in circumstances where there is uncertainty and the insourcing transitional and service delivery issues remain unresolved. This is more so considering that there remains a possibility that the scheme's members may ultimately be transferred to or amalgamated with another scheme. This thus presents exceptional circumstances warranting and justifying an exemption application by the scheme as contemplated in

section 8(h) of the Act, from complying with the relevant and applicable provisions and requirements set out above in respect of the convening of an AGM and SGM.

3. THE EXCEPTIONAL CIRCUMSTANCES GIVING RISE TO THIS EXEMPTION APPLICATION AS CONTEMPLATED IN SECTION 8(h) OF THE ACT

3.1 As stated above, 3Sixty's financial distress and its inability to continue rendering administration and managed health care services to the scheme and its members beyond 31 July 2026, compelled the scheme to temporarily and urgently intervene by funding the administration and managed health care services provided by 3Sixty whilst awaiting the outcome of the exemption applications for self-administration from the Council.

3.2 The curator and his team have been inundated with and preoccupied by *inter alia* the following issues and challenges in an endeavour to minimise disruptions and the total collapse of services to its members, and loss of further members and service providers:-

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3.2.1 planning for the insourcing transitional requirements stipulated in the scheme administration agreement, in anticipation of approvals of the scheme's exemption applications and the scheme's administration agreement by the Council;

3.2.2 fending off an urgent application to interdict and set aside the scheme's administration agreement. It bears mentioning that the scheme succeeded in this regard in that the applicant in that urgent application capitulated and abandoned all the relief it initially sought against the scheme and the curator to challenge, attack and interdict the implementation of the scheme administration agreement. The only issue which remains for determination is the costs of that urgent application insofar as it relates to the scheme's administration agreement which was sought to be interdicted and set aside;

3.2.3 exploring other options to rescue the scheme and its members, including (without limitation) approaching potential medical schemes who may be interested in taking over the scheme's members should the need arise;

3.2.4 resolving and addressing 3Sixty's poor service delivery issues which are (and were) affecting the scheme's members and its service providers negatively, including members' tax certificates, service providers' remittance advices and payment of the scheme's erstwhile members' medical savings accounts;

3.2.5 ensuring that the audit of the scheme's 2024 AFS is finalised and ready to be tabled together with the 2023 AFS at the proposed 14 November 2026 SGM together with other matters upon which the curator and his team are able to present at this time to the members.

3.3 Thus, for business continuity purposes and the exceptional circumstances which gave rise thereto and as described above and in detail in the scheme's aforesaid exemption applications, the curator and the scheme were inevitably required to direct all available time, attention and resources towards ensuring a least disruptive transition, stabilising and improving the scheme's operations to safeguard the interests of the scheme's members and retain key service providers to avoid interruption of the administration and managed health care services.

3.4 In the circumstances, the scheme's immediate priorities have inevitably shifted from ordinary governance processes to the preservation of operational continuity, protection of members' interests, stabilisation of administration functions, management of the

consequences arising from 3Sixty's financial distress, and the implementation of a lawful transition framework.

3.5 It is therefore not reasonably feasible, practicable and/or realistic for the scheme to comply with the aforesaid requirements within the prescribed time periods, nor is it desirable or in the best interest of the scheme and members to convene an elective AGM (or SGM) at this stage, under these challenging and unusual circumstances which have presented themselves under curatorship which remains ongoing. It is respectfully obvious that it would be premature, undesirable and contrary to the interests of the scheme and its members to convene a fully-fledged elective AGM (or SGM) at this time for purposes of *inter alia* appointing a new board of trustees and dealing with all the matters contemplated in rule 27 of the scheme rules and the curatorship order in circumstances where there is uncertainty and the insourcing transitional and service delivery issues remain unresolved. This is more so considering that there remains a possibility that the scheme's members may ultimately be transferred to or amalgamated with another scheme. It bears mentioning that those are the same circumstances which not only militate against convening an elective SGM, but also created the inability and/or unsuitability to implement the provisions of paragraph 9.6 of the curatorship order.

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3.6 We thus respectfully submit, as demonstrated above and below, that the election of a new board at this juncture may not advance the objectives underlying the curatorship order and may in fact undermine them as:-

3.6.1 the scheme is currently engaged in a complex and challenging operational stabilisation process;

3.6.2 there remains uncertainty regarding the future structure and administration of the scheme;

3.6.3 transitional arrangements are underway;

3.6.4 the possibility of *inter alia* a transfer or amalgamation of the scheme members, restructuring or other interventions remain under consideration.

3.7 We respectfully submit that these circumstances constitute exceptional circumstances as contemplated in section 8(h), warranting and justifying the exemptions sought.

3.8 We now turn to the approach proposed by the curator and the scheme in order to address those exceptional circumstances, which we submit should be accommodated by granting the exemption sought.

4. PROPOSED APPROACH

4.1 As stated above, having considered the aforesaid exceptional circumstances, the scheme has resolved that it would be prudent, desirable and in the best interest of the scheme's members to convene an SGM on 14 November 2026, instead of an AGM, to address the aforesaid specific governance matters set out in paragraph 1.11 above (i.e. table the scheme's 2023 and 2024 AFS, update members on the scheme's solvency and the status of the curatorship, and address other governance related matters), pending the holding of a fully-fledged 2026 AGM at a later stage, if necessary, or an elective SGM as stipulated in the curatorship order, as the case may be.

4.2 The exemption is sought from 30 August 2026 until the holding of a compliant AGM or an elective SGM as contemplated respectively in rule 27 and the curatorship order later, alternatively until the termination of the curatorship, whichever occurs first, further alternatively for such period as the Council may determine.

4.3 Notwithstanding the exemptions sought, and in order to preserve accountability, transparency and member participation during the exemption period the scheme will:-

4.3.1 prepare and dispatch the necessary communication to its members and other stakeholders regarding the proposed SGM and the deferral of the AGM and the elective process, together with reasons therefor;

4.3.2 continue to be managed and overseen by the curator, who remains accountable to the members and the Council in terms of the curatorship order and the Act, thereby ensuring continued sound governance of the scheme;

4.3.3 hold an elective AGM or SGM later, once the scheme's operations have been stabilised and improved, to elect a new board of trustees who are fit and proper for that purpose.

4.4 We respectfully submit that the exemption sought in terms hereof will not prejudice the rights and/or interests of the scheme's members and/or other relevant stakeholders or undermine the regulatory objectives of the Act, Council and sound governance principles, for *inter alia* the following reasons:-

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4.4.1 the exemption sought is an interim and temporary measure as demonstrated above, in that it is sought pending the convening of the elective SGM contemplated in paragraph 9.6 of the curatorship order at an appropriate time, subject to the further directions of the Court and/or Council, as may be applicable;

4.4.2 the exemption is warranted, justified and necessary, in that, for the reasons set out above, it is not reasonably feasible, practicable and/or realistic for the scheme to comply with the aforesaid requirements within the prescribed time periods, nor is it desirable or in the best interest of the scheme and members to convene an elective AGM (or SGM) at this stage, under these challenging and exceptional circumstances which have presented themselves under curatorship which remains ongoing. It is self-evident that it would be premature, irresponsible, undesirable and contrary to the interests of the scheme and its members to convene a fully-fledged elective AGM (or SGM) at this time for purposes of *inter alia* appointing a new board of trustees and dealing with all the matters contemplated in rule 27 of the scheme rules and the curatorship order in circumstances where there is uncertainty and the insourcing transitional and service delivery issues remain unresolved. This is more so considering that there remains a possibility that the scheme's members may ultimately be transferred to or amalgamated with another scheme;

4.4.3 the members' right to information pertaining to the scheme and its affairs to which they are entitled are preserved, as *inter alia* the 2023 and 2024 AFS will be tabled and the members will be updated on the scheme's current affairs, including its solvency and the status of the curatorship. The scheme members will not be deprived of information regarding the scheme's affairs and will continue to receive updates concerning solvency, governance, the status of the curatorship, operational developments and any future decisions affecting the scheme. Therefore, the exemption sought is not intended to dilute or detract from governance but rather to ensure that governance occurs at appropriate and meaningful times, subject to prevailing circumstances;

4.4.4 sound governance, accountability and transparency are maintained as the scheme remains under the management and oversight of the curator, who is accountable to the scheme, its members and the Council in terms of the curatorship order and the Act, during this period; and

4.4.5 therefore the proposed SGM scheduled for 14 November 2026 is intended to preserve transparency, accountability and member participation during the exemption period concerned;

4.4.6 the objectives of the Act and the curator, including the protection of members' interests, financial soundness of the scheme and sound governance are best served by permitting the curator to stabilise the scheme's operations and to procure the election of a fit and proper board of trustees at the appropriate time, should it become necessary.

5. CONCLUSION

5.1 Accordingly, the scheme respectfully submits that it has made out a case for the aforesaid exemptions which it requests should be granted, on conditions proposed herein or as determine by Council, and that the application be determined before 30 August 2026.

6. Kindly acknowledge receipt.

7. Your urgent response is awaited.

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA
Private Bag X67, Pretoria 0001
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA

Yours faithfully

p.p.

BUHLE DUMA
FLUXMANS INC

COURT ONLINE COVER PAGE

IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

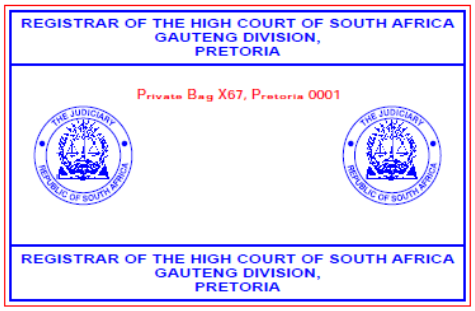
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

NOTE: **This document was filed electronically by the Registrar on 21/10/2026 at 3:34:18 PM South African Standard Time (SAST). The time and date the document was filed by the party is presented on the header of each page of this document.**



ELECTRONICALLY SIGNED BY:

Registrar of Pretoria , Gauteng Division,Pretoria

Chardonnay Arends

From: Mfana Maswanganyi <m.maswanganyi@medicalschemes.co.za>
Sent: Thursday, 10 September 2026 21:08
To: Ian Fleming; Thembalethu Ntimbane
Cc: Ian Fuller; Hannelie Cornelius; John Letsoalo; Amos Mavuso; Thabang Magare; Buhle Duma; Chardonnay Arends; Mbalenhle Themba
Subject: RE: Request for a meeting to discuss the exemption - Friday, 11 September 2026 at 09:00

Dear Ian,

I hope you are well. The discussion we wish to have emanates from the following passage :

1.7.7 the curator recognises that it does not fall within the province and jurisdiction of the Council to grant any exemptions in relation to any non-compliance with the curatorship order due to exceptional circumstances which are beyond the curator's control. Hence the curator is not requesting the Council to grant an exemption in that regard, as he is advised and thus aware that any issue concerning compliance with paragraph 9.6 of the curatorship order ultimately remains a matter for the court to address. The curator is merely disclosing and highlighting to the Council those exceptional circumstances which have (or may have) prevented the curator from complying with the provisions of paragraph 9.6 of the curatorship order, so that they may also be considered by the Council, if necessary, when determining this exemption application on the grounds set out below in respect of non-compliance with Section 29(1)(m) of the Medical Schemes Act No. 131 of 1998 ("**the Act**") and rule 27 of the scheme rules as elaborated more fully below.

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Is it your understanding that the Court requires you to arrange both the AGM in terms of the rules and the SGM in terms of the Court order?

Paragraph 4.1 of the exemption application suggests awareness that the Court does not envisage that the curator must hold both an AGM and an SGM. However, the same paragraph also appear to suggest that there may be an option to choose between an AGM and an SGM; our view is that there is no such option available, nor can Council grant such an option through the exemption requested.

Our understanding of the Court order is that the curator must hold an SGM within 12 months to deal with the election as well as any other business that would ordinarily be dealt with at an AGM, which in our interpretation supersedes the rule requiring an AGM at the end of August, effectively meaning that the only members' meeting contemplated by the Court order is the SGM, and if this interpretation is correct it would follow that only a Court can grant condonation for any failure to comply with the order as issued.

Kind regards

Mfana Maswanganyi
Executive: Regulation

1

COURT ONLINE COVER PAGE

IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

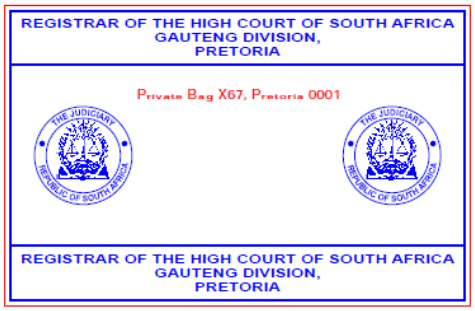
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

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ELECTRONICALLY SIGNED BY:

Registrar of Pretoria , Gauteng Division,Pretoria

Chardonnay Arends

From: Chardonnay Arends
Sent: Monday, 14 September 2026 08:32
To: 'm.gumede@medicalschemes.co.za'
Cc: Mfana Maswanganyi; John Letsoalo; Hannelie Cornelius; Amos Mavuso; Thipe Mothle; Nadine Van Schalkwyk; Ian Fleming; Ian Fuller; Mbalenhle Themba; Thabang Magare; Buhle Duma
Subject: 156177 - SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP)
Attachments: SIZ - 156177 - Letter to CMS (final) - 14.09.2026.pdf

Importance: High

Categories: [SharePoint] This message was saved in 'matters > BDUMA > 00156177-SIZ-C0039462 > Emails'

Tracking:

Recipient	Delivery	Read
'm.gumede@medicalschemes.co.z		
Mfana Maswanganyi		
John Letsoalo		
Hannelie Cornelius		
Amos Mavuso		
Thipe Mothle		
Nadine Van Schalkwyk		
Ian Fleming		
Ian Fuller		
Mbalenhle Themba		
Thabang Magare		
Buhle Duma	Delivered: 2026/09/14 08:35	Read: 2026/09/14 14:39



Dear Registrar

Herewith letter for your urgent attention ahead of the meeting to discuss the scheme's AGM exemption application at 10AM this morning.

Kindly acknowledge receipt.

Kind regards

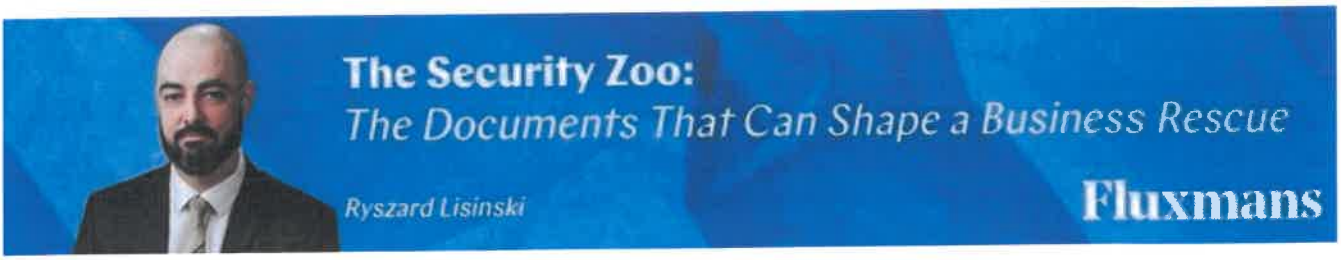
Fluxmans

Chardonnay Arends
Associate

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E carends@Fluxmans.com
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www.fluxmans.com

Our Ref : BD/CA/pl/156177
Your Ref : Sizwe Hosmed Medical Scheme (Reg No 1486) – section 8(h) exemption application of 21 August 2026
Date : 14 September 2026

Writer's Direct Line: 011 328 1814
Email: bduma@fluxmans.com

BY EMAIL

THE REGISTRAR OF MEDICAL SCHEMES
COUNCIL FOR MEDICAL SCHEMES
Attention: The Registrar
Email: m.gumede@medicalschemes.co.za

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA
Private Bag X67, Pretoria 0001
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AND COPY TO

Mr M Maswanganyi, Executive: Regulation
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Mothle Jooma Sabdia Inc (Mr T Mothle / Ms N van Schalkwyk), attorneys for the Registrar in case 2025-150109
Email: ThipeM@mjs-inc.co.za / Nadinevs@mjs-inc.co.za

Dear Registrar

RE: SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP) — REGISTRAR OF MEDICAL SCHEMES v SIZWE HOSMED MEDICAL SCHEME, CASE NO 2025-150109 (GAUTENG DIVISION, PRETORIA) — PARAGRAPH 9.6 OF THE CURATORSHIP ORDER, THE EXEMPTION APPLICATION OF 21 AUGUST 2026 AND THE COUNCIL'S EMAIL OF 10 SEPTEMBER 2026

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Human Resources Manageress: I Steyn

INTRODUCTION

1. We act for Sizwe Hosmed Medical Scheme (in curatorship) ("**the Scheme**"), represented by its curator, Mr Ian Fleming ("**the Curator**"). We write on his instructions.

2. We write to you in both of your capacities. You are the applicant in case 2025-150109, in which the curatorship order was granted ("**the court order**"). And you are the authority under whose control the Curator acts in terms of section 5(6) of the Financial Institutions (Protection of Funds) Act 28 of 2001 ("**the FI Act**"). This letter deals with two discrete aspects.

3. Part A deals with the Scheme's exemption application dated 21 August 2026 ("**the exemption application**") in terms of which the Curator sought an exemption from Rule 27.1 of the Scheme's rules which requires that the Scheme hold an AGM by 30 August 2026.

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3.1 The reasons for the exemption have been explained in the exemption application. We do not cover the same ground again.

3.2 However, we add thereto, the following. The Scheme's members will not suffer any material prejudice if the exemption were granted. This is because the Scheme proposes holding an SGM in mid-November 2026, which will fulfil the objectives of the prescribed AGM contemplated in Rule 27.1. In these circumstances the delay of just over two months cannot operate to the material prejudice of members.

3.3 Part A also answers Mr Maswanganyi's email to the Curator of 10 September 2026 about the Scheme's exemption application, so that the CMS can make an informed decision when it sits on 15 September 2026.

4. Part B deals with the court order and the need for its amendment. Paragraph 9.6 of the court order contemplates that the management and operation of the Scheme is to be handed over from the Curator to a newly elected board of trustees within 12 months from the date of the court order, pursuant to an SGM called for the purpose of electing such a board. With the benefit of experience and hindsight, it has not been possible to comply with the timetable envisaged in the forward looking court order. Accordingly, the court order will need to be amended to reflect a revised timetable.

4.1 The Curator requests the Registrar to extend the curatorship by another 12 (twelve) months. There is ample justification for that. This is because, although material headway has been made in addressing the most problematic issues plaguing the Scheme, the Scheme is in a state of considerable flux and remains vulnerable at present. The Scheme has just recently decoupled itself from the highly problematic relationship with its previous administrator. The Scheme is in the process of implementing a carefully managed process of self-administration (at least on an interim basis). The Scheme is in the final throes of successfully fending off litigation in relation to that process and the future of the Scheme is very much dependent on what transpires in relation to membership in the next quarter when members are given the election to change schemes. It might well transpire that within the next twelve months the Scheme is restored to good health (with a new administrator) or its members are migrated to another scheme. In short, the Curator is currently managing these ongoing existential issues for the Scheme. In the Curator's view, in the circumstances, the Scheme is not in a position to be handed over to a newly elected board of trustees as contemplated in paragraph 9.6 of the court order.

4.2 This much will be evident to the Registrar from the periodic reports that the Curator has filed with the Registrar in terms of paragraph 9.5 of the court order. The point is underscored by the fact that the Scheme was put into curatorship ultimately as a

result of problems that were rooted in its poor management with the previous board of trustees.

4.3 The Curator respectfully submits that the Registrar, as the party who obtained the court order, should bring the court application that is necessary to amend the enabling provisions of the court order, or that the Registrar provide written consent to the Curator to approach the court to amend paragraphs 9.4, 9.5 and 9.6 of the court order with a revised timetable of twelve additional months.

5. This letter is sent ahead of the meeting the Council has asked for, which the Curator has proposed for Monday 14 September 2026 at 10h00, so that the meeting can deal with its substance.

PART A: THE EXEMPTION APPLICATION



The Court order requires the Curator to act in accordance with the Rules

6. In terms of paragraph 9.3.1 of the court order the Curator was "authorised to take immediate control of, and in the place of the board of trustees, manage the business and operations of and concerning the [Scheme], together with all assets and interests relating to the business of the [Scheme], in accordance with the provisions of the MSA and the [Scheme's] rules." (Underlining added).

7. In terms of paragraph 9.3.2 of the court order the Curator was "vested with all powers of control and management which would ordinarily be vested in and exercised by the board of trustees or principal officer of the [Scheme], whether by law or in terms of the rules of the [Scheme]." (Underlining added).

8. Therefore it is clear that the court order requires the Curator to act in accordance with the law, including the Rules of the Scheme. In sum, the Rules are binding. If there is to be any departure from the Rules, the departure would have to occur in accordance with the Rules themselves and possibly subject to consent of the Registrar.

The requirement and purpose of Rule 27.1 of the Scheme's Rules

9. Rule 27.1.1 requires that the AGM be held by 30 August each year. Section 29(1)(m) of the Medical Schemes Act 131 of 1998 ("**the Act**") requires the Scheme's rules to regulate the calling of general meetings. Rule 27.1.1 is the rule that does so. It binds the Scheme under section 32 of the Act. A curatorship order does not amend a scheme's registered rules. Rule 27.1.1 remains operative and binding.

10. The purpose of Rule 27.1 is to ensure that an AGM is held annually where members are given sufficient and detailed information relating to the latest position of the financial health of the Scheme, and where they are given an opportunity to pose questions in that regard. For that reason, Rule 27.1.2 requires that the members be provided with the AFS, annual report and auditors report, together with abridged versions of such documents, prior to the meeting. Rule 27.1.4 requires that these AFS and reports "*must be laid before the meeting*".

11. The purpose and importance underpinning the AGM required in terms of Rule 27.1 is emphasised by the fact that it is to occur no later than one month prior to the last quarter of the calendar year, a period during which members are given an election to leave and migrate to another scheme or to remain in the Scheme.

The exemption application retains the purpose of Rule 27 and does not prejudice members

12. The Scheme's members will not suffer any material prejudice if the exemption was granted. This is because, as contemplated in the exemption application, the Scheme proposes holding an SGM in mid-November 2026, which will fulfil the objectives of the prescribed AGM contemplated in Rule 27.1. In these circumstances the delay of just over two months cannot operate to the material prejudice of members.

Response to Mr Maswanganyi's email of 10 September

Are both the AGM and the election meeting required, and does the Curator have a choice?

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13. Mr Maswanganyi asks whether the Curator understands the court to require both an AGM and an election meeting. The Curator's answer is that they are independent obligations with different objectives, and rooted in different instruments. As indicated above, the AGM is required by the Scheme's rules, and the election meeting is required by the order. To that extent, Mr Maswanganyi appears to agree with the Curator. He states that "*[t]here is no option to choose between an AGM and an SGM.*"

14. It might well be that at an AGM held in terms of Rule 27.1 of the Scheme's Rules to inform members of the financial affairs of the Scheme, the business of electing a new board of trustees could also be dealt with. Or conversely, at the SGM mandated by the court order to elect new trustees, the business of providing the prescribed financial information to members contemplated in Rule 27.1 could also be dealt with. In either event, the need for the second meeting would fall away, its business having already been dealt with. To put it differently, the business contemplated in the court ordered meeting (to elect new trustees) and the business contemplated in Rule 27.1 meeting (to provide information to members) could conceivably be dealt with in the same meeting. Where that transpires, it would offer a relatively neater and more cost effective solution.

15. However, that is clearly not what the Curator anticipates here. As indicated above, the Scheme's business prescribed under Rule 27.1 will be dealt with as best as possible in the circumstances, in an SGM held in mid-November 2026. In contrast, the meeting mandated by the court order to elect a new board of trustees will be dealt with going forward in accordance with a new timetable after an additional 12 months of curatorship.

What the exemption is sought from

16. The exemption is sought from the following provisions:

16.1 rule 27.1.1, read with section 29(1)(m) of the Act, so far as it required the AGM to be held by 30 August 2026;

16.2 rule 27.1.5, so far as it applies to the November meeting. The last sentence of rule 27.1.5 applies its 90-day and 60-day periods to special general meetings mutatis mutandis. Ninety days before 14 November 2026 was 16 August 2026. Sixty days before is 15 September 2026. Notice of the November meeting will instead be given under rule 27.2.3, with the agenda, at least 30 days before the meeting, and members will be invited to submit motions and questions within that period; and

16.3 rules 27.1.2 and 27.1.4, so far as they required the financial statements for the year ended 31 December 2025 to be laid before the 2026 AGM. Those statements do not yet exist. However, the Curator will provide the members with as detailed feedback as possible at the proposed mid-November meeting regarding the current position of the Scheme's financial health, including its cash flow, solvency ratio, liquidity, membership etc.

17. The Curator points out that the 2024 audit (which will be presented to the members prior to the mid-November meeting) is due to be completed by 30 September 2026, or within a week or two after that, as has been communicated to the CMS. The 2025 audit will follow it. The 2025 statements will be tabled at the election meeting or at a further members' meeting, whichever comes first once they are audited. The Curator will update the Council about the expected date in his September report.

18. In answer to Ms Cornelius's second question of 8 September 2026: the November meeting is still intended, on 14 November 2026. It will comply with rule 27.1 in substance so far as it can. The notice will contain the agenda, the abridged 2023 and 2024 financial statements, the auditor's reports and such annual report as is available, as rule 27.1.2 requires for the AGM. The quorum in rule 27.2.4 will apply. The meeting pack will be submitted to the Council when notice goes to members, and the post-meeting information within 30 days, as Circular 3 of 2026 requires.

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The order does not supersede the rules

19. Mr Maswanganyi's email records the Council's understanding that the meeting required in terms of the court order for the election of a new board of trustees "*supersedes the rule requiring an AGM at the end of August*", so that "*the only members' meeting contemplated by the Court order is the SGM*". With respect, as explained above, the curator does not share that reading.

20. The court order does not amend the Scheme's registered rules. On the contrary, Rule 27.1 continues to bind the Scheme under section 32 of the Act. Paragraph 9.6 of the court order in particular does not purport to amend the requirements of Rule 27.1.

21. Instead, paragraph 9.6 of the court order directs the curator "to take all steps which are necessary to convene a special general meeting of the Respondent at which a new board of trustees who are fit and proper for this purpose shall be elected and report thereon within the twelve (12) month period referred to above". Its object is the election of a new board. It says nothing about the business of the AGM: the financial statements, the auditor's report, the annual report and members' motions under rules 27.1.2, 27.1.4 and 27.1.5. It does not say that the election meeting is to be held instead of the AGM. It adds an obligation and displaces none. If both obligations can be dealt with in the same meeting, then all well and fine. But as indicated above, that is not the case in the present matter.

22. The Council's Legal Services reads the two obligations as distinct. On 20 August 2026, Mr Letsoalo wrote that the exemption "may, if granted, address the Scheme's regulatory obligations arising from the Act and the Scheme Rules in respect of the holding of the AGM", and that the intended application to court to vary the court order should "recognise the distinction between the exemption sought from the statutory and rules-based AGM requirements under section 29(1)(m) of the Act and Rule 27 of the Scheme Rules; and the separate challenge presented by paragraph 9.6 of the curatorship order". The Curator agrees.

23. The Curator therefore asks the Council to decide the exemption application on its merits on 15 September 2026. If the Council declines it, the Curator asks that the basis for the refusal be recorded in the decision. If the Council maintains that rule 27.1 was superseded by the order, the Curator asks that the Council record that too, in a formal decision, so that the Scheme has the Council's position on the 2026 AGM in writing and can place it before the Court.

Why the AGM was not held by 30 August 2026, and why the application was lodged on 21 August 2026

24. The AGM prescribed by Rule 27.1 was required to be held before 30 August. The exemption application sets out in detail why this could not occur. We refer the Registrar to that application. By way of broad overview, in July 2026, the Scheme's administrator, 3Sixty Health (Pty) Ltd ("**3Sixty**"), declared that it was in financial distress and could not continue its services beyond 31 July 2026. The Scheme applied to the Council for self-administration exemptions on 17 and 29 July 2026. From early July 2026, the Curator team's time went into keeping the Scheme running in the context of extricating the Scheme from its problematic relationship with its administrator, engaging a process of self-administration, and defending urgent litigation launched against the Scheme in that regard. It was in this context that the Curator concluded that neither the AGM nor the election meeting could be held on time.

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25. On 6 August 2026, Mr Fuller and the Scheme's legal and governance manager, Ms Mbatha, met Mr Letsoalo. Mr Letsoalo advised against an election at this stage and in favour of a section 8(h) exemption for the AGM, to be lodged before the AGM fell due. His email of 11 August 2026 set out three options, one of which was "*an application for exemption permitting the Scheme to convene an SGM in lieu of an AGM, or to address specific governance matters through an SGM pending the holding of a compliant AGM at a later stage*". The November meeting is that option. At Mr Letsoalo's invitation, the draft application was sent to him on 20 August 2026. He returned his comments the same afternoon. He called the draft "*substantively sound*", proposed the wording that now appears in paragraphs 1.7.1 to 1.7.7, 3.6 and 4.4, and asked that a comment inviting the Council to say how it would deal with the court order be removed. It was. The application was lodged on 21 August 2026.

26. The Council should, with respect, decide the exemption application on its merits and grant it.

PART B: THE COURT ORDER

The need for the amendment of the court order

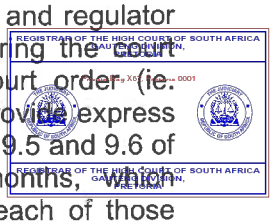
27. As described above, the Curator's present assessment is that the Scheme needs until 30 September 2027 before it can responsibly be handed to an elected board. A board elected in November would take office without institutional knowledge or history in the middle of a crucial transition of the Scheme and which will pose existential risks to the Scheme which is already vulnerable and which is in the early stages of recovery from considerable maladministration by its previous board of trustees. That is the Curator's strong view.

28. In the Curator's view, in the circumstances, the Scheme is not in a position to be handed over to a newly elected board of trustees as contemplated in paragraph 9.6 of the court order. This much will also be self-evident to the Registrar from the monthly reports that the Curator has filed with the Registrar in terms of paragraph 9.5 of the court order.

29. The court order was granted by Manamela AJ and is, by its own terms, deemed to have been granted on 3 September 2025. Makhoba J confirmed it on 9 October 2025. Mr Fleming was appointed curator, under the order as confirmed, by the order of 11 February 2026 in case 2026-016776. Paragraph 9.6 of the court order is quoted above. The twelve months ran from 3 September 2025 and expired on 3 September 2026. Mr Fleming held office for less than seven of those twelve months. Twelve additional months in the context where the Curator has already made considerable headway in arresting the problems facing the Scheme and changing its fortunes for the better in material respects, is not disproportional or unwarranted.

30. The Council has said twice that only the court can amend or vary the court order. The Curator agrees. The court must therefore be approached, and as soon as reasonably possible. The only question is who approaches it.

31. The Curator respectfully submits that the Registrar, as the statutory guardian and regulator of medical schemes and the party who obtained the court order, should bring the court application that is necessary to amend the enabling provisions of the court order (ie. paragraph 9.4 to 9.6). Alternatively, the Curator requests that the Registrar provide express written consent to the Curator to approach the court to amend paragraphs 9.4, 9.5 and 9.6 of the court order, with a revised timetable seeking twelve additional months, which amendment the Registrar states that he agrees with. In either instance, each of those paragraphs of the court order will need to be amended simply by changing the current reference from "12 months" to "24 months". Condonation for technical non-compliance with those provisions of the court order will also have to be sought.



32. The Curator proposes that the application be issued as soon as reasonably possible, and in any event before 30 September 2026, and that the Deputy Judge President be asked for an expedited, case-managed hearing.

CONCLUSION

33. In summary, the position is as follows.

Part A – the exemption application in relation to the Rule 27.1 AGM

33.1 The Scheme's rules, which are binding, require an AGM be held before end August 2026 for purposes of providing pertinent information regarding the financial health of the Scheme to members. The Curator has explained that it is not possible to hold such a meeting before end August 2026. The Curator has therefore sought an exemption from complying with Rule 27.

33.2 The Curator points out that the Scheme's members will not suffer any material prejudice if the exemption were granted. This is because the Scheme proposes holding an SGM a short while later, in mid-November 2026, which will fulfil the objectives of the prescribed AGM contemplated in Rule 27.1. The CMS is allowed by law to provide the requisite exemption.

Part B – the need to amend the court ordered timetable

33.3 The Court order sets out a timetable to be complied with by the Curator within 12 months of the date of the court order. At the end of that 12 month period the Curator was required to hand over the reins to a new Board of Trustees (paragraph 9.6 of the

court order). The Curator has explained why that is premature and not at all possible at this juncture, but that the timetable needs to be extended by a further 12 months.

33.4 The Curator requests that the Registrar, as the statutory guardian and regulator of medical schemes and the party who obtained the court order, bring the court application that is necessary to amend the enabling provisions of the court order (ie. paragraph 9.4 to 9.6). Alternatively, the Curator requests that the Registrar provide express written consent to the Curator to approach the court to amend paragraphs 9.4, 9.5 and 9.6 of the court order which amendment the Registrar states that he agrees with. In both instances, each of those paragraphs of the court order will need to be amended simply by changing the current reference from "12 months" to "24 months". Condonation for technical non-compliance with those provisions of the court order will also have to be sought.

34. The Curator respectfully asks that these issues be discussed at the meeting on Monday 14 September 2026 and, given the urgency, be determined by the CMS at its meeting on Tuesday 15 September 2026.

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35. Kindly acknowledge receipt.

Yours faithfully

BUHLE DUMA
FLUXMANS INC
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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

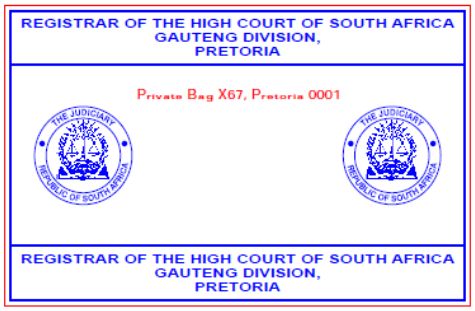
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

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Chardonnay Arends

From: Chardonnay Arends
Sent: Tuesday, 15 September 2026 15:13
To: Musa Gumede
Cc: Mfana Maswanganyi; John Letsoalo; Hannelie Cornelius; Amos Mavuso; Thipe Mothle; Nadine Van Schalkwyk; Buhle Duma
Subject: 156177 - SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP)
Attachments: SIZ - 156177 - Letter to CMS (final) - 15.09.2026.pdf

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Dear Registrar

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Kind regards

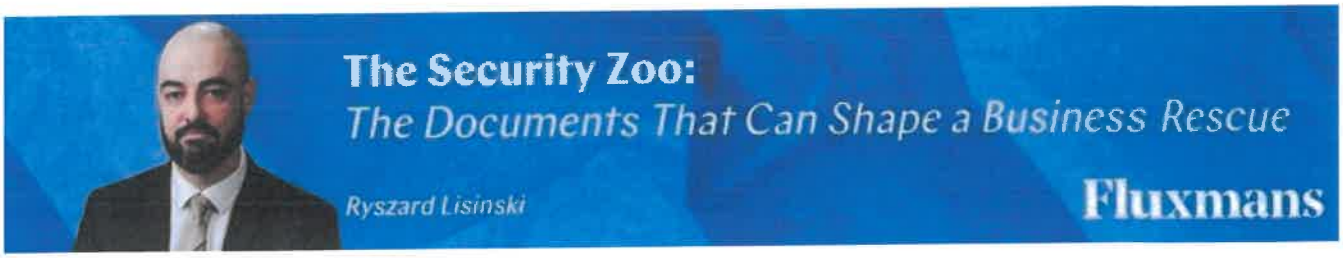
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Our Ref : BD/CA/pl/156177
Your Ref : Sizwe Hosmed Medical Scheme (Reg No 1486) – section 8(h) exemption application of 21 August 2026
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Mothle Jooma Sabdia Inc (Mr T Mothle / Ms N van Schalkwyk), attorneys for the Registrar in case 2025-150109
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Dear Registrar

RE: SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP) — REGISTRAR OF MEDICAL SCHEMES v SIZWE HOSMED MEDICAL SCHEME, CASE NO 2025-150109 (GAUTENG DIVISION, PRETORIA) — PARAGRAPH 9.6 OF THE CURATORSHIP ORDER — OUTCOME OF THE MEETING OF 14 SEPTEMBER 2026

1. We refer to the virtual meeting held on 14 September 2026 between the curator's team, ourselves and representatives of the Council for Medical Schemes ("**CMS**"), most of whom

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Directors: CJ Strime (Joint Chief Executive Officer), IS Epstein (Joint Chief Executive Officer and Managing Director), DO Pretorius (Exco), JH Phalane (Exco) CP Ancer, C Blumenthal, L dos Passos, BE Duma, SR Fisher, KM Fuchs, J Fung, D Furman, IRE Jacobsberg, PL Kemp, J Levitz, RP Lisinski, BF Marques, MS Mer, JK Myhill, AH Peral, J Shafir, CB Shapiro, VCL Shibambo, SP Shoba, TA Simon, EB Tonini, KJ Van Huyssteen **Executive Consultants:** AC Kruger, JS Peart, CD Stein, P Vallet, P van Niekerk **Chief Financial Officer**: S Simpson C.A. (S.A.) **Senior Associates:** L Donaldson, B Weinberg **Associates**: CC Arends, MP Dube, MS Geel, MM Khumalo, A Koutromanos, RA Mopeli, N Noor Mahomed B Reichenberg, TS van Eyssen, S Visser
Human Resources Manageress: I Steyn

have been copied into this correspondence. We write to record what was agreed at the meeting, and to ask for your written confirmation of it.

2. The court order gave the curator an initial period of twelve months within which to try and right the proverbial ship at the Scheme. The initial twelve months envisaged in the court order expired on 3 September 2026.

3. During that twelve months the curator was required to report to CMS on a monthly basis, to indicate at the end of the twelve months whether the curatorship needed to be extended and, if it was not to be extended, to hold a meeting in terms of which a new board of trustees would be elected so that the operation and management of the scheme could be passed from the curator on to the new board of trustees. Those duties are enshrined in paragraphs 9.4 to 9.6 of the court order.

4. The CMS accepts and agrees with the curator's firm view that the curatorship of the scheme needs to continue for at least another twelve months; the Scheme cannot responsibly be handed to a newly elected board at this stage. (This was communicated and fully explained to CMS by the curator's legal representative both yesterday (orally and in a letter), as well as by the curator in the course of the curator's monthly reports and meetings with CMS representatives over the course of the last few months).

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

5. To render this feasible, the initial twelve months referred to in paragraphs 9.4 to 9.6 of the court order needs to be amended.

6. Only the court can extend the timetable and condone the late amendment application and resulting technical non-compliance with paragraph 9.6 of the court order. CMS has said so twice, on 20 August and 10 September 2026. The curator agrees.

7. CMS's representatives at the meeting agreed that:

7.1 the timetable in the court order must be extended by a further twelve months;

7.2 you would confirm that agreement in writing; and

7.3 the curator, rather than you, should bring the application, with your written consent.

8. The curator agrees to bring the application in his own name, in case 2025-150109, for a variation of paragraphs 9.4 to 9.6 of the order. He will explain the delays. He will ask for: condonation of the non-compliance to date, a twelve-month extension of the periods for the election meeting and the relevant report, and the reinstatement of monthly reporting to you for the extended period.

9. We accordingly ask you to confirm in writing that:

9.1 you and CMS agree that the Scheme cannot responsibly be handed to a newly elected board at this stage, and that the timetable in paragraphs 9.4 to 9.6 of the order should be extended by a further twelve months; and

9.2 you consent to the curator bringing the application in his own name.

10. We ask that the confirmation be signed by you. It will be annexed to the curator's founding affidavit.

11. The application must be issued before 30 September 2026. In light of the CMS' position communicated at yesterday's meeting, the curator has already instructed counsel to prepare the application on an urgent basis. The curator's team will send the draft founding affidavit to your attorneys, Mothle Jooma Sabdia Inc, for comment before issue. Your confirmation is needed by 18 September 2026 for the papers to be finalised in time.

12. Kindly acknowledge receipt.

Yours faithfully

BUHLE DUMA
FLUXMANS INC
TRANSMITTED ELECTRONICALLY, THEREFORE SENT UNSIGNED.



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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

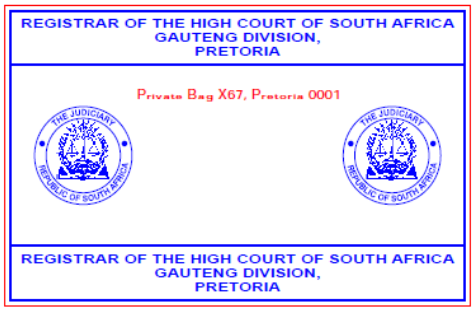
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

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Registrar of Pretoria , Gauteng Division,Pretoria

"FA27"

Chardonnay Arends

From: Musa Gumede <m.gumede@medicalschemes.co.za>
Sent: Friday, 18 September 2026 12:35
To: Chardonnay Arends
Cc: Mfana Maswanganyi; John Letsoalo; Hannelie Cornelius; Amos Mavuso; thipem; Nadine Van Schalkwyk; Buhle Duma
Subject: Re: 156177 - SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP)

Categories: [SharePoint] This message was saved in 'matters > BDUMA > 00156177-SIZ-C0039462 > Emails'

Dear Chardonnay Arends

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

Please note that we have monthly meetings where such discussions take place and we then process decisions after those meetings. Sometimes the decisions require council endorsement and we wait for council meetings which are scheduled at least bi-monthly . The next Executive meeting is month end , we will advise of the decision post that meeting.

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

Kind regards

Get Outlook for Android

Musa Gumede
Chief Executive and Registrar
Council for Medical Schemes
t:
e: m.gumede@medicalschemes.co.za
Disclaimer

From: Chardonnay Arends <carends@fluxmans.com>
Sent: Friday, 18 September 2026 11:28:24
To: Musa Gumede <m.gumede@medicalschemes.co.za>
Cc: Mfana Maswanganyi <m.maswanganyi@medicalschemes.co.za>; John Letsoalo <j.letsoalo@medicalschemes.co.za>; Hannelie Cornelius <H.Cornelius@medicalschemes.co.za>; Amos Mavuso <A.Mavuso@medicalschemes.co.za>; thipem <thipem@mjs-inc.co.za>; Nadine Van Schalkwyk <nadinevs@mjs-inc.co.za>; Buhle Duma <BDuma@fluxmans.com>
Subject: 156177 - SIZWE HOSMED MEDICAL SCHEME (IN CURATORSHIP)

Dear Registrar

1 We refer to the below email and the attached letter dated 15 September 2026.

2 Kindly advise when we may expect to receive a response to the 15 September 2026 letter, as well as the outcome of the scheme's exemption application dated 21 August 2026.

3 Your urgent response would be greatly appreciated.

Kind regards

Fluxmans

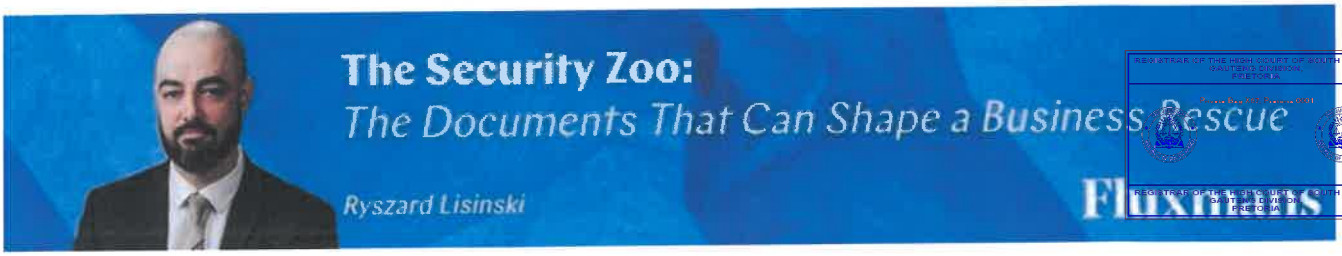
Chardonnay Arends
Associate

T +27 11 328 9322
E carends@Fluxmans.com
Illovo Corner, 24 Fricker Road, Illovo, Johannesburg, 2196, South Africa
Docex No 54, Johannesburg. Private Bag X41, Saxonwold 2132, South Africa

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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

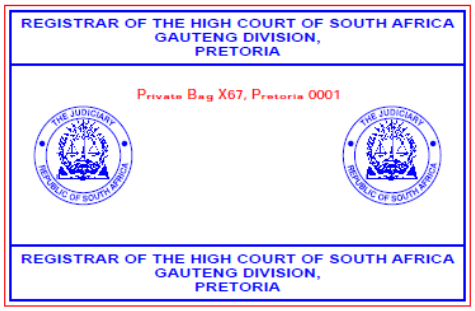
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

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Registrar of Pretoria , Gauteng Division,Pretoria

"FA28"

Chardonnay Arends

From: Buhle Duma
Sent: Thursday, 01 October 2026 13:11
To: John Letsoalo; Itumeleng Bokaba
Cc: Mfana Maswanganyi; Hannelie Cornelius; Thembalethu Ntimbane; Chardonnay Arends; Ian Fleming; legalopinions; Thabang Magare; Ian Fuller; Mbalenhle Themba
Subject: 156177 - Sizwe Hosmed Medical Scheme

Importance: High

Dear Itumeleng and John

1 We refer to your respective emails below and our telephone conversation with Itumeleng this morning.

2 We note your request for a copy of the court application to vary the curatorship order, to be served before the EXCO meeting on 2 October 2026. Respectfully, until your email you had not made us any such request. The meeting is tomorrow.

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA Private Bag X67, Pretoria 0001 REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

3 In our letter of 14 September 2026, we said the curator proposed to issue the court application as soon as reasonably possible, and in any event before 30 September 2026. We said so ahead of our meeting that day. At the time, we expected the Registrar to decide the scheme's AGM exemption application before the end of the month. On 18 September 2026 the Registrar advised otherwise: the next executive meeting would be held at the end of the month, and the decision on the exemption application would follow that meeting.

4 The outcome of the exemption application will bear on the approach the curator takes in the court application to vary the order. It would not help for the curator to issue papers that may need to be supplemented within days. We have therefore not yet provided you with a final draft of the court application for your comment, let alone launched the application. We will nevertheless endeavour to let you have a working draft of the application shortly by 17h00 today, but impress upon you the need for the exemption application to be determined so as to update the draft court application.

5 Depending on the outcome of the exemption application, we expect to be in a position to issue the court application early next week. The sooner we receive the Registrar's decision on the exemption application, the sooner we can issue the court application. We will send the CMS the final draft before issue. The CMS is in any event cited in the application as an interested party and will have a full and further opportunity to respond to the papers should it deem it necessary.

6 In light of the above, please let us know whether you still require a call to discuss the matter.

7 Kindly acknowledge receipt.

Kind regards

Fluxmans

Buhle Duma
Director & Head of Litigation

T +27 11 328 1814 M +27 82 495 5745
E BDuma@fluxmans.com
Illovo Corner, 24 Fricker Road, Illovo, Johannesburg, 2196, South Africa
Docex No 54, Johannesburg. Private Bag X41, Saxonwold 2132, South Africa

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From: John Letsoalo <j.letsoalo@medicalschemes.co.za>
Sent: Thursday, 01 October 2026 12:48
To: Itumeleng Bokaba <I.Bokaba@medicalschemes.co.za>; Buhle Duma <BDuma@fluxmans.com>; Chardonnay Arends <carends@fluxmans.com>; Ian Fleming <ian@engagedbt.co.za>; legalopinions <legalopinions@medicalschemes.co.za>; Ian Fuller <ian.fuller@sizwe-hosmed.co.za>
Cc: Mfana Maswanganyi <m.maswanganyi@medicalschemes.co.za>; Hannelie Cornelius <H.Cornelius@medicalschemes.co.za>; Thembalethu Ntimbane <t.ntimbane@medicalschemes.co.za>
Subject: Re: Sizwe Hosmed Medical Scheme

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA
Private Bag X67, Pretoria 0001
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA

Dear Bhule,

I trust that you are well.

I write to emphasise the extreme urgency of this matter.

As indicated in our previous correspondence, we have not yet received the urgent court application that was discussed. Given the developments surrounding this matter, there is a growing concern that the continued validity and stability of the curatorship arrangement may become open to challenge if the necessary legal steps are not taken timeously. It is therefore imperative that the application be finalised and filed without further delay.

The absence of the application places Council in a difficult position and may potentially prejudice its ability to respond appropriately to emerging risks.

In the circumstances, we kindly request that you expedite the preparation and submission of the application as a matter of priority and provide us with a copy at the earliest opportunity. Should there have been a decision not to proceed with the application, kindly confirm this in writing urgently together with the reasons therefor so that Council may consider the appropriate way forward.

Given the potential implications for the curatorship process, we would appreciate your urgent attention to this matter and look forward to receiving your response as soon as possible.

Kind regards,

John Letsoalo
Senior Manager: Legal Services
Council for Medical Schemes
t:
e: j.letsoalo@medicalschemes.co.za
Disclaimer

From: Itumeleng Bokaba <I.Bokaba@medicalschemes.co.za>
Sent: Wednesday, September 30, 2026 7:32 PM
To: bduma@fluxmans.com <bduma@fluxmans.com>; carends@fluxmans.com <carends@fluxmans.com>; Ian Fleming <ian@engagedbt.co.za>; Ian Fuller <ian.fuller@sizwe-hosmed.co.za>
Cc: John Letsoalo <j.letsoalo@medicalschemes.co.za>; Mfana Maswanganyi <m.maswanganyi@medicalschemes.co.za>; Hannelie Cornelius <H.Cornelius@medicalschemes.co.za>; Thembalethu Ntimbane <t.ntimbane@medicalschemes.co.za>
Subject: RE: Sizwe Hosmed Medical Scheme



Dear Mr. Duma,

I hope that this email finds you well.

Following our letter of the 21 September 2026, we have not yet received your urgent application as discussed.

Kindly take note that we urgently require your court application for the EXCO meeting to be held on 2 October 2026.

Should you have elected not to proceed with the application as per our previous discussions, please do confirm same in writing urgently.

We look forward to hearing from you.

Thank you.

Regards,
Itumeleng Bokaba

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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

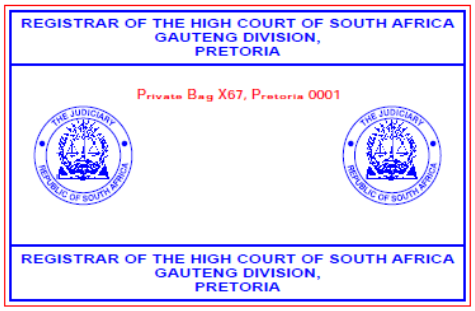
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

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21/10/2026 3:35:18 PM
"FA29"
SIZWE HOSMED MEDICAL SCHEME

SIZWE HOSMED MEDICAL SCHEME
RULES
Effective from 1 October 2021

1. NAME

The name of the Scheme is "Sizwe Hosmed Medical Scheme", hereinafter referred to as the "Scheme". The abbreviated name of the Scheme is "Sizwe Hosmed".

2. LEGAL PERSONA

The Scheme, in its own name, is a body corporate, capable of suing and being sued and of acquiring, holding, and alienating property, movable and immovable, and doing all such things as may be necessary for or incidental to the exercise of its powers in terms of the Medical Schemes Act and Regulations and these Rules.

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PRETORIA

3. REGISTERED OFFICE

The registered office of the Scheme is situated at 3 Victoria Link, Route 21 Corporate Park, Irene, 0178, but the Board may change such address to any other location in the Republic of South Africa, should circumstances so dictate.

4. DEFINITIONS

In these Rules, words and expressions defined in the Medical Schemes Act (Act 131 of 1998) bear the meanings thus assigned to it and, unless inconsistent with the context –

(a) a word in the singular number includes the plural, and vice versa; and

(b) the following expressions have the following meanings:

4.1 "Act" – the Medical Schemes Act (Act no 131 of 1998), and the regulations framed thereunder;

4.2 "Administrator" – the Administrator of the Scheme as accredited by the Council from time to time in terms of the Act;

4.3 "Adult Dependant" –

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08/04/2022 10:27:50(UTC+02:00)
Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za

a person including a Spouse or Partner of a Member who is in fact wholly or partly dependent on a Member for financial support and who is registered, in terms of these Rules, as an Adult Dependant including, but not limited to:

4.3.1 a divorced Spouse of a Member;

4.3.2 a Spouse of a Member under a customary union or under a union recognised as a marriage under the customs of any religion;

4.3.3 a person with whom a Member enjoys a relationship similar to the relationship of a legally married Spouse;

4.3.4 a child of a Member who meets the criteria of qualifying as a Child Dependant and is a Spouse in a customary or civil marriage;

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4.4 "Annual Limit" -

the Maximum Benefits to which a Member and his or her registered Dependants are entitled in terms of these Rules, and shall be calculated annually to coincide with the Financial Year of the Scheme;

4.5 "Approval" – prior written or minuted verbal approval of the Board or its authorised representative;

4.6 "Auditor" – an auditor registered in terms of the public Accountants' and Auditors' Act, 1991, (Act no 80 of 1991);

4.7 "Authorisation" –

4.7.1 in the case of hospitalisation – the authorisation by or on behalf of the Scheme for a case to be managed under the hospital benefit management programme and for which an application has been made by or on behalf of a beneficiary prior to admission to a hospital or day clinic or for such other services and or procedures as may be determined by the Scheme from time to time and such authorisation shall be deemed to authorise all procedures and services as may be necessary during the stipulated period;

4.7.2 in the case of medication, the authorisation of medicine prescribed for a chronic sickness condition based on the reimbursement guidelines set by the chronic medication programme or disease management programme;

4.8 "Basic Salary" - The amount of fixed salary paid monthly before any additional benefits such as medical aid, pension, and allowances are added and not inclusive of overtime, commission, or bonuses.

4.9 "Beneficiary" – a member or a person admitted as a dependant of a member;

4.10 "Benefits" - Subject to the restrictions imposed by these Rules, the benefits to which a Beneficiary is entitled as set out in Rule 15 and in accordance with the Benefit Option in which the Member participates as provided for in Annexure B (1-11);

4.11 "Benefit Options" - The benefit option which is applicable to a Beneficiary, and which is approved by the Registrar from time to time, which approved benefit option and corresponding Contributions are attached as Annexure A;

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4.12 "Board" – the Board of Trustees constituted to manage the Scheme in terms of the Act and these Rules;

4.13 "Case" – the treatment of a sickness condition required on admission of a beneficiary to a hospital or day clinic and for any ongoing treatment stipulated under the hospital benefit management programme;

4.14 "Chairperson" - The Chairperson of the Board elected in terms of these Rules;

4.15 "Child" – means a person under the age of 21 (twenty-one) who is not self-supporting and in respect of whom the member is liable for family care and support. For the purpose of applying this definition, a child means –

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m.leboho@medicalschemes.co.za

(i) the natural child of a member; or

(ii) a stepchild; or

(iii) an adopted child or a child in the process of being adopted and who has been placed in the custody of the member, as defined in section 1 of the Children's Act, 2005 (Act No 38 of 2005); or

(iv) a foster child or a child in the process of being placed in foster care and who has been placed in the care of the member, as defined in the Children's Act, 2005 (Act No 38 of 2005); or

(v) a child born in terms of a surrogate motherhood agreement with a member confirmed by the High Court, as defined in the Children's Act, 2005 (Act No 38 of 2005); or

(vi) a child being cared for by the member or in temporary safe care as defined in the Children's Act, 2005 (Act No 38 of 2005); or

(vii) a child, as defined in (i) to (vi) above, of a member's partner.

4.16 "Child Dependant""- A person who is under the age of twenty-one (21) years and who for the purposes of these Rules satisfies one of the following categories:

4.16.1 A natural child of a Member or of a Member's Spouse;

4.16.2 An adopted child of, or a child in the process of being adopted by a Member or a Member's Spouse, where the child is not the biological child of either of them;

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4.16.3 A stepchild of a Member or of a Member's Spouse who is not the child of either of them;

4.16.4 A foster child of a Member or of a Member's Spouse; and

4.16.5 a child, other than any of the children specified in Rules 4.16.1 to 4.16.4 above, to whom a Member is liable for family care and support, and in respect of whom the Member is able to provide an affidavit, attested to by the Member, which records the basis and extent of such liability upon which the application for the person to be registered as a Dependant, i.e. a Child Dependant, is made;

4.16.6 A niece or nephew of a Member or of a Member's Spouse provided that such person is financially dependent on the Member or his or her Spouse;

4.16.7 A sibling of a Member or of a Member's Spouse provided that such a sibling is financially dependent on the Member or his or her Spouse;

4.16.8 A grandchild, great-grandchild of a Member or of a Member's Spouse who is Financially Dependent on the Member or his or her Spouse;

4.16.9 any Dependent below twenty-six (26) years of age, for the duration of any course for which that Dependant is registered as a bona fide student at an educational institution recognised as such by the Board, who is not receiving in any calendar year, or on a continuing basis, during the period of study an annual income of not more than the Social Pension prescribed in respect of that person in the year in question

4.16.10 a dependant who is totally dependant on the member and who is deemed by the Board to be permanently disabled, irrespective of age.

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m.leboho@medicalschemes.co.za
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4.16.11 A child is considered an adult dependant, and will be billed at an adult rate from the age of 21 unless:

(i) The child, between the ages of 21 and 26 years, is a student, in which case a letter must be submitted from an accredited learning institution confirming that they are registered as a full-time student.

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Signed by Mashilo Leboho,
m.leboho@medicalschemes.co.za

(ii) The child is mentally or physically disabled; or

(iii) the child is still financially dependent on the member, in which case an affidavit is required.

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4.17 "Chronic medication programme" – the programme adopted by the Scheme for containing costs and/or the use of medicines by a beneficiary on a long-term basis, or for a diagnosed chronic disease and/or an incurable or life-threatening disease or medical condition.

4.18 "Chronic Disease" – a disease or medical condition that requires the ongoing use of prescribed medicines for a period of three months or longer.

4.19 "Claim" - the amount which a Member seeks from the Scheme in respect of expenditure incurred by him or her in connection with Benefits in respect of which he or she and/or his or her Dependants are entitled to in terms of these Rules and the Benefit Option as recorded in Annexure B – Annexure E.

4.20 "Condition specific waiting period" – such a period as may be imposed by the Scheme, but which may not exceed 12 (twelve) months from the date on which the beneficiary was admitted as such to the Scheme, during which a beneficiary is not entitled to claim benefits in respect of such conditions identified by the Scheme, for which medical advice, diagnosis, care, or treatment was recommended or received.

4.21 "Continuation member" – a member who retains his membership of the Scheme in terms of Rule 6.4 or a dependant who becomes a member of the Scheme in terms of Rule 7.1.

4.22 "Contracted fee" – the fee determined in terms of an agreement between the Scheme and a service provider or group of providers in respect of payment of relevant health services.

4.23 "Contribution" – in relation to a member, the amount, exclusive of interest, paid by or in respect of the member and his/her registered dependants if any, as membership fees and shall include contributions to personal medical savings accounts. The balance outstanding to the credit of a member in terms of any option which provides for personal medical savings accounts shall, at all times remain the property of the member.

21/10/2026-3:35:18 PM

4.24 "Council" – the Council for Medical Schemes as contemplated in the Act;

4.25 "Cost" – in relation to a benefit, the net or final amount payable in respect of a relevant health service rendered or material obtained;

4.26 "Creditable coverage" – any period during which a late joiner was –

4.26.1 a member or a dependant of a medical scheme;

4.26.2 a member or a dependant of an entity doing the business of a medical scheme which, at the time of his/her membership of such entity, was exempt from the provisions of the Act;

4.26.3 a uniformed employee of the South African National Defence Force, or a dependant of such employee, who received medical benefits from the South African National Defence Force; or

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4.26.4 a member or a dependant of the Permanent Force Continuation Scheme, but excluding any period of coverage as a dependant under the age of 21 years.

4.26.5 "Date of Service"

4.26.5.1 in the case of a consultation, visit to or treatment by a Medical Practitioner, Dentist or Medical Auxiliary, the date on which each consultation, visit or treatment occurred whether it was for the same illness or not;

4.26.5.2 In the case of an operation, procedure or confinement, the date on which each operation, procedure, or confinement occurred;

4.26.5.3 In the case of hospitalization, the date of each discharge from a hospital or a nursing home or the date on which membership is terminated, whichever date is the earlier;

4.26.5.4 In the case of any other Benefit, the date on which such Benefit was rendered or the Benefit or item was obtained.

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4.26.6 "Deductible"

A specific percentage or rand amount of the total hospital account related to a specific procedure as stipulated in the benefits per option that the beneficiary is liable for;

4.27 "Dependant" –

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4.27.1 a member's spouse or partner who is not a member or a registered dependant of a member of another medical scheme;

4.27.2 a member's child dependant as defined in Rule 4.16 who is not a member or a registered dependant of a member of another medical scheme; and

4.27.3 the adult person in respect of whom the member is liable for family care and support.

4.28 "Designated service provider" or "DSP" – a healthcare provider or group of providers selected by the scheme to provide healthcare services to beneficiaries at preferential rates or on other beneficial terms, and which shall be used exclusively by beneficiaries except in cases where the DSP is not available within a reasonable distance of the beneficiary, or in case of emergencies.

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4.29 "Designated service provider rate" (DSP rate) – A contracted fee as contemplated in Rule 4.22 that has been agreed with a healthcare provider in exchange for the healthcare service rendered to the beneficiaries of the Scheme. The rate shall apply to PMB and/or non-PMB conditions, and shall be payable at the DSP rate unless otherwise applicable as contemplated in the Act, the Regulations, and these rules.

4.30 "Disease management programme" – a programme adopted by the Scheme incorporating such clinical protocols as defined in relevant annexures to the contract between the scheme and the institution contracted to perform disease management for purposes of containing costs and/or ongoing review and monitoring of patients, in respect of such conditions as may be identified by the Scheme from time to time, and which conditions may include but not be restricted to, HIV infections and AIDS;

4.31 "Domicilium citandi et executandi" – the member's chosen physical address at which notices as well as legal process, or any acting arising therefrom, may be validly delivered and served.

4.32 "Emergency medical condition" – the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

4.33 "Employee" – a person in the employment of an employer.

4.34 "Employer" – a participating employer who has contracted with the Scheme for purposes of admission of its employees as members of the Scheme.

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4.35 "Ex gratia" - A payment towards relevant health care services which a concession is given at the discretion of the Board and not a right to which beneficiaries are entitled to.

4.36 "Financially Dependent" - in respect of a person means that the person does not earn more than the amount of the Social Pension from all sources of income (if any) recognised by the Board for this purpose and is dependent financially on the Member for access to medical benefits

4.37 "Formulary" - A list of medicines that the Scheme will pay for the treatment of acute and chronic conditions as per the Benefit Option the Member has selected.

4.38 "General waiting period" – a period during which a beneficiary is not entitled to claim any benefits and which period may not exceed 3 (three) months, or any other such period as may be allowed in terms of the Act, and as may be determined by the Board from time to time.

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4.39 "Good Standing" - A Member whose Contributions payable to the Scheme are not outstanding for more than two consecutive months.

4.40 "Gross Income" - The total income received from a Participating Employer including all allowances or the cost to company expense or the total package as the case may be.

4.41 "Hospital benefit management programme" – the ongoing monitoring, by or on behalf of the Scheme, for a stipulated period for the treatment of a sickness condition of a beneficiary, and shall include a sickness condition which might occur whilst the beneficiary is in a private / provincial hospital or day clinic or a sickness condition for which the beneficiary was admitted in the first instance, and which may extend beyond the period of hospitalisation.

4.42 "Income" – for purposes of calculating contributions in respect of –

4.42.1 a member who is an employee – his/her gross monthly salary / pensionable earnings subject to annual verifications;

4.42.2 an individual member – his/her gross monthly earnings subject to an annual verification;

4.42.3 a member who registers his/her spouse or partner as a dependant – the higher of member or his/her spouse's or partner's salary or earnings;

4.42.4 continuation member – his/her gross monthly income from retirement:

4.42.5 "In order to ensure that the benefit options remain viable, members must provide a yearly proof of income by the 30th of November of each benefit year:

4.42.6 Proof of income must include principal member's and/or spouse's (if applicable) current gross monthly income and contributions must still be calculated according to the same income category;

4.42.7 The Scheme may also in some instances request a member to submit proof of income throughout the year;

4.42.8 Should a member not submit proof of income by the stipulated date the Scheme will invariably assume that member's financial situation has changed to such an extent that he/she must pay his/her monthly contributions according to the highest income band category;

4.42.9 Sworn affidavits are not acceptable for the purposes of income verification;

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4.42.10 Contribution adjustments to the next higher income band category will apply from January of the benefit year;

4.42.11 The Scheme reserves the right to decline any requests to review income after the stipulated due date;

4.42.12 Members must provide certified copies of bank statements (Last three (3) months', 90 consecutive days);

4.42.13 An employed prospective member must send his/her last three (3) months' payslips, or the most recent tax year's IRP5 certificate;

4.42.14 A student must send his/her enrolment /registration certificate from the academic institution for the current academic year;

4.42.15 Self-employed member must send his or her recent audited income statement or recent management accounts or alternatively bank statements;

4.42.16 An unemployment insurance declaration to confirm unemployment status (Form UI-6A) for the unemployed member is required.

4.42.17 Proof of annuity and employer pension or State Older Person's Grant for retired members is required.

4.42.18 For each investment producing income, a recent statement showing the interest earned – not older than three (3) months must be incl

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4.42.19 The bank statement, clearly highlighting the grant received, that is not older than three (3) months for pensioners is required.

4.42.20 The bank statement, clearly highlighting the money received from a trust, that is not older than three (3) months is required.

4.42.21 Declaring income lower than actual income is deemed as fraud. This will lead to the immediate cancellation of membership and the member will not be able to join the Scheme"

4.43 "Late joiner" – an applicant or the adult dependant of an applicant who, at the date of application for membership or admission as a dependant, as the case may be, is 35 years of age or older but excludes any beneficiary who enjoyed coverage with one or more medical schemes as from a date preceding 1 April 2001, without a break in coverage exceeding three consecutive months since 1 April 2001.

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4.44 "Managed care organisation" – an organisation accredited by the Council and appointed by the Scheme in accordance with the Act and the rules to provide managed health care.

4.45 "Managed health care" – a health care delivery arrangement designed to reduce unnecessary utilisation of services, to contain costs and to measure performance while providing accessible, quality, and effective health care and as referred to in the preamble to Annexure B.

4.46 "Member" – any person who is admitted as a principal member of the Scheme in terms of these Rules;

4.47 "Member family" – the member and all the registered dependants.

4.48 "Minimum benefits" - the benefits in respect of relevant health services for those conditions as prescribed by the Minister in terms of section 29(1)(o) of the Act.

4.49 "Partner" – a person with whom the member has a committed relationship based on objective criteria of mutual dependency irrespective of the gender of either party.

4.50 "PMSA" – that part of a Member's Contribution which remains an asset, where applicable, of the Member, but is held by the Scheme for his/her and his/her Dependants' exclusive benefit and use in accordance with the relevant Benefit Option and which funds are administered and regulated in terms of the Act and the Rules;

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4.51 "Pre-existing medical (sickness) condition" – a disease or illness for which medical advice, diagnosis, care, or treatment was recommended or received within the twelve-month period immediately preceding the date on which the beneficiary was admitted as such with the Scheme.

4.52 "Prescribed minimum benefits" –defined benefits contemplated in section 29(1)(o) of the Act and consist of the provisions of the diagnosis, treatment, and care costs of –

(a) any emergency condition

(b) a list of chronic conditions defined in the Chronic Disease list (CDL)

(c) a limited set of medical conditions defined as Diagnosis and Treatment Pairs (DTP), as per Annexure A of the Regulations to the Medical Schemes Act

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4.53 "Registrar" – the Registrar or Deputy Registrar of Medical Schemes appointed in terms of section 18 of the Act.

4.54 "Sizwe Hosmed Rates" – National Health Reference Price List for health services published in 2006 and adjusted annually for inflation or any other tariff or pricing criteria as may be adopted by the Scheme from time to time.

4.55 "Social pension" – the appropriate basic social pension prescribed by the Social Pension Act, 1992 (Act No 59 of 1992).

4.56 "Spouse" – the person to whom the member is married in terms of any law or custom, irrespective of the gender of either party.

4.57 "Stipulated period" – a period commencing on the date of application for admission to hospital or day clinic or re-admission in respect of the same medical condition, or condition emanating from or causally linked to the initial condition for which admission was sought, to the date of discharge from hospital or day clinic, provided that when transferred from one hospital to another for continuation of the treatment of the sickness condition for which the beneficiary was admitted, the stipulated "date of discharge" shall be the date on which the beneficiary was finally discharged from hospital.

4.58 "Subject to hospital management programme" – when applied to hospitalisation or admission to a day clinic shall imply that approval which is granted for admission and care covers all recognised services associated with that admission to a hospital or day clinic which cannot be approved on a global basis, and application must be made for each and every eligible service.

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5. OBJECTIVES

The objectives of the Scheme are to:

(a) undertake liability, in respect of its members and their dependants, in return for a contribution or premium;

(b) make provision for the obtaining of any relevant health service;

(c) grant assistance in defraying expenditure incurred in connection with the rendering of any relevant health service; and/or

(d) render a relevant health service, either by the Scheme itself, or by any supplier or group of suppliers of a relevant health service or by any person in association with or in terms of an agreement with the Scheme.

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6. MEMBERSHIP

6.1 Eligibility

6.1.1 Subject to Rule 8, membership is open to any person or group of persons who are ordinarily resident within the Republic of South Africa, and shall be compulsory in respect of an Employee, who in terms of his or her conditions of employment, is required to become a Member.

6.2 Employer participation

(a) The Board may, in its absolute discretion, on application by any company, corporation or institution admit such company, corporation or institution as an employer and extend participation in the Scheme to the employees of such company, corporation or institution on the same terms and conditions as apply to the employees of existing employers participating in the Scheme;

(b) An employer may, on giving one month's written notice to the Board, be permitted to terminate its participation in the Scheme: Provided that on the expiration of the period of notice the Scheme shall have no liability for benefits for services incurred by the relevant members after that date. The employer shall further be obliged to settle all its outstanding obligations as at the time of the termination

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6.3 Classes of member

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6.3.1 **Ordinary members**

Employee

Subject to Rule 8 where the membership of the Scheme is a condition of service it shall be compulsory for all employees of an employer to become members of the Scheme:

Provided that the Board shall have the right to exempt from membership such employee or category of employees nominated by an employer and in respect of whom it is deemed undesirable to require membership as a condition of service or where the employer has accredited more than one medical aid; or

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Where an employee whose spouse is a member of another medical scheme and the employee elects to be registered as a dependant on the spouse's medical scheme, the employee shall not, during the period of such membership of that scheme, be registered as a member of the Scheme;

6.3.2 **Individual**

Subject to the provisions of Rules 8.1 and 8.2, membership is open to any person or group of persons.

6.4 **Retirees**

6.4.1 A member shall retain his membership of the Scheme with his registered dependants, if any, in the event of his retiring from the service of his employer or his employment being terminated by his employer on account of age, ill-health or other disability.

6.4.2 The Scheme shall inform the member of his/her right to continue his/her membership and of the contribution payable from the date of retirement or termination of his/her employment. Unless such member informs the Scheme in writing of his/her desire to terminate his/her membership, he/she shall continue to be a member.

6.5 **Dependants of deceased members**

6.5.1 The dependants of a deceased member who are registered with the Scheme as his dependants at the time of such member's death shall be entitled to continue with their membership of the Scheme without any new restrictions, limitations or waiting periods.

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6.5.2 The Scheme shall inform the dependant of his/her right to membership and of the contribution payable in respect thereof. Unless such person informs the Board in writing of his/her intention not to become a member, he/she shall be admitted as a member of the Scheme.

6.5.2.1 Such member's membership terminates if he/she becomes a member or a dependant of a member of another medical scheme.

6.5.3 Where a child dependant/s has been orphaned, the eldest child may be deemed to be a member, and any younger siblings, the child's dependant/s.

6.5.3.1 Such a member's membership terminates if he/she becomes a member or a dependant of a member of another medical scheme.

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7. REGISTRATION AND DEREGISTRATION OF DEPENDANTS

7.1 Registration of Dependants

7.1.1 A member may apply for the registration of his dependants at the time that he applies for membership in terms of Rule 8.

7.1.2 If a member applies to register a new-born or newly adopted child within 30 days of the date of birth or adoption of the child, such child shall thereupon be registered by the Scheme as a dependant. Increased contributions shall then be due as from the first day of the month following the month of birth or adoption and benefits will accrue as from the date of birth or adoption.

7.1.3 If a member, who marries subsequent to joining the Scheme, applies within 30 days of the date of such marriage to register his/her spouse as a dependant, his/her spouse shall thereupon be registered with the Scheme as a dependant. Increased contributions shall then be due as from the first day of the month following the month of marriage and benefits will accrue as from the date of marriage.

7.1.4 In the event of any person becoming eligible for registration as a dependant other than in the circumstances set out in Rules 8.2.1 to 8.2.3, the member may apply to the Scheme for the registration of such person as a dependant, whereupon the provisions of Rule 8 shall apply *mutatis mutandis*.

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7.2 De-registration of Dependants

7.2.1 A member shall inform the Scheme within 30 days of the occurrence of any event which results in any one of his dependants no longer satisfying the conditions in terms of which he may be a dependant.

7.2.2 When a dependant ceases to be eligible to be a dependant, he shall no longer be deemed to be registered as such for the purpose of these Rules or entitled to receive any benefits, regardless of whether notice has been given in terms of these Rules or otherwise, and irrespective of whether contributions were paid in respect such a person.

8. TERMS AND CONDITIONS APPLICABLE TO MEMBERSHIP

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8.1 A minor may become a member with the consent of his parent or guardian.

8.2 No person shall be a member of more than one registered medical scheme or a dependant:

8.2.1 of more than one member of a particular medical scheme; or

8.2.2 of members of different registered medical schemes; and

8.2.3 no beneficiary may claim or accept benefits in respect of himself or any of his dependants from any medical scheme in relation to which he is not a member except in cases of such a person being a tissue or organ donor.

8.2.4 Should it be established that a Member or a Dependant is a beneficiary of another Medical Scheme his or her Benefits will be suspended pending an investigation.

8.3 Prospective members shall, prior to admission, complete and submit the application forms required by the Scheme, together with satisfactory evidence in respect of himself and his/her dependants, of age, income, state of health and of any prior membership or admission as dependant of any other medical scheme. The Scheme may require an applicant to provide the Scheme with a medical report in respect of any proposed beneficiary in respect of a condition for which medical advice, diagnosis, care, or treatment was recommended or received within the twelve-month period immediately preceding the date on which an application for membership was made. The costs of any medical tests or examinations required to provide such medical report will be paid for by the Scheme. The Scheme may however designate a provider to conduct such tests or examinations.

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8.4 **Waiting periods**

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8.4.1 The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 days preceding the date of application –

8.4.1.1 a general waiting period of up to three months; and

8.4.1.2 a condition–specific waiting period of up to 12 months.

8.4.2 The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 months, terminating less than 90 days immediately prior to the date of application –

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8.4.2.1 a condition-specific waiting period of up to 12 months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits;

8.4.2.2 in respect of any person contemplated in this sub rule, where the previous medical scheme had imposed a general or condition-specific waiting period, and such waiting period had not expired at the time of termination, a general or condition-specific waiting period for the unexpired duration of such waiting period imposed by the former medical scheme.

8.4.3 The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a dependant, and who was previously a beneficiary of medical scheme for a continuous period of more than 24 months, terminating less than 90 days immediately prior to the date of application, a general waiting period of up to three months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits.

8.5 No waiting periods may be imposed on:

8.5.1 A person in respect of whom application is made for membership or admission as a dependant, and who was previously a beneficiary of a medical scheme, terminating less than 90 days immediately prior to the date of application, where the transfer of membership is required as a result of –

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8.5.1.1 change of employment; or

8.5.1.2 an employer changing or terminating the medical scheme of its employees, in which case such transfer shall occur at the beginning of the financial year, or reasonable notice

must have been furnished to the Scheme to which an application is made for such transfer to occur at the beginning of the financial year.

Where the former medical scheme had imposed a general or condition specific waiting period in respect of persons referred to in this rule, and such waiting period had not expired at the time of termination of membership, the Scheme may impose such waiting period for the unexpired duration of a waiting person imposed by the former medical scheme.

8.5.2 A beneficiary who changes from one benefit option to another within the scheme unless that beneficiary is subject to a waiting period on the current benefit option in which case the remaining period may be applied;

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8.5.3 A child dependant born during the period of membership;

8.6 No waiting periods or new restrictions shall be imposed on account of the state of health of any member who has been a member or a dependant of a member of another medical scheme for a continuous period of at least two years and whose membership has been terminated because of a change of employment and who applies for membership within three months after termination of membership from the other medical scheme.

8.7 Subject to rule 8.6 a waiting period of not more than 12 months shall apply to a member and his dependants, from the date of admission, in respect of a pre-existing sickness condition, other than a condition which qualifies for treatment within the prescribed minimum benefits: provided that no new waiting period shall be applied to any member or dependant who is moving between benefit options within the same medical scheme.

8.8 The registered dependants of a member must participate in the same benefit option as member.

8.9 Every member will, on admission to membership, receive a detailed summary of contribution rates, benefits and limitations. Members and their dependants, and any person who claims any benefit under these Rules or whose claim is derived from a person so claiming are bound by these Rules as amended from time to time. The Rules are available on a website for access by all members.

8.10 A member may not cede, transfer, pledge or hypothecate or make over to any third party any claim, or any right to a benefit which he may have against the Scheme. The Scheme may withhold, suspend or discontinue the payment of a benefit to which a member is entitled under these Rules, or any right in respect of such benefit or payment of such benefit to such member, if a member attempts to assign or transfer, or otherwise cede or to pledge or hypothecate such benefit.

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8.11 Where a membership of a beneficiary has been terminated in terms of Rule 12.4, the Scheme shall have no obligation to allow such a person, upon making application to re-join the Scheme, to re-join the Scheme unless such a person proves to the reasonable satisfaction of the Board that the events that led to his membership being previously terminated, are not reasonably likely to occur.

8.12 Where a member is permitted to resign from the Scheme in terms of Rule 12.1.1, and is registered as a dependant on the spouse's medical Scheme, the member may only be re-admitted to membership of the Scheme subject to the Rules of the Scheme.

8.13 **Conditions of employment not affected by the Rules**

Nothing in these Rules shall be construed as altering in any way an employer's right to terminate the service of an employee who is a member of the Scheme or any agreement between the employer and the employee in regard to conditions of service.

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8.14 **Requirements for payment of contributions**

Every member admitted in terms of rule 6.3.2 or 6.4 shall either at the time of admission or thereafter, make suitable arrangements for a particular method of payment to be effected of the monthly contributions payable in terms of these Rules. This is to ensure to the satisfaction of the Board that all payments of contributions are:

8.14.1 paid directly into the Scheme's nominated bank account or received at the registered office of the scheme; and

8.14.2 notified by the Scheme's banker and/or the member of the Scheme as payments made by the relevant member, in such a way that they are readily and immediately identifiable as such payments.

9. TRANSFER OF EMPLOYER GROUPS FROM ANOTHER MEDICAL SCHEME

If the members of another medial scheme who are members of that scheme by virtue of their employment by a particular employer terminate their membership of such other scheme with the object of obtaining membership of this Scheme, the board will admit such persons collectively as members without a waiting period. Any member of such first-mentioned scheme who is a continuation member by virtue of his/her past employment by the particular employer may also be admitted as a member on the basis as set out in this rule 9, and the Scheme shall further admit any person who has been a registered dependant of such member, as a dependant.

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10. MEMBERSHIP CARD AND CERTIFICATE OF MEMBERSHIP

10.1 Membership card

Every member shall be issued with a membership card containing such particulars as prescribed by the Act. This card shall be exhibited to the supplier of a service on request. It remains the property of the Scheme and shall be returned to the Scheme on termination of membership.

An additional fee for lost or duplicate cards shall apply, which fee shall from time to time be determined by the Board.

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10.2 Misuse of membership card

The utilisation of a membership card by any person other than the member or his/her registered dependants, with the knowledge or consent of the member or his/her dependants, is not permitted and is construed as an abuse of the privileges of membership of the Scheme and in particular the benefits of the Scheme.

10.3 Certificate of membership

On termination of membership or on de-registration of a dependant, the Scheme shall, within 30 days of such termination, furnish such person with a certificate of membership cover, containing such particulars as may be prescribed: Provided that such request reaches the Scheme within a period of two years after such termination.

11. CHANGE OF ADDRESS OF MEMBER

11.1 A member must notify the Scheme within 30 days of any change of address including his/her *domicilium citandi et executandi*. The Scheme shall not be held liable if a member's rights are prejudiced or forfeited as a result of the member's neglecting to comply with the requirements of this rule.

11.2 A member shall, upon making application to become a member of the Scheme, furnish the Scheme with such contact details as the Scheme may require from time to time, and may include particulars of mobile numbers and email addresses. Any changes to such contact details must be communicated to the Scheme within 30 days of such change occurring. The Scheme shall not be held liable if a member's rights are prejudiced or forfeited as a result of the member's neglecting to comply with the requirements of this rule.

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12. TERMINATION AND MEMBERSHIP

12.1 Resignation

12.1.1 A member of the Scheme who resigns from the service of his/her employer shall, on the date of such termination, be eligible to continue as an individual member without reapplying or the imposition of any new restrictions that did not exist at the time of his/her resignation.

12.1.2 A member who by giving one calendar months' notice resigns from the service of the participating employer shall, on the date of such termination, cease to be a member and all rights to benefits shall thereupon cease, except for claims in respect of services rendered prior thereto.

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12.2 Voluntary termination of membership

12.2.1 A member, who is not required in terms of his/her conditions of employment to be a member, may terminate his/her membership of the Scheme on giving one month's written notice. All rights to benefits cease after the last day of membership;

12.2.2 Such notice period shall be waived in substantiated cases where membership of another medical scheme is compulsory as a result of a condition of employment;

12.2.3 A participating employer may terminate its participation with the Scheme by giving one month's written notice of termination to the Scheme;

12.2.4 An individual/continuation member may resign from the Scheme by giving one month's written notice of termination to the Scheme and all rights and benefits shall thereupon cease on date of termination, except for claims in respect of services rendered up to and including the date of termination.

12.3 Termination by default

12.3.1 12.3.1 The Board shall have the right to terminate the membership of a member where the member fails to pay to the Scheme any amount due by the member to the Scheme in terms of these Rules or whose contributions are more than 30 days in arrears. The provisions of this Rule shall also apply where, in the case of an employee member, the member's employer fails to pay contributions to the Scheme as required in terms of the provisions of Annexure A.

The Scheme shall give a member notice by registered post or any other means as may be decided

upon by the Board from time to time, that if contributions are not paid up to date within 14 days after date of receipt, membership will be terminated retrospectively with effect from the end of the month for which contributions were last received.

12.4 **Abuse of privileges, false claims, false representation, and non-disclosure of factual information**

12.4.1 Subject to Rule 29 the Scheme may terminate the membership of a member or dependant against whom there is reasonable evidence of abusing the benefits and privileges of the Scheme, by *inter alia* presenting false claims, or making a misrepresentation or non-disclosure of factual information. The Scheme, should it terminate the membership of the member or the dependant in terms of this rule, shall inform the member, in writing, of this decision, and shall provide reasons therefore. In such event the affected member or dependant may be required by the Scheme to refund to the Scheme any such sum which, but for his/her abuse of the benefit of privileges of the Scheme, or other misconduct as contemplated herein, would not have been disbursed on his/her behalf.

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12.5 **Membership whilst abroad**

12.5.1 A Member who proceeds on leave outside the Republic of South Africa or is required to temporarily leave the Republic of South Africa on official duty may either apply to have his or her membership suspended during such period of absence, or may elect to continue to receive the Benefits in accordance with the Benefit Option of his or her choice: Provided that Contributions are paid by or on behalf of such a Member and the Benefits thus received shall not exceed the amount that would have applied had the Member received the Benefits in the Republic of South Africa.

12.5.2 Except with the approval of the Scheme, where a Member ceases to reside in the Republic of South Africa, his membership shall terminate.

12.5.3 Except with the approval of the Scheme, where a Dependant ceases to reside is the Republic of South Africa his or her right to receive Benefits will cease.

12.6 **Death**

12.6.1 Membership of a principal member terminates on his/her death. The membership of his dependants shall also automatically terminate unless such dependants elect to remain as such as contemplated in Rule 6.5.

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13. CONTRIBUTIONS

13.1 The total monthly contribution payable in respect of a member shall be based on that member's income, as defined at 01 January of that particular year regardless of any increases experienced during that year and the number of dependants registered from time to time.

13.2 For the purposes of verifying a member's income on an annual basis, the Scheme shall be entitled to request from a member or the employer (in the case of an employer group) proof of income in order to determine the total monthly contribution payable in respect of a member

13.3 Contributions are payable monthly in arrears by not later than the 7th day of each month. Members joining the scheme as individuals are required to pay monthly in advance. Members joining the scheme as a group may also be required to pay their contributions monthly in advance. Where contributions should be paid monthly or any other debt owing to the scheme, have not been paid within 30 days of the due date, the Scheme shall have the right to:

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13.3.1 suspend all benefit payments which have accrued to such member irrespective of when the claim for such benefit arose; and

13.3.2 give the member and/or employer written notice (whether by electronic or traditional means) that if contributions or such other debts are not paid up to date within 14 days after date of receipt thereof membership may be cancelled.

13.3.3 A notice sent by prepaid registered post to the member at his/her domicilium citandi et executandi shall be deemed to have been received by the member on the 7th day after the date of posting. Where the notice is sent by electronic mail, fax or mobile text communication, the member shall be deemed to have received the notice upon the successful transmission thereof. In the event that the member fails to nominate a domicilium citandi et executandi, the member's address on his/her application form shall be deemed to be his/her domicilium citandi et executandi.

13.4 In the event that payments are brought up to date, benefits shall be reinstated without any break in continuity subject to the right of the Scheme to levy a reasonable fee to cover any additional expenses associated with the default and to recover interest at the prime overdraft rate of the Scheme's bankers. If such payments are not brought up to date, no benefits shall be due to the member from the date of default and any such benefit paid may be recovered by the Scheme.

13.5 Unless specifically provided for in the rules in respect of savings accounts, no refund of any assets of the Scheme or any portion of a contribution shall be paid to any person where such member's membership or cover in respect of any dependant terminates during the course of a month.

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13.6 The balance standing to the credit of a member in terms of any option which provides for personal medical savings account shall, at all times, remain the property of the member.

14. LIABILITY OF EMPLOYER AND MEMBERS

14.1 The liability of the employer towards the Scheme is limited to any amounts payable in terms of any agreement between the employer and the Scheme.

14.2 The liability of a member is limited to the amount of his unpaid contributions together with any sum disbursed by the Scheme on his behalf or on behalf of his dependants, which has not been repaid to the Scheme.

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14.3 In the event of a member ceasing to be a member, any amount still owing by such member is a debt due to the Scheme and recoverable by it.

14.4 A member accepts liability to ensure that the accounts rendered by a provider to a member, or his dependant(s) are submitted for payment within the prescribed period as set out in Rule 15.2 and Regulation 5.

15. CLAIMS PROCEDURE

15.1 Every claim submitted to the Scheme in respect of the rendering of a relevant health service as contemplated in these Rules, must be accompanied by an account or statement as prescribed.

15.1.1 If an account, statement, or claim is correct or where a corrected account, statement or claim is received, as the case may be, the Scheme must, in addition to the payment contemplated in Section 59(2) of the Act, dispatch to the member a transaction advice containing at least the following particulars-

(a) The name and the membership number of the member;

(b) The name of the supplier of service;

(c) The final date of service rendered by the supplier of service on the account or statement which is covered by the payment;

(d) The total amount charged for the service concerned; and

(e) The amount of the benefit awarded for such service.

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15.2 In order to qualify for benefits, any claim must, unless otherwise arranged, be signed and certified by the member as correct and must be submitted to the Scheme not later than the last day of the fourth month following the month in which the service was rendered.

15.3 Where a member has paid an account, he shall, in support of his claim submit a receipt.

15.4 Accounts for treatment of injuries or expenses recoverable from third parties, must be supported by a statement, settling out particulars of the circumstances in which the injury or accident was sustained.

15.5 If the Scheme is of the opinion that an account, statement, or a claim is erroneous or unacceptable for payment, the Scheme shall notify the member and the relevant health care provider, within 30 days after receipt thereof and state the reason for such an opinion. The Scheme must state the reasons why such claim is incorrect or unacceptable and afford such member or provider the opportunity to return such corrected claim to the Scheme within 60 days.

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16. BENEFITS

16.1 Members are entitled to benefits during a financial year, as per Annexure B (1-11), and such benefits extend through the member to his registered dependants. A member must on admission elect to participate in any available options, detailed in Annexure B (1-11).

16.2 A member is entitled to change from one to another benefit option subject to the following conditions:

16.2.1 The change shall be made only with effect from 1 January of any financial year. The Board may, in its absolute discretion, permit a member to change from one to another benefit option on any other date.

16.2.2 Application to change from one benefit option to another must be in writing and lodged with the principal officer by not later than 30 November prior to the year upon which it is intended that the change will take place: Provided that the member has had at least 30 days prior notification of any intended changes in benefits or contributions for the next year.

16.3 The Scheme has the right to withhold payment of any benefit to which a member is entitled in the event that his contributions or any other payment to the Scheme are more than one month in arrears, and where accounts have been paid in accordance with these Rules, the member will be held liable for the amount so paid.

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16.4 The Scheme shall, where an account has been rendered, pay any benefit due to a member, either to that member or to the supplier of the relevant health service who rendered the account, within 30 days of receipt of the claim pertaining to such benefit, and the election as to how to defray such a claim pay remains the sole discretion of the Scheme.

16.5 Any benefit option in Annexure B (1-11) covers the cost of services rendered in respect of the prescribed minimum benefits.

16.6 No limitations or exclusions will be applied to the prescribed minimum benefits.

16.7 Unless otherwise provided for or decided by the Board, expenses incurred as listed in Annexure D exclusions and limitations; and in connection with any of the following will not be paid by the Scheme:

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16.7.1 All costs for operations, medicines, treatment, and procedures for cosmetic purposes.

16.7.2 Holidays for recuperative purpose.

16.7.3 Purchase of the following unless prescribed by a registered healthcare practitioner who is either registered with the Health Professions Council or who possesses a practice number as issued by the Board of Healthcare Funders or any other agency or entity who is lawfully entitled to issue such practice numbers:

(i) Medicines not registered with the Medicines Control Council;
(ii) Toiletries and beauty preparations;
(iii) Slimming products;
(iv) Homemade remedies; and
(v) Alternative medicines.

16.7.4 All costs that are more than the annual maximum benefit to which a beneficiary is entitled in terms of the rule so the Scheme.

16.7.5 Charges for appointments, which a beneficiary fails to keep.

16.7.6 Costs for services rendered by-

(i) Persons not registered with a recognised professional body constituted in terms of an Act of Parliament; or

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(ii) Any institution, nursing home or similar institution not registered in terms of any law except a state or provincial hospital.

16.8 Beneficiaries admitted during the course of a financial year are entitled to the benefits set out in the relevant benefit option chosen, with the maximum benefits being adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular financial year.

16.9 Unless otherwise decided by the Board, benefits in respect of medicines obtained on a prescription are limited to one month's supply for every such prescription or repeat thereof.

17. PAYMENTS OF ACCOUNTS

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17.1 Payment of accounts or reimbursement of claims is restricted to the net amount payable in respect of such benefit and maximum amount of the benefit to which the member is entitled in terms of the applicable benefit.

17.2 The Scheme is entitled to apply clinical policy and managed care protocols to determine a Member's entitlement to Benefits and to determine the application of limits and sub-limits.

17.3 Any discount whether on an individual basis or bulk discount received in respect of a relevant health service shall be for the benefit of the member in determining the net amount payable for the service and appropriate deduction from the applicable benefit limited, or medical savings account, as the case may be.

17.4 The Scheme may, whether by agreement or not with any supplier or group of suppliers of a service, pay the benefit to which the member is entitled, directly to the supplier who rendered the service.

17.5 Where the Scheme has paid an account or portion of an account or any benefit to which a member is not entitled, whether payment is made to the member or to the supplier of service, the amount of any such overpayment is recovered by the Scheme, and may be set-off from funds owed to such a member by the Scheme arising from future claims or otherwise.

17.6 Notwithstanding the provisions of this Rule, the Scheme has the right to pay any benefit directly to the member concerned.Currency of payment

17.6.1 Any valid claim accepted by the Scheme in terms of these Rules in respect of services procured within South African Customs Union (SACU) member countries will be paid in the currently of the Republic of South Africa, at the Sizwe Hosmed Rate.

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17.7 Scheme Tariff

17.7.1 The Board shall determine a fixed tariff that the Scheme will pay for certain Benefits as determined by the Board. The Board must determine or adopt a tariff for payment of Healthcare services rendered to beneficiaries in advance of the commencement of each calendar year, and as further described in Annexure A, having considered:

17.7.1.1 Amongst any other relevant indicators, analysis, evidence, inflation, and applicable reimbursement rates which Designated Service Providers are willing to agree to; and/or

17.7.1.2 Any valid, non-binding reference price list for health services duly published by the relevant official in terms of any legislation prevailing from time to time.

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17.7.2 If hospitalisation or certain non-hospitalisation benefits ("Treatment") is recommended for a Member or Dependant then, subject to the Rules17.717.7.4 to 17.7.6 below, the following provisions shall apply:

17.7.2.1 the Member shall give the Scheme written or verbal notice advising that such Treatment has been recommended, giving full details including the name(s) of the medical practitioner(s) who has/have made such recommendations and obtain the required authorisation from the Scheme that it will pay for the Treatment;

17.7.2.2 the Members shall give notice to the Scheme within such reasonable period as will allow the provisions of this Rule 17.7.2 to be complied with; but in any event, notice of not less than 48 hours prior to the Treatment;

17.7.2.3 upon receiving such notice, the Scheme shall be entitled to require the Member or his or her Dependant (as the case may be) to obtain a second opinion from a medical practitioner approved by the Scheme as to whether the recommended Treatment is necessary. The charges levied by such medical practitioner in respect of the second opinion shall be borne by the Scheme;

17.7.2.4 immediately upon obtaining such second opinion, the Member shall furnish the Scheme with a copy thereof; and

17.7.2.5 the Scheme shall, on good cause shown, be entitled to reject a request for authorisation, notwithstanding that a second opinion may have been furnished, if in its opinion any of the criteria stipulated in Rule 11.7 are present;

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17.7.2.6 if the Member of Dependant (as the case may be) undergoes Treatment without the Member obtaining authorisation from the Scheme in accordance with this Rule 17.7.2 the Scheme's liability in respect of the Treatment of the Member or Dependant shall be subject to the Rules and appropriate limitations as determined by the Board.

17.7.3 The provisions of Rule 17.7.2 insofar as they pertain to the forty-eight (48) hour notification period shall not apply where Treatment is required by a Member or by a Dependant as a matter of urgency. For the purposes of this Rule 17.7.3, Treatment shall be deemed to have been required as a matter of urgency if the Member could not have been expected to comply with the provisions of Rule 17.7.3 without his health or that of his Dependant being placed in jeopardy. Notwithstanding this, the Member will be required to give the Scheme notification of the Treatment as soon as received.

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17.7.4 The onus shall be upon the Member to prove that:

17.7.4.1 He or she gave notice in accordance with 17.7.2;

17.7.4.2 such notice was given within the time period referred to in 17.7.2;

17.7.4.3 a copy of the written second opinion was given to the Scheme in accordance with 17.7.2.3;

17.7.4.4 Treatment was required as a matter of urgency in terms of 17.7.2,

if a dispute in respect of any such matter arises.

17.7.5 Authorisation for Beneficiaries will take place on the following basis:

17.7.5.1 The Member will ensure that either the Member, Dependent or the hospital calls the Scheme to pre-authorise the admission.

17.7.5.2 All admissions are subject to Authorisation.

17.7.5.3 Where the Scheme receives a hospital Claim that has not been pre-authorised payment will be limited in accordance with Rule17.717.7.2.6.

17.7.5.4 The Member is obliged to make full disclosure during or after Authorisation of all healthcare services even if they relate to a general exclusion of the Scheme. Failure to do so may lead to the entire event being declined and may be regarded as a misrepresentation.

17.7.6 Admission for Beneficiaries on the hospital network plans will take place in accordance with the following:

17.7.6.1 Should the Beneficiary be admitted to a non-Designated Service Provider facility in the event of an Emergency Medical Condition, the Beneficiary may be transferred to a Designated Service Provider facility as soon as the Beneficiary is stabilized.

17.7.6.2 Should the Beneficiary be admitted to a non-Designated Service Provider facility for reasons other than an Emergency Medical Condition and involuntariness in respect of a Prescribed Minimum Benefit, such admission will be covered up to a maximum of 80% of the Benefit available to the Beneficiary.

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17.7.6.3 Should the Beneficiary of a Benefit Option elect network restrictions (as defined in Annexure A) and be admitted to a non-Designated Service Provider for reasons other than an Emergency Medical Condition, such admission will be subject to co-payments as set out in annexure "A".

17.7.7 Exclusion

17.7.7.1 The Scheme shall not pay for benefits from cover wherein the reasonable opinion of a medical officer appointed for this purpose by the Scheme, taking into account generally accepted medical practice, the service/s:

17.7.7.1.1 could have been reasonably rendered in the consulting rooms of a medical practitioner; or

17.7.7.1.2 could have been reasonably rendered at a lower level of care; or

17.7.7.1.3 are not Medically Necessary; or

17.7.7.1.4 were rendered to the Member or his Dependant as out-patients of the hospital concerned; or

17.7.7.1.5 comprise a general exclusion to the Scheme as reflected in Annexure D to these Rules; or

17.7.7.1.6 were rendered to the Member and his Dependants in emergency rooms of the hospital, except for Prescribed Minimum Benefits; or

17.7.7.1.7 do not meet the protocols and clinical guidelines of the Scheme or the cover provided by the Member's Benefit Option; or

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17.7.7.1.8 is such that the quantum of the service comprises a payment for which a Beneficiary is personally liable.

17.7.8 Funding only for Medically Necessary healthcare services

17.7.8.1 The Scheme shall only fund healthcare services provided to a Member if the service in question is Medically Necessary.

17.7.8.2 If the Scheme reasonably determines that the healthcare service and/or level of care is not Medically Necessary, the Scheme may fund such service at the appropriate or cost-effective level of care.

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17.8 The Scheme may at its costs require a Member to be medically examined for purposes of establishing whether the healthcare service is Medically Necessary. Should the Member and/or the Member's family decline consent for such an examination, the Scheme may then, in keeping with generally accepted clinic practice and with the clinical information at hand, reduce funding to the recommended level of care as contemplated in Rule

17.9 **Consultation of specialists without referral**

17.9.1 Whenever a specialist practitioner is consulted by a Beneficiary who has not been referred by a general practitioner, the Benefit granted by the Scheme may be restricted to the amount that would have been paid to a general practitioner for the same service except when the Board, on good cause shown, directs otherwise.

17.10 **Disease management programmes**

Where the Scheme provides Benefits by means of disease management programmes, the Member and/or his or her Dependants will be encouraged to be enrolled on such programme.

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18. **EX GRATIA PAYMENTS**

18.1 The Board shall not authorise payment for services other than those provided for in these Rules, but may in its absolute discretion, in respect of the benefits provided, increase the amount payable in terms of these Rules as an ex-gratia award provided it is satisfied that undue hardship would otherwise be imposed upon the member. The payments for an ex-gratia amount shall not create any precedent in any particular circumstance or for the Scheme as a whole; and shall not bind the Scheme to any obligation or further liability in respect of the payment.

ANNEXURE "A"

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19. GOVERNANCE OF THE SCHEME

19.1 Constitution of the Board

The Affairs of the Scheme shall be managed according to the Rules of the scheme as contemplated by section 29 (1) of the Act, by a Board that consists of persons who are fit and proper as contemplated in section 57 of the Act, composed of:

19.1.1 14 (fourteen) Trustees comprised of the combined original 20 twenty Hosmed and Sizwe Board members less six members as originally envisaged in the exposition document, of which the elected trustees shall serve until the 2024 elective AGM, whereafter the number shall reduce to 12 (twelve) members.

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19.1.1.1 At least 50%(fifty percent) of the members of the Board shall at all times be members of the Scheme nominated and elected by members of the Scheme at an annual general meeting ("Elected Trustees"), in accordance with the processes referred to in rule 19.3

19.1.1.2 The 12 (twelve) Board members shall be comprised as follows:

19.1.1.2.1 At least 9 (nine) members of the Board shall at all times be members of the Scheme nominated and elected by members of the Scheme at an annual general meeting ("Elected Trustees"), in accordance with the processes referred to in rule 19.3.

19.1.1.2.2 A maximum of 3 (three) professional trustees ("Appointed Trustees") shall be appointed by the newly Elected Trustees after the 2024 elective AGM. The Elected Trustees shall give consideration to the following factors in selecting the Appointed Trustees:

19.1.1.2.2.1 special skills requirements identified by the Scheme through its risk management tools, with particular emphasis on legal, medical, financial, accounting, and actuarial science skills:

19.1.1.2.2.2 any geographic imbalance in representation on the Board; and

19.1.1.2.2.3 representation from large employer groups, where appropriate.

19.1.2 The Appointed Trustees need not be members of the Scheme to be considered to serve as trustees.

19.1.3 Upon an Appointed Trustee accepting the office of the trustee, the Appointed Trustee shall have full participation and voting rights, and his/her status shall be indistinguishable from that of an Elected Trustee.

19.2 Term of Office

19.2.1 An Elected Trustee shall, unless he/she becomes disqualified to serve as trustee in terms of these Rules and/or the Act, serve for a term of 3 (three) years with effect from the Annual or Special General Meeting of the year in which an election was held.

19.2.2 Appointed Trustees shall serve for a term of 2 (two) years with effect from the year in which the appointment was made.

19.2.3 Retiring trustees shall, subject to rule 19.3, be eligible for re-election by the annual general meeting or special general meeting in the case of Elected Trustees, and by the Board in the case of Appointed Trustees.

19.2.4 A member of the Board may resign at any time by giving written notice to the Board of his intention not to remain a Board member.

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19.2.5 The term of office of a trustee expires at an Annual or Special general Meeting notwithstanding that such meeting may be held at an earlier on later date than the end of the third or second year of their term of office.

19.3 Nomination and Election of Trustees to the Board:

19.3.1 The board shall establish a nomination Committee responsible for the electoral process which shall consist of at least the chairperson of the Board and three other members who may be the officials of the scheme.

19.3.2 The Board shall ensure that best practices are followed to ensure that the trustee nomination and election process is free and fair and shall, where appropriate, appoint an independent body to oversee and conduct the nomination process and the elections. The nomination and election procedures are as follows:

19.3.2.1 The Scheme shall send out notices in a in a mode elected by the Scheme, calling for nominations to all members no later than 4 (four) months before the expiry of the term of any Elected Trustee.

19.3.2.2 The notices calling for nominations shall inform members of vacancies to be filled, the nomination process, together with a nomination form approved by the Board.

19.3.2.3 Each nomination shall contain at least a short CV of the candidate in a format specified in the nomination notice.

19.3.2.4 Nomination forms duly completed and signed by members of the Scheme, must be received by a date determined by the board.

19.3.2.5 Each nomination form must be made on the prescribed form provided by the Scheme, signed by the proposer, a seconder, and the candidate, provided that a candidate may not propose or second himself/herself.

19.3.2.6 A nomination shall be invalid if it is received by the Scheme after the closing date if it is not completed in full or if it is not signed by all 3 (three) abovementioned signatories.

19.3.2.7 The Scheme shall cause a vetting process to be undertaken to ensure that nominated candidates are eligible to serve as trustees, and shall compile a final list of candidates that are eligible for election.

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19.3.2.8 The Scheme shall send to all members a list of vetted eligible candidates for nominations as stipulated in rule 19.2.3, together with:

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a) summarised CV of each vetted eligible candidate;

b) a ballot form; and

c) a letter indicating to the members by when their ballot forms must be received by the Scheme.

19.3.9 The Board may employ any resources necessary and delegate any necessary authority to any competent person or committee to take decisions and implement processes related to the nomination and electoral process.

19.3.10 Members ballots shall be received on a date prior to an Annual or Special General Meeting as may be determined by the Board to allow for verification of such ballots to be undertaken. Members present at an Annual or Special General Meeting shall have a right to vote in an election in person at the aforesaid meeting provided that they are members in good standing with the Scheme.

19.3.11 The Scheme shall cause the votes received back from members' ballots to be counted and where an independent electoral body has not been appointed, the Scheme shall require its auditors to verify the outcome of the voting process. The Scheme shall then be obliged to inform the members of the outcome of the election process at an Annual or Special general meeting immediately following the voting process, or at any other time as may be appropriate. The results of an election of trustees need not be

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announced at a general meeting and may be announced at a later stage should it be appropriate, and the Board is entitled to take into account the results of such voting as may have taken place at a general meeting notwithstanding that the meeting may have been interrupted and not have concluded its business.

19.3.12 Candidates who receive the most votes, in descending order, shall be elected as trustees until all vacancies have been filled.

19.3.13 In the event that more than 1 (one) candidate receives the same number of votes, and there are insufficient seats on the Board available for all such candidates, then where the outcome of the election is to be announced at the annual general meeting, members at the annual general meeting shall be asked to cast their votes in respect of such candidates. The candidates who receive the highest number of votes shall be appointed as trustees.

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19.4 - Casual Vacancies

19.4 The Board shall have the right to fill any casual vacancy which may occur on the Board.

19.4.1 A person so appointed to fill a casual vacancy shall assume all the rights, obligations and powers of the trustee in whose position he is appointed, provided that such a trustee shall retire at the first ensuing annual general meeting of the Scheme, unless that meeting confirms his appointment, in which case, the trustee appointed to fill the casual vacancy shall be confirmed as a trustee and shall remain in office as such for the unexpired duration of the period of the office of the trustee who he was appointed to replace.

19.4.2 Should the members of the Board no longer constitute a quorum then those members of the Board remaining shall be obliged to call for elections and make such appointments of trustees as may be necessary, within 60 (sixty) days of it becoming inquorate, to ensure that the Board becomes quorate. The remaining members of the Board, pending the finalization of the election and appointment of trustees as contemplated herein, shall in the interim constitute the Board with full powers to do all that may be necessary in respect of the business of the Scheme as if it were fully and properly constituted.

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19.5 Eligibility of Trustees

19.5 The following persons are not eligible to serve as members of the Board:

19.5.1 a person under the age of 21 years;

19.5.2 an employee, director, officer, consultant, or contractor of the administrator of the Scheme or of the holding company, subsidiary, joint venture, or associate of that administrator;

19.5.3 a broker;

19.5.4 the principal officer of the Scheme;

19.5.5 the auditor of the Scheme;

19.5.6 a consultant, advisor, co-administrator, or any person irrespective of title, who is providing advice, services, or recommendations of any nature to a medical scheme/schemes (as defined in the Medical Schemes Act or Regulations) other than Sizwe Hosmed Medical Scheme;

19.5.7 an employee, director, officer, consultant, or contractor of, or any person associated with, a manufacturer, distributor and/or wholesaler of prescription or over-the-counter pharmaceuticals, complementary medicines, medical devices and medical consumables;

19.5.8 an employee, director, officer, consultant, or contractor of a hospital;

19.5.9 a person holding a trusteeship of any other medical scheme or schemes;

19.5.10 a person disqualified from being a director of a company or from acting as a trustee under the Companies Act, 2008 or any other law;

19.5.11 an elected trustee who is not a member of Sizwe Hosmed Medical Scheme.

19.6 Cessation of office:

A member of the Board shall cease to hold office if the member,

19.6.1 becomes of unsound mind or is subject to a reception order in terms of the Mental Health Act 18 of 1973, or has been declared by a competent court to be incapable of managing his affairs;

19.6.2 has been declared insolvent or has surrendered his/her estate for the benefit of his creditors;

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19.6.3 is convicted, whether in the Republic or elsewhere, of theft, fraud, forgery or uttering of a forged document or perjury;

19.6.4 is removed by the court from any office of trust on account of misconduct;

19.6.5 is disqualified under any law from carrying on his/her profession;

19.6.6 absents him/herself from three consecutive meetings of the Board without the permission of the Chairperson; or

19.6.7 is removed from office by the Council in terms of Section 46 of the Act.

19.6.8 acts in a manner which is seriously prejudicial to the interests of beneficiaries of the medical scheme may be removed by the Board, provided that

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19.6.9.1 before a decision is taken to remove the member of the Board, the Board shall furnish that member with full details of the evidence which the Board has at its disposal regarding the conduct complained of, and allow such member a period of not less than 30 days in which to respond to the allegations;

19.6.9.2 the resolution to remove that member is taken by at least two thirds of the members of the Board;

19.6.9.3 the member shall have recourse to dispute procedures of the scheme or complaints and appeal procedures provided for in the Act.

19.7 Election of office bearers:

19.7.1 The Board shall, at its first Board of Trustees meeting after each AGM, or after a special general meeting elect a chairperson and deputy chairperson of the Board from the ranks of the Trustees

19.7.2 The Board shall call for nominations for the position of chairperson of the Board, and trustees with the highest votes shall be elected as Chairperson and deputy chairperson respectively.

19.7.3 The election will be conducted through ballot and the results shall be known and announced to the Board and the Principal Officer immediately upon the result being known.

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19.7.4 Should the chairperson resign or cease to be a member of the Board or be removed from Office by the Board or is in any other way disqualified, the Board shall elect from within the ranks of the Trustees, another chairperson to fill the vacancy for the remaining period for which the previous incumbent was elected.

19.7.5 In the event of both the chairperson and deputy chairperson being absent from a meeting the Board shall appoint an acting chairperson from within the ranks of the Trustees.

19.8 Meetings of Board

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19.8.1 The Board must meet at least once in every two (2) months or at such intervals as it may deem necessary;

19.8.2 Seven (7) clear days' notice of a Board meeting, unless otherwise agreed by the Board, shall be given to each member of the Board and such notice shall, as far as possible, contain a statement of the business to be transacted at the meeting. The non-receipt of any notice shall not invalidate the proceedings of any meeting of the Board.

19.9 Special meetings of Board

19.9.1 The chairperson may convene a special meeting should the necessity arise. Such members of the Board as comprise three members of the Board may request the chairperson to convene a special meeting of the Board provided that the matters to be discussed at the meeting are clearly stated in the request and the Chairperson shall then be obliged to convene such a special meeting.

19.9.2 The Board may, subject to participation by sufficient members to form a quorum, discuss and resolve matters by telephone or electronic conferencing means and may adopt resolutions on that basis;

19.9.3 Upon receipt of the request the chairperson shall within seven days thereafter convene a special meeting of the Board to deal with the matters stated therein for which notice shall be given as provided for in Rule 19.9.1

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19.10 Chairperson at meetings

The chairperson shall preside at each meeting of the Board. In the absence of the chairperson at a meeting of the Board, the deputy chairperson shall preside at that meeting.

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19.11 Quorum for meetings

Fifty (50) percent plus (1) one of all the members of the Board shall constitute a quorum for a meeting of the Board regardless of whether the members are physically present or via video or telephone. Business shall be transacted only if the required quorum is present at the commencement and throughout the meeting.

19.12 Voting at Board meetings

Matters before the Board shall be decided by a majority vote and in the event of an equality of votes the chairperson of the meeting shall not have a casting vote in addition to his deliberative vote.

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19.13 Round-robin resolution

19.13.1 A resolution in writing signed by Board members forming a quorum, shall be as valid and effectual as if it had been passed at a meeting of the Board duly called and constituted: Provided that one of the signatories shall be the chairperson;

19.13.2 Any such resolution may consist of several documents in like form, each signed by one or more of the signatories contemplated in this Rule.

19.14 Record of proceedings of meetings

The Board shall cause the proceedings of all annual, special general and Board meetings to be properly minuted and the minutes of such meetings shall be laid before the first succeeding respective meeting.

19.15 Evidence of minutes

Every minute signed by the chairperson of the meeting to which such minutes relate or signed by the chairperson of the meeting subsequent to the meeting to which such minutes relate shall constitute prima facie evidence of the facts stated therein.

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19.16 Remuneration of Board members

Members of the Board are entitled to remuneration, honorarium, reimbursement of expense or any other fee in respect of services rendered in their capacity as members of the Board in accordance with such policy as may be approved by the board from time to time and subject to members approval at an Annual General Meeting, for attending meetings of the Board, and

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committees of the Board. Any other costs/ expenses incurred by a member of the Board on the instruction of the Board shall be payable in accordance with the policy as determined by the Board from time to time.

19.17 Amalgamations

In the event that the Scheme amalgamates with another medical scheme, and such an amalgamation necessitates that positions on the Board be made available to accommodate the trustees from the amalgamating medical scheme, sufficient trustees shall be obliged to retire to bring the number of the serving trustees to the agreed number of trustees having regard to the exposition document as agreed to between the amalgamating schemes. The Board shall, by way of secret ballot, vote on which of the trustees are to retire and the trustees receiving the highest number of votes (in descending order) shall be deemed to have retired with effect from the date of the amalgamation.

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19.18 Co-option to Board

The Board may co-opt up to three knowledgeable persons who need not be members of the Scheme to assist it in its deliberations. A co-opted member shall cease to be a member of the Board if so determined by the Board at any time. A co-opted member may participate in the deliberations of the Board but shall have no vote.

19.19. In the event that less than 25% of the retiring elected trustees are elected at the next elective AGM, a handover team for a transitionary period shall be established.

19.20. Members of the handover team shall attend at least two (2) board of trustee meetings as advisors (with no voting rights), and they shall be remunerated at the same level as current board members at the time.

20. **DUTIES OF THE BOARD**

20.1 The Board is responsible for the proper and sound management of the Scheme, in terms of these rules.

20.2 The Board must act with due care, diligence, skill, and good faith.

20.3 Members of the Board must avoid conflicts of interest and must declare any interest they may have in any particular matter serving before the Board.

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20.4 The Board must apply sound business principles and ensure the financial soundness of the Scheme.

20.5 The Board must appoint a principal officer who is fit and proper to hold such office and may appoint any staff which in its opinion are required for the proper execution of the business of the Scheme, and shall determine the terms and conditions of service of the principal officer and of any person employed by the Scheme.

20.6 The chairperson must preside over meetings of the Board and ensure due and proper conduct at meetings.

20.7 The Board must cause to be kept such minutes, accounts, entries, registers, and records as are essential for the proper functioning of the Scheme.

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20.8 The Board must ensure that proper control systems are employed by and on behalf of the Scheme;

20.9 The Board must ensure that acquire and appropriate information is communicated to the members regarding their rights, benefits, contributions, and duties in terms of the Rules;

20.10 The Board must take all reasonable steps to ensure that contributions are paid timeously to the Scheme in accordance with the Act and the Rules;

20.11 The Board must take out and maintain an appropriate level of professional indemnity insurance and fidelity guarantee insurance.

20.12 The Board may obtain expert advice on legal, accounting and business matters as required, or on any other matter of which the members of the Board may lack sufficient expertise.

20.13 The Board must ensure that the Rules and the operation and administration of the Scheme comply with the provisions of the Act and all other applicable laws.

20.14 The Board must take all reasonable steps to protect the confidentiality of medical records concerning any beneficiary's state of health.

20.15 The Board shall approve all disbursements and exercise financial control over the affairs of the Scheme by implementing a Procurement Policy which shall be maintained at all times by the Scheme.

20.16 The Board must cause to be kept in safe custody, in a safe or strong room at the registered office of the Scheme or with any financial institution approved by the Board, any mortgage bond, title

deed or other security belonging to or held by the Scheme, except when in temporary custody of another person for the purposes of the Scheme.

20.17 The Board must make such provision as it deems desirable, and with due regard to normal practice and recommended guidelines pertaining to retention of documents, for the safe custody of the books, records, documents, and other effects of the Scheme, and develop and adopt policies pertaining to retention of documents.

20.18 The Board must disclose annually in writing to the Registrar, any payment or considerations made to them in that particular year by the Scheme as prescribed.

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21. POWERS OF THE BOARD

The Board has the power: -

21.1 to take all necessary steps, enter into any agreement and to sign and execute all necessary documents to ensure and secure the due fulfilment of the Scheme's obligations, and generally to ensure that the Scheme is able to conduct the business of a Medical Scheme;

21.2 to cause the termination of the services of any employee of the Scheme;

21.3 to appoint one or more committees consisting of such Trustees and other experts as it may deem appropriate and may delegate all or any of its powers and duties to such committees: Provided that any such committee so constituted shall comply with these Rules and any directives of the Board: Provided further that the Board shall not be divested of any power which it may have delegated to such a committee.

21.4 to appoint, after due process, a duly accredited Administrator on such terms and conditions as it may determine, for the proper execution of the business of the Scheme. The terms and conditions of such appointment must be contained in a written contract, which complies with the requirements of the Act and the Regulations and is in accordance with the Scheme's policy governing procurement;

21.5 to enter into any contract with any accredited Managed Health Care Organisation subject to the provisions of the Act and the Regulations and is in accordance with the Scheme's policy governing procurement;

21.6 to appoint, contract with and compensate any accredited broker for the introduction and/or admission of a member to the Scheme and for ongoing broker services to such a member, subject to the provisions of the Act and the Regulations and provided that the Scheme concludes a broker

contract with such an accredited broker, which contract will not be unreasonably withheld by the Scheme. The Scheme shall always recognise the individual member's right to appoint a broker, but where authorised third parties (such as employer groups) have been given the right to appoint a broker on behalf of a group of members, and where there are competing appointments in respect of such a group of members, the Scheme, in its sole and absolute discretion, shall be entitled to determine which broker shall be recognised as such in respect of that particular group of members;

21.7 to purchase movable and immovable property for the use of the Scheme;

21.8 to let or hire movable or immovable property;

21.9 to sell movable and immovable property of the Scheme subject to sound business practice and fair value principles;

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21.10 in respect of any monies not immediately required to meet current charges upon the Scheme and subject to the provisions of the Act, and in the manner determined by the Board, to invest or otherwise deal with such monies and investments;

21.11 with the prior approval of the Council, to borrow money for the Scheme from the Scheme's bankers against the security of the Scheme's assets for the purpose of bridging a temporary shortage;

21.12 subject to the provisions of any law, to cause the Scheme, whether on its own or in association with any person, to establish or operate any pharmacy, hospital, clinic, maternity home, nursing home, infirmary, home for aged persons or any similar institution, in the interest of the members of the Scheme;

21.13 to donate to any hospital, clinic, nursing home, maternity home, infirmary, or home for aged persons in the interest of all or any of the beneficiaries;

21.14 to grant repayable loans to a member or to make *ex gratia* payments on behalf of members in order to assist such members to meet commitments in regard to any matter specified in Rule **Error! Reference source not found.**;

21.15 to contribute to any Scheme conducted for the benefit of employees of the Scheme;

21.16 subject to such requirements under law, to reinsure obligations in terms of the benefits provided for in these Rules;

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21.17 to authorise the principal officer and/or such members of the Board, or any other person as it may determine from time to time, and upon such terms and conditions as the Board may determine, to sign any contract or other document binding or relating to the Scheme or any document authorising the performance of any Act on behalf of the Scheme.

21.18 to contribute to any association instituted for furtherance, encouragement, and co-ordination of medical schemes; and

21.19 In general, do anything, which it deems necessary or expedient to perform its functions in accordance with the provisions of the Act and these Rules.

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22. DUTIES OF THE PRINCIPAL OFFICER AND STAFF

22.1 The staff of the Scheme must ensure the confidentiality of all information regarding its members.

22.2 The principal officer is the executive officer of the Scheme and as such shall ensure that:

22.2.1 he/she acts in the best interests of the members of the Scheme at all times;

22.2.2 the decisions and instructions of the Board are executed without unnecessary delay;

22.2.3 where necessary, there is proper and appropriate communication between the Scheme and those parties affected by the decisions and instructions of the Board;

22.2.4 he/she keeps the Board sufficiently and timeously informed of the affairs of the Scheme concerning any matter relating to the duties of the Board as stated in section 57(4) of the Act;

22.2.5 he/she keeps the Board sufficiently and timeously informed concerning affairs of the Scheme so as to enable the Board to comply with the provisions of section 57(6) of the Act;

22.2.6 he/she does not take any decisions concerning the affairs of the Scheme without prior authorisation by the board and that he/she at all times observes the authority of the Board and its governance of the Scheme.

22.3 Unless the Board of Trustees appoints an Administrator to manage and administer the business of the Scheme in accordance with the Act, Regulations and the Rules of the Scheme, the principal officer shall be the accounting officer of the Scheme charged with the collection of and accounting for all monies received and payments authorised by and made on behalf of the Scheme.

22.4 The principal officer shall ensure the carrying out of all of his/her duties as are necessary for the proper execution of the business of the Scheme. He/she shall attend all meetings of the Board, and any other duly appointed committee where his/her attendance may be required, and ensure proper recording of the proceedings of all meetings.

22.5 The principal officer shall be responsible for the supervision of the staff employed by the Scheme unless the Board decides otherwise.

22.6 Unless the Board of Trustees appoints an Administrator to manage the business on behalf of the Scheme in accordance with the Act, Regulations and the Rules of the Schemes, the principal officer shall keep full and proper records of all monies received and expenses incurred by, and of all assets, liabilities, and financial transactions of, the Scheme.

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22.7 Unless the Board of Trustees appoints an Administrator to manage the business on behalf of the Scheme in accordance with the Act, Regulations and the Rules of the Scheme, the principal officer shall prepare annual financial statements and shall ensure compliance with all statutory requirements pertaining thereto.

22.8 The following persons are not eligible to be a principal officer:

22.8.1 An employee, director, officer, consultant, or contractor of the administrator of the Scheme or of the holding company, subsidiary, joint venture, or associate of that administrator.

22.8.2 A broker.

22.9 The provisions of Rule 21.19 shall apply *mutatis mutandis* to the principal officer.

23. INDEMNIFICATION & FIDELITY GUARANTEE

23.1 The Board and any officer of the Scheme is indemnified by the Scheme against all proceedings, costs and expenses incurred by reason of any claim against/by the Scheme, not arising from their negligence, dishonest or fraud.

23.2 The Board must ensure that the Scheme is sufficiently insured against loss resulting from the dishonesty or fraud of any of its officers (including members of the Board) having the receipt or change of moneys or securities belonging to the Scheme.

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24. FINANCIAL YEAR OF THE SCHEME

The financial year of the Scheme extends from the 1st day of January to the 31st day of December of

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that year.

25. **BANKING ACCOUNT**

The Scheme must establish and maintain a bank account under its direct control with a registered commercial bank. All monies received must be deposited directly to the credit of such account. All payments must be made either by electronic transfer, tape exchange under the joint signature of not less than two persons – one of which shall be the Principal Officer - duly authorised by the Board.

26. **AUDITOR AND AUDIT COMMITTEE**

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26.1 An auditor (who must be approved by the Registrar in terms of section 36 of the Act) must be appointed by resolution at each annual general meeting, to hold office from the conclusion of that meeting to the conclusion of the next annual general meeting.

26.2 The following persons are not eligible to serve as auditor of the Scheme –

26.2.1 a member of the Board;

26.2.2 an employee, officer, or contractor of the Scheme;

26.2.3 an employee, director, officer, or contractor of the Scheme's administrator, or of the holding company, subsidiary, joint venture or associate of the administrator;

26.2.4 a person not engaged in public practice as an auditor;

26.2.5 a person who is disqualified from acting as an auditor in terms of the Companies Act, 2008.

26.3 Whenever for any reason an auditor vacates his/her office prior to the expiration of the period for which he/she has been appointed, the Board must within 30 days appoint another auditor to fill the vacancy for the unexpired period.

26.4 If the members of the Scheme at a general meeting fail to appoint an auditor, required to be appointed in terms of this rule, the Board must within 30 days make such appointment, and if it fails to do so, the Registrar may at any time do so.

26.5 The auditor of the Scheme has a right of access to the books, records, accounts, documents, and other effects of the Scheme at all times and is entitled to require from the Board and the officers of the Scheme such information and explanations as he/she deems necessary for the performance of his/her duties.

26.6 The auditor must report to the members of the Scheme on the accounts examined by him and on the financial statements laid before the Scheme in general meeting.

26.7 The Board must appoint an audit committee in the prescribed manner.

27. GENERAL MEETINGS

27.1 Annual general meeting

27.1.1 The annual general meeting of members must be held not later 30 August of each year.

27.1.2 The notice convening the AGM, containing the agenda, the Annual Financial Statements (AFS) highlights, Auditors' report, and Annual Report, must be circulated to members at least (30) days before the date of the meeting. Full AFS will be available for downloading from the scheme's website. The Scheme shall be entitled to circulate abridged versions of the aforesaid documents, in accordance with prevailing industry practice, and subject to such directives as the Council or the Registrar may issue from time to time, and having due regard to any other law or practice which may be applicable. The non-receipt of such notice by a member does not invalidate the proceedings at such meeting provided that the notice procedure followed by the Board was reasonable.

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27.1.3 At least 42 members of the Scheme present in person shall constitute a quorum. If a quorum is not present after the lapse of the 30 minutes from the time fixed for the commencement of the meeting, the meeting must be postponed by (7) calendar days from the date of the meeting at the same venue and members then present shall constitute a quorum: Provided that if postponed date is a public holiday the meeting shall stand adjourned to the first working day following the public holiday.

27.1.4 The financial statements and reports specified in Rules 27.1.2 and Rule 26.6 must be laid before the meeting.

27.1.5 The date of the AGM will be provided to members three (3) months (90 days) prior to the meeting. At the same, the scheme will call for motions to be placed before the AGM. Notices of motions must reach the Principal Officer (2) months (60 days) prior to the date of the annual general meeting. Any person qualified to do so may table a motion as contemplated herein, and in so doing, shall furnish the Scheme with a memorandum setting out the reasons for the motion and the objectives that such a motion seeks to achieve, together with proposed wording in respect of the motion. The Board shall consider any such motion so received and shall, in its sole discretion, having taken such advice as may be competent, determine whether the motion is competent to serve before the general meeting. Should

the Board determine that the motion is not competent to serve before the general meeting, or that it may serve subject to such reasonable amendments that the Board may determine, then the person seeking to place the motion shall be so notified, and if such a person is aggrieved by the decision of the Board, he/she shall be entitled to pursue such remedies as may be available to him/her under the Act. This provision shall *mutatis mutandis* be applicable in respect of special general meetings.

27.2 Special general meeting

27.2.1 Convening of meeting by the Board

The Board may call a special general meeting of members if it is deemed necessary.

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27.2.2 Requisition of meeting by members

On the requisition of at least 100 (one hundred) members of good standing, the Board must cause a special general meeting to be called within 30 days of the deposit of the requisition. The requisition must state the objects of the meeting and must be signed by all the requisitionists and deposited at the registered office of the Scheme. Only those matters forming the objects of the meeting may be discussed.

Should the Board fail within 14 days after the aforesaid deposit, to convene such meeting the requisitionists may themselves convene such meeting to be held within one month of such deposit.

27.2.3 Notice of meeting

The notice convening the special general meeting, containing the agenda, must be circulated to members employers at least fourteen days before the date of the meeting. The non-receipt of such notice by a member does not invalidate the proceedings at such a meeting provided that the notice procedure followed by the Board was reasonable.

27.2.4 Quorum

At least 42 members of the Scheme present in person constitute a quorum. If the quorum is not present after the lapse of 30 minutes from the time fixed for the commencement of the meeting, the meeting shall be adjourned until the same day and time of the next week: Provided that if the same day of the next week is a public

holiday the meeting shall stand adjourned to the first working day following the public holiday; provided further that if a quorum is not present at a special general meeting convened on the requisition of members after the lapse of 30 minutes from the time fixed for the meeting, the meeting shall be regarded as cancelled.

27.3 **Disruption of meetings of members**

27.3.1 No motion shall be passed by a meeting of members, whether general or special, that is inconsistent or in contravention with the objectives of the Scheme, the Act, or these Rules.

27.3.2 In the event that the proceedings at the annual general meeting are disrupted by members present at the meeting, or if the prevailing circumstances at the annual general meeting render it impossible for the meeting to continue, then the Board shall be entitled to arrange for members to vote in relation to those agenda items that remain outstanding, through other means other than a general meeting.

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27.3.3 Voting on the outstanding agenda items as contemplated in Rule 27.1.7 above, shall take place by ballot (whether postal, electronic, or otherwise) and in accordance with a procedure determined by the Board, subject to the verification as set forth in Rule 27.3.4. All registered Members shall be eligible to vote, provided that any such Member is in good standing with the Scheme.

27.3.4 The Scheme shall cause the votes received back from members' ballots to be counted and verified by an independent electoral body and to report to the Scheme on the outcome of the voting process. In the event that such an independent electoral body has not been appointed, the Scheme shall require its auditors to verify the outcome of the voting process.

27.3.5 The number of returned ballots must at least be equivalent to the quorum required at a general meeting as provided for in Rule 27.1.3 and at a special meeting as provided for in Rule 27.2.4.

27.3.6 The declaration of the result of the voting as verified by the independent electoral body or the Scheme's auditors, as the case may be, and as approved by the Board, shall be final and binding on all the members.

27.3.7 This Rule will be applicable to the next AGM, irrespective of the date on which it will be approved by the Registrar.

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28. VOTING AT MEETINGS

28.1 Every member who is present at a general or special meeting of the Scheme has the right to vote, or may, subject to this rule, appoint another member of the Scheme as proxy to attend, speak and vote in his/her stead.

28.2 The instrument appointment the proxy must be in writing, in a form determined by the Board and must be the original copy signed by the member and the person appointed as the proxy and shall be deposited with the Scheme at least 72 (seventy-two) hours prior to the commencement of the meeting, in the manner as may be prescribed by the Board.

28.3 The chairman of the Board must determine whether the voting shall be by ballot or by a show of hands. In the event of the votes being equal, the chairperson, if he is a member of the Scheme, has a casting vote in addition to his/her deliberative vote.

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28.4 **Declaration of result of voting**

A declaration by the chairperson of the meeting that a motion has, on a show of hands or on a ballot, been carried unanimously, or carried by a particular majority, or lost, or not carried by a particular majority, shall be final and binding on all members. In the event that the results of the voting are not readily available at the meeting, the announcement of the result may be deferred to allow for the collection or verification of the votes, and upon such results becoming available, the Board shall communicate the results to the members within 21 (twenty-one) days of such results becoming known. Upon members being informed of the outcome of the voting, the results shall be final and binding on all members.

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29. COMPLAINTS AND DISPUTES

29.1 Members may lodge their complaints, in writing to the Scheme, for the attention of the Principal Officer.

29.2 All complaints to the Scheme shall be in writing. Such written complaint will be responded to by the Scheme in writing within 30 days of receipt thereof.

29.3 Any dispute, which may have arisen between a member, prospective member, former member, or a person claiming by virtue to be such a member and the Scheme or an officer of the Scheme, must be referred by the Principal Officer to the disputes committee for adjudication.

29.4 Such Disputes Committee shall consist of at least three (3) independent members, of whom at least (1) one shall be a person with legal expertise. The members of the Dispute Committee shall

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be appointed by the Board for a period not exceeding three (3) years. The Dispute Committee shall be appointed subject to the following:

29.4.1 The majority of the members (50% plus 1) of the Disputes Committee shall constitute a quorum in the event of an equality of votes the chairman (who shall be elected from among the members of the disputes committee at its first meeting following the appointment of the last appointed member) shall have the casting vote in addition to his deliberative vote;

29.4.2 The principal officer shall convene meetings of the disputes committee by giving not less than 21 days' notice in writing to the complainant and all the members of the disputes committee, stating the date, time and venue of the meeting and particulars of the dispute.

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29.4.3 The principal officer shall submit the written complaint of the member, together with a written response from the Scheme or the affected officer of the Scheme to the disputes committee who shall consider the written complaint and written response and adjudicate same on the documents, if possible, and if the disputes committee is satisfied that it requires no further evidence or submissions;

29.4.4 In the event that the disputes committee requires further evidence or submissions, the disputes committee may determine that an equitable procedure be followed to allow for further evidence or submissions to be made to the disputes committee, and the complainant and the Scheme shall be given reasonable notice thereof.

29.4.5 In the event that the disputes committee wishes to hear oral evidence or argument, the parties to any such disputes or complaint shall be entitled to be heard at the proceedings, either in person or through a representative;

29.4.6 The disputes committee shall communicate any decisions it makes to the Scheme and any other affected party in writing, within 30 days of the disputes committee's determination thereof.

29.5 An aggrieved person has the right to appeal to the Registrar or the Council, as the case may be against the decision of the disputes committee and such appeal shall be in the form as may be required by the Act of the Registrar or the Council, as the case may be.

29.6 The operation of any decision which is the subject of an appeal under Rule 29.5 shall be suspended pending the decision of the Registrar or the Council on such appeal.

29.7 Nothing in these rules shall be interpreted as restricting any aggrieved person from pursuing any remedy that such a person may have in terms of the Act or any other law.

29.8 In the event that an aggrieved person seeks to lodge a complaint with the Registrar, or the Council as contemplated by the Act without first pursuing the remedies contained in these rules, then in such circumstances, it shall be deemed that the aggrieved person has waived his right to proceed under these rules, and the Scheme shall then pursue the dispute in such forum as chosen by such an aggrieved person.

30. DISSOLUTION

30.1 The Scheme may be dissolved by order of a competent court or by voluntary dissolution.

30.2 If members in a general meeting propose, and the motion is passed by not less than a two-thirds majority, that the Scheme should be dissolved, then the Board shall arrange for members to decide by ballot whether the Scheme shall be liquidated. Unless the majority of members decide that the Scheme shall continue, the Scheme shall be liquidated in terms of section 64 of the Act.

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30.3 Pursuant to a decision by members taken in terms of Rule 30.2 the principal officer must, in consultation with the Registrar, circulate to every member a memorandum containing the reasons for the proposed dissolution and setting forth the proposed basis of distribution of the assets in the event of a winding-up, together with a ballot paper.

30.4 Every member must be requested to return his/her ballot paper duly completed before a set date. If at least 50 percent of the members return their ballot papers duly completed and if the majority thereof is in favour of the dissolution of the Scheme, the Board must ensure compliance therewith and appoint, subject to the approval of the Registrar, a competent person as liquidator.

31. AMALGAMATION AND TRANSFER OF BUSINESS

31.1 The Scheme may, subject to the provisions of section 63 of the Act, amalgamate with, transfer its assets and liabilities to, or take transfer of assets and liabilities of any other medical scheme or person. The Board must arrange for members to be furnished with an exposition of the proposed transaction for consideration and to decide by ballot, or otherwise, whether the proposed transaction should be proceeded with or not.

31.2 If the majority of the members who return their ballots, or who participate in any process by which the members' consent for the transaction is sought, vote in favour of the transaction referred to in the exposition, the transaction may be concluded in the prescribed manner.

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32. RIGHT TO OBTAIN DOCUMENTS AND INSPECTION OF DOCUMENTS

32.1 Any beneficiary must on request and on payment of a prescribed fee er copy, be supplied by the Scheme with a copy of the following documents:

32.1.1 the rules of the Scheme;

32.1.2 the latest audited annual financial statements, returns, Trustees reports and auditor's report of the Scheme; and

32.1.3 the management accounts in respect of the benefit options as required in Section 37(4)(d) and submitted to the Registrar with the annual Financial Statements and other Reports, as required in terms of Section 27(2) of the Medical Schemes Act No. 131 of 1998.

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32.2 A beneficiary is entitled to inspect free of charge at the registered office of the Scheme any document referred to in Rule 32.1 and to make extracts there from.

32.3 This rule shall not be construed to restrict a person's rights in terms of the Promotion of Access of Information, Act No. 2 of 2000.

33. AMENDMENT OF RULES

33.1 The Board is entitled to alter or rescind any rule or annexure or to make any additional rule or annexure.

33.2 No amendment, rescission or addition which affects the objects of the Scheme is valid unless it has been approved by a majority of members present in a general meeting or a special meeting or by ballot.

33.3 Members must be furnished with a copy of such amendment within 4 (four) months after registration thereof. Should a member's rights, obligations, contributions, or benefits be amended, he/she shall be given 30 (thirty) days advance notice of such change.

33.4 Notwithstanding the provisions of Rule 33.1 above, the Board must, on the request and to the satisfaction of the Registrar, amend any rule that is inconsistent with the provisions of the Act.

33.5 No amendment, rescission or addition of any rule shall be valid unless it has been approved and registered by the Registrar.

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34. **PERSONAL MEDICAL SAVINGS ACCOUNT**

34.1. On admission to the Scheme, a PMSA held by the Scheme, shall be established in the name of the member concerned into which the contributions allocated by the Scheme in respect of the PMSA shall be credited and benefits in respect thereof, shall be debited.

34.2. The amount allocated to the PMSA by the Scheme for the benefit of the member may not exceed 15% and 25% of the total gross contributions in respect of the member during the financial year concerned.

34.3. Subject to sufficient funds being available at the date on which a claim is processed, members shall be entitled to claim for all health care services indicated under PMSA in Annexure B, at 100% of the scheme's rate.

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34.4. Funds allocated to the members in PMSA shall be available for the exclusive benefit of the member and his/her dependants. Any credit balance in the PMSA at the end of a financial year accumulates for the benefit of the member.

34.5. Contributions received will be retained in a trust bank account, separate from any of the scheme's bank accounts. All interest earned in the trust bank account will be accrued to their savings account balances. The scheme may allocate interest on a pro-rata basis based on closing month end savings balances.

34.6. Upon the death of the member, the balance due to the member will be transferred to his/her dependants who continue membership of the Scheme or paid to his/her estate in the absence of such dependants.

34.7. Unclaimed savings balances, where the member cannot be traced within one year of the member leaving the scheme will be paid to the Guardians Fund.

34.8. On transfer to another benefit option of the Scheme, which does not provide for such an account, any balance standing to the credit of the member in the PMSA will be refunded to the member, not later than four (4) months after such transfer and subject to applicable taxation laws.

34.9. Should a member terminate membership of the Scheme and not be admitted as a member of another medical scheme or be admitted to membership of another medical scheme or option which does not provide for a PMSA, the balance due to the member must be refunded to the member not later than four (4) months after termination of membership, and subject to applicable taxation laws.

34.10. Should a member transfer to another benefit option or be admitted to membership of another medical scheme, which provide for a similar account, the balance due to the member must be

transferred to such benefit option or scheme not later than 4 months after transfer to benefit option or termination of membership, as the case may be.

34.11. The funds in the member's medical savings account may not be used to pay for the costs of a prescribed minimum benefit or to offset contributions

34.12. On termination of membership, the funds in the member's PMSA may be used to offset any debt owed by the member including outstanding contributions.

35. THIRD PARTY CLAIMS

35.1. In the event that expenditure in respect of benefits paid by the Scheme arose as a result of an accident or incident or event caused by a third party, and which gives rise to a legally enforceable claim by the Member or Dependant against such third party, the Member and/or Dependant shall be advised to consult an attorney, selected by the Scheme, to ascertain whether the claims can be successfully prosecuted. The Member and/or Dependant shall, if so, advised by such attorney, instruct same to proceed with the claim.

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35.2. In the event of the Member or Dependant wishing to personally pursue the matter to finality, the Member or Dependants shall instruct such attorney to pay over to the Scheme any proceeds of the claim recovered as a result of the litigation insofar as the benefits paid by the Scheme are concerned.

35.3. In the event of such Member or Dependant not wishing personally to pursue the matter to finality, the Member or Dependant shall cede the claim to the Scheme to enable the Scheme to attend to the recovery thereof, if the Scheme is satisfied that a valid claim exists.

35.4. In the event of the Member or Dependant ceding the claim to the Scheme, the Scheme will indemnify the Member or Dependant for all costs incurred in respect thereof after cession.

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IN THE HIGH COURT OF SOUTH AFRICA
Gauteng Division, Pretoria

CASE NO: **2025-150109**

In the matter between:

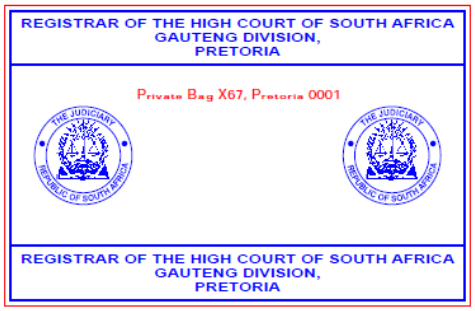
Council Plaintiff / Applicant / Appellant

and

Defendant / Respondent

Annexure 16 and More

NOTE: **This document was filed electronically by the Registrar on 21/10/2026 at 3:35:33 PM South African Standard Time (SAST). The time and date the document was filed by the party is presented on the header of each page of this document.**



ELECTRONICALLY SIGNED BY:

Registrar of Pretoria , Gauteng Division,Pretoria

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MEDICAL SCHEME

Sizwe Hosmed Medical Scheme

Index to the Financial Statements
August 2026

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GAUTENG DIVISION,
PRETORIA

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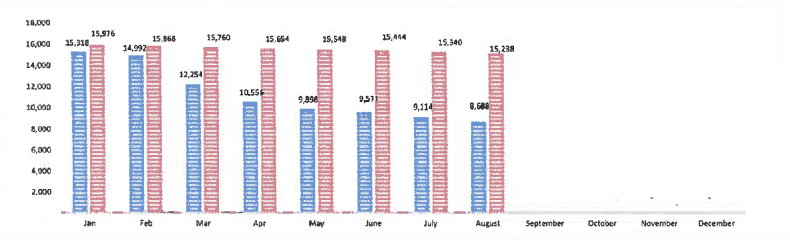
FINANCIAL MANAGEMENT REPORT FOR THE MONTH OF AUGUST 2026

INCOME :

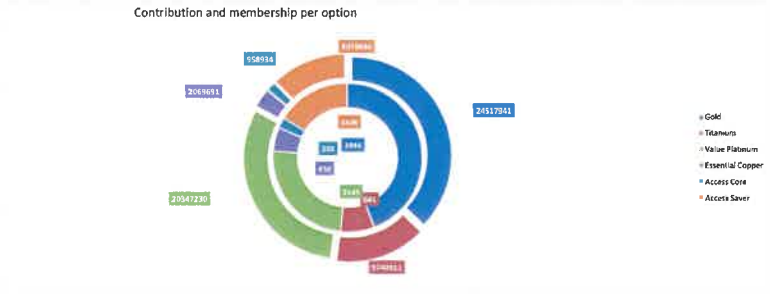
Contributions : Actual vs Budget

Contribution income for the month of Aug R57.8m which is R51.3m below the budgeted figure of R109.1m. The scheme had 8 688 members in Aug.6 550 below the budgeted figure of 15 238 members.
The scheme lost 426 members in the month of August.

Membership : Actual vs Budget



Membership Demographics Per Option





Membership Movement Analysis

Period : January to Current 2026

Month	Total Membership	Consolidated	Gold Ascend Plan	Titanium Executive Plan	Value Platinum Plan	Essential Copper Plan	Access Core Plan	Access Core Plan	Access Core Plan
January	15,318	(10,768)	(6,561)	(513)	(3,224)	(430)	(43)	3	(101)
February	14,992	(428)	(220)	(4)	(86)	(20)	3	(101)	(14)
March	12,254	(2,177)	(1,305)	(67)	(464)	(226)	(101)	(14)	(11)
April	10,556	(1,441)	(920)	(54)	(417)	(25)	(14)	(11)	(8)
May	9,898	(594)	(217)	(53)	(285)	(20)	(11)	(8)	(10)
June	9,571	(300)	(185)	(16)	(61)	(20)	(8)	(10)	(5)
July	9,114	(457)	(256)	(23)	(64)	(25)	(10)	(9)	(41)
August	8,688	(426)	(266)	(21)	(66)	(27)	(5)	(41)	(1,406)
September	-	-	-	-	-	-	-	-	-
October	-	-	-	-	-	-	-	-	-
November	-	-	-	-	-	-	-	-	-
December	-	-	-	-	-	-	-	-	-
Total		(16,591)	(9,930)	(751)	(4,667)	(793)	(189)	(261)	(1,596)

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FINANCIAL MANAGEMENT REPORT FOR THE MONTH OF AUGUST 2026

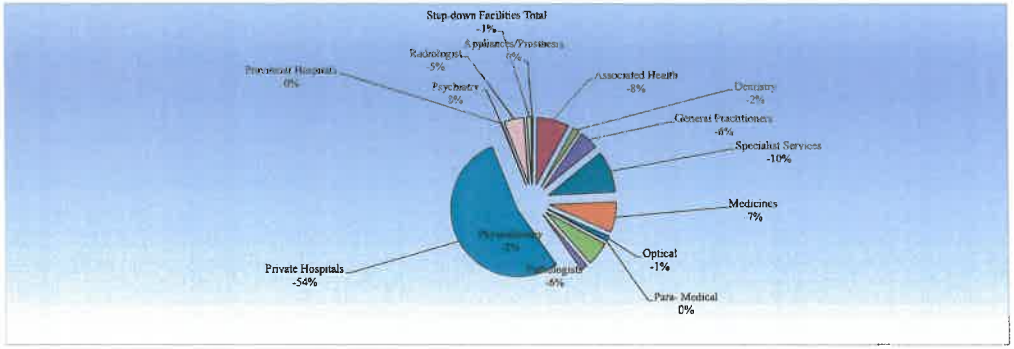
Claims Summary :

The net claims incurred for the month was R41.7m. This includes the IBNR adjustment of R16.8m and RBNP claims of R22.7m.

Claims Incurred : Actual v Budget

	Aug 26				Year To Date-2026			
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance
Appliances/Prosthesis	(111,338)	(416,247)	304,919	73%	(59,779)	(2,886,506)	2,126,727	74%
Associated Health	(4,556,238)	(2,208,021)	(2,348,237)	-106%	(46,152,938)	(23,401,648)	(22,751,290)	-97%
Dentistry	(981,426)	(1,555,535)	574,109	37%	(8,872,967)	(13,667,696)	4,794,729	35%
General Practitioners	(2,631,672)	(4,597,214)	1,965,542	43%	(22,492,471)	(35,224,489)	12,731,018	36%
Specialist Services	(5,841,293)	(20,013,980)	14,172,687	71%	(56,353,229)	(142,771,962)	86,418,733	61%
Medicines	(4,305,279)	(20,392,857)	16,087,578	79%	(42,346,687)	(175,745,739)	133,399,052	76%
Optical	(699,027)	(1,566,092)	867,065	55%	(7,611,877)	(17,596,669)	9,984,792	57%
Pathologists	(3,358,589)	(6,714,438)	3,355,849	50%	(35,697,545)	(55,292,695)	19,595,150	35%
Physiotherapy	(966,732)	(1,633,150)	666,418	41%	(11,977,728)	(14,011,853)	2,034,125	15%
Private Hospitals	(31,202,688)	(33,584,946)	2,382,258	7%	(307,466,873)	(265,224,724)	42,242,149	16%
Provincial Hospitals	(2,322)	(154,624)	152,302	98%	(253,515)	(333,261)	79,746	24%
Psychiatry	(118,292)	(775,596)	657,304	85%	(1,632,049)	(5,626,801)	3,994,752	71%
Radiologist	(2,779,358)	(6,195,558)	3,416,200	55%	(19,075,298)	(48,207,277)	29,131,979	60%
Step-down Facilities	(619,179.00)	(2,262,993)	1,643,814	73%	(2,646,073)	(17,788,212)	15,142,139	85%

Claims Incurred Analysis



Managed Care Management Services :

Dental managed care of R67.4k for the month is based on DRC rate of R8.66 on Titanium and Value per member and R7.80 on Gold Ascend Plus. Access Saver and Access Core options are billed at R6.24.

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SIZWE HOSMED
MEDICAL SCHEME

FINANCIAL MANAGEMENT REPORT FOR THE MONTH OF AUGUST 2026

Broker Commission:
The actual expense for brokers for the month is R1.4m.
As per CMS circular 2 of 2026 the broker rate for 2026 is paid up to a maximum of R125.86 plus vat per member per month.
If there is an issue with a broker's accreditation, commission will not be paid until the matter is resolved.

Administration Costs:

Administration Expenses :
The administration costs for the month is R17.5m.

Actuarial Fees :	R269 306-The amount paid GLM Actuarics & Consultants for actuarial services.
Legal Fees :	R2 174 056-Major expense item Fluxman Attorneys for legal advisory services .
Payroll Costs :	R1 264 827-This expense includes employee compensation,benefits and administration fees.
Professional Fees :	R1 239 618-Major expense items Engaged Business Turnaround and Naledi Advisory Services for professional services .
Self Administration Transition Costs :	R8 999 216-This relates to 3Sixty Health Costs.

Investment Income :
The differential in the interest will occur as the asset managers apply different strategies throughout the month in order to enhance the return capabilities of the fund. The scheme incurred an investment gain of R5m in August.
Interest on bank account: The bank balance of the scheme's current account determines the interest earned during any given period, hence the fluctuation.

Sundry Income :
Sundry Income R572.9k This is in respect of unallocated deposits,stale unpaid claims > than 3 years written back to income and claims recoveries.

Asset Management Fees :
Asset Management Fees : R168 498.28 comprises of Alluvani Capital Partners R59 606.21,Prescient R60 592.07,IAC R48 300.

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SIZWE HOSMED MEDICAL SCHEME

FINANCIAL MANAGEMENT REPORT FOR THE MONTH OF AUGUST 2026
SH RATIOS:

SOLVENCY RATIOS - AUGUST 2026	January	February	March	April	May	June	July	August
Accumulated funds / Gross Contribution (Reserve Level)								
Accumulated funds	542,999,342	568,421,562	524,550,340	546,137,558	601,957,836	448,150,755	425,341,925	442,632,822
Annualised Gross Contributions	1,535,929,236	1,474,700,322	1,373,989,180	1,284,517,212	1,215,930,264	1,083,726,028	1,037,587,440	1,006,447,400
Ratio	**35.35**	**38.54**	**38.18**	**42.52**	**49.51**	**41.35**	**40.99**	**43.98**
Accumulated funds / Gross Contribution (Solvency)								
Accumulated funds	542,999,342	568,421,562	524,550,340	546,137,558	601,957,836	448,150,755	425,341,925	442,632,822
Less: Cumulative net unrealised non-distributable reserve movements recognised in the IS	-34,193,505	-33,625,828	-	-22,332,640	-30,763,082	-28,046,560	-9,540,389	-14,540,696
Gross Contributions	1,535,929,236	1,474,700,322	1,373,989,180	1,284,517,212	1,215,930,264	1,083,726,028	1,037,587,440	1,006,447,400
Ratio	**33.13**	**36.26**	**38.18**	**40.78**	**46.98**	**38.76**	**40.07**	**42.53**
Current Assets to Current Liabilities								
Current Assets	1,078,358,724	1,002,324,750	924,390,915	939,661,639	911,128,664	763,217,312	679,414,285	683,911,841
Current Liabilities	852,319,659	758,086,521	710,909,365	713,122,366	637,199,492	649,015,666	592,627,130	581,230,470
Ratio	**1.27**	**1.32**	**1.30**	**1.32**	**1.43**	**1.18**	**1.15**	**1.18**
Cash to Current Liabilities								
Cash	26,921,420	31,446,624	28,686,356	73,908,108	122,159,199	35,020,534	48,832,240	45,797,752
Current Liabilities	852,319,659	758,086,521	710,909,365	713,122,366	637,199,492	649,015,666	592,627,130	581,230,470
Ratio	**0.03**	**0.04**	**0.04**	**0.10**	**0.19**	**0.05**	**0.08**	**0.08**
Average Debtors for contribution collection period * 365days								
Debtors	363,230,494	293,907,387	231,298,226	237,235,296	252,006,355	103,390,242	94,241,792	100,623,424
Contribution Income	1,535,929,236	1,474,700,322	1,373,989,180	1,284,517,212	1,215,930,264	1,083,726,028	1,037,587,440	1,006,447,400
Days	**86**	**73**	**61**	**67**	**76**	**35**	**33**	**36**
Outstanding Accounts Payable divided by annualised net claims incurred X 365 days								
Outstanding Accounts Payable	306,428,170	199,083,462	155,344,335	148,045,192	137,490,014	176,392,725	165,913,780	169,353,821
Annualised net claims	1,673,453,112	1,306,242,108	1,158,105,080	1,045,065,402	857,668,061	868,875,908	864,479,393	818,978,945
Days	**67**	**56**	**49**	**52**	**59**	**74**	**70**	**75**

Statement of Comprehensive Income

	Consolidation January	Consolidation February	Consolidation March	Consolidation April	Consolidation May	Consolidation June	Consolidation July	Consolidation August
Non health expenditure as a % of net contribution income								
Non health expenditure	14,865,442	28,528,413	40,175,769	51,704,828	64,931,836	76,441,954	88,847,324	107,863,271
Net contribution income	113,821,156	218,254,345	304,543,953	379,223,888	448,593,624	470,391,029	535,168,641	592,964,836
%age	**13.06%**	**13.07%**	**13.19%**	**13.63%**	**14.47%**	**16.25%**	**16.60%**	**18.19%**
Net claims incurred as a % of net contributions								
Net claims incurred	139,454,426	217,707,018	289,526,270	348,355,134	357,361,692	434,437,954	504,279,646	545,985,963
Net Contributions	113,821,156	218,254,345	304,543,953	379,223,888	448,593,624	470,391,029	535,168,641	592,964,836
%age	**122.52%**	**99.75%**	**95.07%**	**91.86%**	**79.66%**	**92.36%**	**94.23%**	**92.08%**
Investment income as a % of net contribution.								
Investment income	6,841,995	14,233,000	4,232,371	24,010,676	29,162,734	35,019,460	40,580,368	45,607,707
Net Contributions	113,821,156	218,254,345	304,543,953	379,223,888	448,593,624	470,391,029	535,168,641	592,964,836
%age	**6.01%**	**6.52%**	**1.39%**	**6.33%**	**6.50%**	**7.44%**	**7.58%**	**7.69%**

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MEDICAL SCHEME

FINANCIAL MANAGEMENT REPORT FOR THE MONTH OF AUGUST 2026

Discipline costs per beneficiary per month

	2025		2026	
	Actual	Budget	Actual	Budget
Appliances/Prosthesis	(8.70)	(9.45)	(4.07)	(15.45)
Associated Health Services	(70.48)	(57.93)	(247.03)	(125.25)
Dentistry	(41.31)	(49.46)	(47.49)	(73.15)
Medical Practitioners	(102.32)	(124.06)	(120.39)	(188.53)
Medical Specialists	(428.64)	(420.42)	(301.62)	(764.17)
Medicines	(523.88)	(611.31)	(226.66)	(940.66)
Not Specified	(0.62)	(0.80)	(0.63)	(1.01)
Optical	(52.25)	(55.98)	(40.74)	(94.18)
Paramedical Services	(19.54)	(21.93)	-	-
Pathologists	(163.83)	(167.10)	(191.07)	(295.95)
Physiotherapy	(42.11)	(32.20)	(64.11)	(75.00)
Private Hospitals	(809.87)	(776.95)	(1,645.68)	(1,419.58)
Provincial Hospitals	(0.80)	(1.58)	(1.36)	(1.78)
Psychiatry	(17.19)	(16.46)	(8.74)	(30.12)
Radiologists	(144.74)	(146.10)	(102.10)	(258.03)
Step - Down Facilities	(54.55)	(51.56)	(14.16)	(95.21)
Total	(2,471.84)	(2,543.28)	(3,015.83)	(4,378.07)

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SIZWE HOSMED MEDICAL SCHEME

Operational Statistics - 31 August 2026

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	Gold Ascend & EDO Plan	Titanium Executive Plan	ValuePlatinum & Core Plan	Essential Copper Plan	Access Core Plan	Access Saver Plan	Total
Members at the end of period	3,844	641	2,145	450	202	1,406	8,688
Average Number of members for the period	5,843	803	3,017	647	282	2,011	12,604
Dependants at the end of period	3,823	378	1,943	242	167	2,153	8,706
Average Number of dependants for the period	6,328	519	3,170	383	232	3,079	13,710
Beneficiaries at the end of period	7,667	1,019	4,088	692	369	3,559	17,394
Average Number of beneficiaries for the period	12,170	1,322	6,187	1,030	514	5,090	26,314
Average Number of dependants per member	1.0	0.6	0.9	0.5	0.8	1.5	1.0
Average Net Contributions per member per month	10,524	16,245	55,298	7,321	6,623	6,639	10,327
Average Net Contributions per beneficiary per month	5,276	10,219	35,959	4,761	3,626	2,623	5,158
Average Claims per member per month	8,591	11,713	43,873	4,342	5,221	5,825	8,227
Average Claims per beneficiary per month	4,307	7,368	28,530	2,823	2,858	2,301	4,109
Average Administration Cost per member per month	908	1,133	6,083	1,292	1,264	1,312	1,318
Average Administration Cost per beneficiary per month	692	713	3,956	840	692	518	658
Average Managed Care Cost per member per month	465	384	2,054	236	425	435	433
Average Broker Fees per member per month	185	150	820	175	169	173	177
Gross healthcare(loss)/profit YTD per member	3,814	26,324	7,973	12,120	2,339	4,217	5,407
Net healthcare(loss)/profit YTD per member	(9,057)	15,086	(49,561)	(170)	(9,695)	(8,110)	(7,008)
Net (loss)/profit YTD per member	(3,429)	20,032	(24,361)	5,268	(4,415)	(2,746)	(1,575)
Net claims as a % of net contributions YTD	94.4%	77.5%	97.8%	75.4%	95.0%	90.6%	92.1%
Managed care as a % of net contributions YTD	4.4%	2.2%	3.7%	3.2%	6.0%	6.3%	4.1%
Administration costs as a % of net contributions YTD	16.9%	8.7%	14.4%	22.4%	23.3%	24.8%	16.3%
Broker Fees as % of net contributions YTD	1.9%	0.9%	1.6%	2.6%	2.6%	2.8%	1.8%
Pensioner Ratio per beneficiary	21.49%	50.83%	29.51%	33.82%	35.50%	9.64%	23.43%
Average Age per beneficiary	42.32	60.77	46.78	48.82	50.53	33.66	43.14

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME - ACTUAL vs BUDGET FOR 2026-08

		CURRENT FOR PERIOD: 2026-08				CURRENT YEAR - TO - DATE				YEAR TO DATE FOR PRIOR YEAR 2025-08			
		Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Gross Contribution Income	Note 1	65,705,593	122,936,088	-57,230,495	-47%	670,964,933	1,008,045,505	-337,080,572	-33%	2,653,634,773	3,085,235,821	-431,601,048	-14%
Less: Savings Contribution Income		-7,909,398	-13,819,017	5,909,619	43%	-78,000,097	-113,203,746	35,203,649	31%	-312,518,858	-467,288,317	154,769,459	33%
NET CONTRIBUTION INCOME		**57,796,195**	**109,117,071**	**-51,320,876**	**-47%**	**592,964,836**	**894,841,759**	**-301,876,923**	**-34%**	**2,341,115,915**	**2,617,947,504**	**-276,831,589**	**-11%**
Relevant Healthcare Expenditure		**-41,706,317**	**-107,239,935**	**65,533,618**	**61%**	**-545,985,963**	**-857,960,381**	**311,974,418**	**36%**	**-2,332,878,929**	**-2,394,775,526**	**61,896,598**	**3%**
NET CLAIMS INCURRED		**-41,706,317**	**-107,239,935**	**65,533,618**	**61%**	**-545,985,963**	**-857,960,381**	**311,974,418**	**36%**	**-2,332,878,929**	**-2,394,775,526**	**61,896,598**	**3%**
Claims Incurred	Note 2	-41,324,093	-102,073,821	60,749,728	60%	-520,096,752	-817,967,945	297,871,193	36%	-2,214,985,934	-2,279,657,051	64,671,117	3%
Third Party Claims Recoveries	Note 3	0	0	0		759,705	0	759,705	100%	1,252,667	0	1,252,667	100%
Less: Managed Care - Management Servic	Note 4	-91,661	-4,639,803	4,548,142	98%	-24,462,286	-37,959,654	13,497,368	36%	-114,696,606	-115,118,476	421,870	0%
RTA / Premiums paid		-290,563	-526,311	235,748	45%	-2,895,337	-4,311,552	1,416,215	33%	-7,614,044	0	-7,614,044	-100%
RTA / Claims recoveries		0	0	0		708,707	2,278,770	-1,570,064	-69%	3,164,987	0	3,164,987	100%
GROSS HEALTHCARE RESULTS		**16,089,878**	**1,877,136**	**14,212,742**	**757%**	**46,978,873**	**36,881,378**	**10,097,496**	**27%**	**8,236,986**	**223,171,977**	**(214,934,991)**	**-96%**
Less: Broker Service Fees		-1,435,727	-1,737,737	302,011	17%	-10,955,996	-14,216,964	3,260,969	23%	-43,131,844	-47,719,139	4,587,294	10%
Less: Administration Expenses	Note 5	-17,580,220	-13,228,149	-4,352,070	-33%	-96,907,275	-106,500,269	9,592,995	9%	-195,077,791	-197,345,958	2,268,167	1%
NET HEALTHCARE RESULTS		**-2,926,069**	**-13,088,751**	**10,162,682**	**78%**	**-60,884,397**	**-83,835,856**	**22,951,459**	**38%**	**-229,972,650**	**-21,893,120**	**(208,079,530)**	**-950%**
Investment Income	Note 6	5,027,339	3,679,588	1,347,752	37%	45,607,707	31,489,800	14,117,907	45%	52,314,499	21,238,048	31,076,451	146%
Sundry Income	Note 7	572,944	0	572,944	100%	3,411,872	0	3,411,872	100%	10,638,527	0	10,638,527	100%
Asset Management Fees		-168,498	-147,184	-21,315	-14%	-1,430,669	-1,259,592	-171,077	-14%	-1,319,968	-849,522	-470,446	-55%
Sundry Expense		-382,562	0	-382,562	-100%	-388,991	0	-388,991	-100%	0	0	0	
Net Surplus/(Deficit) for the year		**2,123,154**	**-9,556,346**	**11,679,500**	**122%**	**-13,684,479**	**-53,605,648**	**39,921,169**	**74%**	**-168,339,592**	**-1,504,594**	**(166,834,999)**	**11088%**
BENEFICIARIES		**17,394**	**32,732**	**-15,338**	**-47%**	**17,394**	**32,732**	**-15,338**	**-47%**	**108,445**	**114,455**	**-47,440**	**-41%**
Members		8,688	15,238	-6,550	-43%	8,688	15,238	-6,550	-43%	46,991	48,327	-11,566	-24%
Dependants		8,706	17,495	-8,789	-50%	8,706	17,495	-8,789	-50%	61,454	66,128	-35,875	-54%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES ACTUAL vs BUDGET FOR MONTH 2026-08

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Note 1												
Arrear Adjustments	-2,729,027	0	-2,729,027	-100%	-46,668,008	0	-46,668,008	-100%	-40,825,105	0	-40,825,105	-100%
Contribution Income Raised	68,434,620	122,936,088	-54,501,468	-44%	717,632,941	1,008,045,505	-290,412,564	-29%	2,694,459,878	3,085,235,821	-390,775,943	-13%
	65,705,593	**122,936,088**	**-57,230,495**	**-47%**	**670,964,933**	**1,008,045,505**	**-337,080,572**	**-33%**	**2,653,634,773**	**3,085,235,821**	**-431,601,048**	**-14%**
Note 2												
Appliances/Prosthesis	-111,328	-416,247	304,919	73%	-759,779	-2,886,506	2,126,726	74%	-7,802,493	-8,472,393	669,900	8%
Associated Health Services	-4,556,258	-2,208,021	-2,348,237	-106%	-46,152,938	-23,401,648	-22,751,290	-97%	-63,176,891	-51,921,267	-11,255,624	-22%
Covid 19 Vaccination	0	0	0		0	0	0		0	0	0	
Dentistry	-981,426	-1,555,535	574,109	37%	-8,872,967	-13,667,696	4,794,729	35%	-37,030,264	-44,334,327	7,304,063	16%
Medical Practitioners	-2,631,672	-4,597,214	1,965,541	43%	-22,492,471	-35,224,489	12,732,018	36%	-91,710,246	-111,202,365	19,492,119	18%
Medical Specialists	-5,841,293	-20,013,980	14,172,687	71%	-56,353,229	-142,771,962	86,418,733	61%	-384,212,038	-376,838,846	-7,373,192	-2%
Medicines	-4,305,279	-20,392,857	16,087,578	79%	-42,346,687	-175,745,739	133,399,051	76%	-469,575,231	-547,941,956	78,366,726	14%
Not Specified	0	-2,570	2,570	100%	-117,824	-188,411	70,588	37%	-558,403	-714,800	156,397	22%
Optical	-699,027	-1,566,092	867,065	55%	-7,611,877	-17,596,669	9,984,792	57%	-46,833,840	-50,173,115	3,339,275	7%
Paramedical Services	0	0	0		0	0	0		-9,447,756	-19,659,371	10,211,616	52%
Pathologist	-3,358,589	-6,714,438	3,355,849	50%	-35,697,545	-55,292,695	19,595,150	35%	-146,846,550	-149,776,225	2,929,675	2%
Physiotherapy	-966,732	-1,633,150	666,418	41%	-11,977,728	-14,011,853	2,034,126	15%	-37,745,050	-28,862,618	-8,882,432	-31%
Private Hospitals	-31,202,688	-33,584,946	2,382,258	7%	-307,466,873	-265,224,724	-42,242,149	-16%	-725,927,296	-696,414,943	-29,512,353	-4%
Provincial Hospitals	-2,322	-154,624	152,302	99%	-253,515	-333,261	79,746	24%	-719,048	-1,415,245	696,198	49%
Psychiatry	-118,292	-775,596	657,303	85%	-1,632,049	-5,626,801	3,994,752	71%	-15,404,811	-14,750,912	-653,899	-4%
Radiologist	-2,779,358	-6,195,558	3,416,200	55%	-19,075,298	-48,207,277	29,131,978	60%	-129,734,894	-130,959,088	1,224,194	1%
Recoveries under RTA	0	0	0		0	0	0		0	0	0	
RTA Claims	0	0	0		-708,707	0	-708,707	-100%	-3,164,987	0	-3,164,987	-100%
Step-down facilities	-619,179	-2,262,993	1,643,814	73%	-2,646,073	-17,788,212	15,142,140	85%	-48,900,023	-46,219,580	-2,680,443	-6%
Inc/Dec in Prov for o/s Claims	16,849,351	0	16,849,351	100%	44,068,809	0	44,068,809	100%	3,803,884	0	3,803,884	100%
	-41,324,093	**-102,073,821**	**60,749,728**	**60%**	**-520,096,752**	**-817,967,945**	**297,871,193**	**36%**	**-2,214,985,934**	**-2,279,657,051**	**64,671,117**	**3%**
Note 3												
Claims Recovered	0	0	0		759,705	0	759,705	100%	1,252,667	0	1,252,667	100%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA, PRETORIA DIVISION

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Income RAF Recoveries	0	0	0		0	0	0		0	0	0	
	0	**0**	**0**		**759,705**	**0**	**759,705**	**100%**	**1,252,667**	**0**	**1,252,667**	**100%**
Note 4												
Centre for Diabetes & Endocrinology	0	0	0		0	0	0		0	-3,797,084	3,797,084	100%
Chronic Disease/Wellness Management	0	-1,215,075	1,215,075	100%	-6,338,398	-9,855,669	3,517,271	36%	-30,107,270	-29,135,103	-972,167	-3%
Dental Benefit Management	-67,450	-88,966	21,516	24%	-701,159	-953,157	251,999	26%	-2,908,666	-2,894,085	-14,581	-1%
Emergency Services - Netcare 911	-24,211	0	-24,211	-100%	-241,255	0	-241,255	-100%	-634,444	0	-634,444	-100%
Enablemed Benefit Management	0	0	0		0	0	0		0	0	0	
Hospital Benefit Management	0	-1,666,380	1,666,380	100%	-8,560,554	-13,549,904	4,989,350	37%	-40,170,919	-39,857,401	-313,517	-1%
Pharmacy Benefit Management	0	-1,567,734	1,567,734	100%	-8,128,303	-12,733,303	4,605,000	36%	-38,406,690	-37,358,356	-1,048,333	-3%
Specialists Network Management	0	-101,649	101,649	100%	-492,617	-867,620	375,004	43%	-2,468,617	-2,076,446	-392,171	-19%
	-91,661	**-4,639,803**	**4,548,142**	**98%**	**-24,462,286**	**-37,959,654**	**13,497,368**	**36%**	**-114,696,606**	**-115,118,476**	**421,870**	**0%**
Note 5												
Actuarial Fees	-269,306	-556,246	286,940	52%	-3,192,002	-4,478,352	1,286,351	29%	-3,891,460	-3,904,608	13,148	0%
Admin Fees - Brokers	0	-143,206	143,206	100%	-762,003	-1,152,960	390,957	34%	-3,575,549	-3,147,227	-428,322	-14%
Admin Fees - General	0	-3,621,128	3,621,128	100%	-19,268,059	-29,153,820	9,885,760	34%	-90,416,783	-95,260,179	4,843,395	5%
Admin Fees - Marketing	-1,290,152	-1,290,152	0		-10,387,060	-10,387,060	0		-25,515,766	-26,059,159	543,393	2%
AGM Costs	0	-78,947	78,947	100%	0	-635,601	635,601	100%	0	-792,942	792,942	100%
Asset Disposal Loss	0	0	0		0	0	0		0	0	0	
Asset Expense	0	0	0		0	0	0		-36,488	0	-36,488	-100%
Audit Fees	0	-498,610	498,610	100%	-120,796	-4,014,323	3,893,527	97%	-888,321	-1,632,478	744,157	46%
Bad Debts Written Off	0	0	0		0	0	0		0	0	0	
Bank Charges	-78,810	-229,360	150,550	66%	-660,363	-1,846,588	1,186,226	64%	-2,225,857	-1,667,211	-558,646	-34%
BBBEE Costs	0	-83,102	83,102	100%	0	-669,054	669,054	100%	-3,742,839	-1,851,737	-1,891,103	-102%
Branding & Promotions	-940,193	-538,262	-401,931	-75%	-2,711,873	-4,333,564	1,621,691	37%	-3,981,722	-4,475,373	493,650	11%
Cleaning	0	0	0		0	0	0		-45,997	-48,508	2,511	5%
Collection Fees	0	0	0		0	0	0		0	0	0	
Computer Licence	-83,577	-54,843	-28,734	-52%	-827,981	-441,542	386,439	-88%	-1,043,700	-448,461	-595,239	-133%
Computer Maintenance	0	-10,969	10,969	100%	-18,593	-88,315	69,722	79%	-320,729	0	-320,729	-100%
Conference / Seminar Fees	0	-13,878	13,878	100%	-5,950	-111,732	105,782	95%	-336,839	-179,424	-157,415	-88%
Courier Charges	0	-9,972	9,972	100%	-51,283	-80,286	29,003	36%	-404,598	-81,327	-323,271	-397%
Dataline Rental	0	0	0		0	0	0		0	0	0	

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG PROVINCE, PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Depreciation	-77,665	-66,008	-11,657	-18%	-617,867	-531,431	-86,436	-16%	-599,638	-473,259	-126,379	-27%
Depreciation Lease	-316,031	-173,835	-142,196	-82%	-2,504,513	-1,399,548	-1,104,965	-79%	-905,742	-708,847	-196,895	-28%
Disaster Recovery	0	0	0		0	0	0		-37,006	0	-37,006	-100%
Emergency Services	0	0	0		0	0	0		-339,357	-215,059	-124,299	-58%
Entertainment	0	0	0		0	0	0		0	0	0	
Equipment Rentals	0	-12,964	12,964	100%	-34,602	-104,372	69,771	67%	-121,221	-146,446	25,225	17%
Fidelity Insurance	0	-166,204	166,204	100%	-1,000,000	-1,338,110	338,110	25%	-936,395	-842,463	-93,932	-11%
Finance Costs	0	0	0		0	0	0		0	0	0	
Insurance	-29,787	-15,696	-14,091	-90%	-238,299	-126,370	-111,928	-89%	-185,185	-116,543	-68,643	-59%
Interest for Leases	-53,278	-48,666	-4,612	-9%	-381,413	-391,814	10,401	3%	-109,798	-214,247	104,449	49%
Interest Paid	0	0	0		-126,700	0	-126,700	-100%	-104,649	0	-104,649	-100%
Internal Auditing	0	-199,444	199,444	100%	0	-1,605,729	1,605,729	100%	-446,563	-1,389,343	942,779	68%
Investigations	-332,002	-135,113	-196,888	-146%	-1,479,653	-1,087,801	-391,852	-36%	-630,087	-1,732,273	1,102,186	64%
Legal Fees	-2,174,056	-292,266	-1,881,790	-644%	-12,542,226	-2,353,041	-10,189,185	-433%	0	-1,192,801	1,192,801	100%
Managed Healthcare (Non Accredited)	0	-128,822	128,822	100%	-366,641	-1,037,147	670,506	65%	-2,503,948	-3,485,670	981,722	28%
Mediswitch	0	-299,166	299,166	100%	-412	-2,408,594	2,408,182	100%	-4,374,948	-3,158,772	-1,216,176	-39%
Meeting Costs	-7,887	-14,626	6,739	46%	-13,721	-117,753	104,033	88%	-644,301	-630,965	-13,336	-2%
Office Plants	0	0	0		0	0	0		0	0	0	
Office Rental	0	0	0		0	0	0		-1,166,498	-1,074,004	-92,494	-9%
Optical Benefit Management	-29,229	-55,726	26,498	48%	-313,673	-448,654	134,981	30%	-1,469,861	-1,414,677	-55,184	-4%
Parking Rental	0	0	0		-220	0	-220	-100%	0	0	0	
Payroll Costs	-1,264,827	-2,159,368	894,541	41%	-13,939,181	-17,385,147	3,445,966	20%	-15,654,647	-17,015,926	1,361,280	8%
Postages	-4,483	-16,620	12,137	73%	-95,638	-133,811	38,173	29%	-724,025	-406,637	-317,388	-78%
Premises Insurance	0	0	0		0	0	0		0	0	0	
Printing	-2,234	-38,892	36,657	94%	-27,547	-313,117	285,570	91%	-708,252	-525,770	-182,482	-35%
Professional Fees	-1,239,618	-1,331,684	92,065	7%	-10,776,813	-10,721,429	-55,384	-1%	-11,324,752	-10,961,797	-362,955	-3%
Repairs & Maintenance	-2,450	-37,279	34,829	93%	-8,061	-300,135	292,074	97%	-6,029	-334,662	328,633	98%
Secretarial Fees	-67,268	-65,100	-2,168	-3%	-307,821	-524,121	216,301	41%	-662,755	-476,787	-185,968	-39%
Security	-652	-798	146	18%	-5,121	-6,423	1,302	20%	14,758	-7,002	21,761	311%
Self Administration Transition Costs	-8,999,216	0	-8,999,216	-100%	-8,999,216	0	-8,999,216	-100%	0	0	0	
SMS Communication	0	-199,444	199,444	100%	-364,784	-1,605,729	1,240,945	77%	-1,587,955	-1,355,456	-232,499	-17%
Staff Cellphones	-51,394	-61,466	10,073	16%	-442,998	-494,866	51,867	10%	-575,972	-405,315	-170,657	-42%

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Staff Entertainment	0	0	0		0	0	0		0	0	0	
Staff Motor Vehicle Expense	-27,909	-35,401	7,492	21%	-172,384	-285,017	112,633	40%	-403,922	-296,845	-107,077	-36%
Staff Recruitment Costs	0	-54,016	54,016	100%	0	-434,885	434,885	100%	-815,925	-101,659	-714,266	-703%
Staff Telephone	0	0	0		0	0	0		0	0	0	
Staff Training	0	-26,093	26,093	100%	-76,863	-210,073	133,210	63%	-134,387	-476,775	342,388	72%
Staff WCI	-2,250	-2,992	742	25%	-10,080	-24,086	14,006	58%	-11,902	-23,007	11,104	48%
Staff Welfare	-22,857	-9,972	-12,885	-129%	-51,081	-80,286	29,205	36%	-219,022	-121,991	-97,031	-80%
Stationery	0	-4,283	4,283	100%	0	-34,482	34,482	100%	-13,003	-34,929	21,926	63%
Statutory Costs	0	-123,446	123,446	100%	-1,534,803	-993,871	-540,932	-54%	-100,000	-2,033,862	1,933,862	95%
Storage	-12,189	-12,880	691	5%	-205,792	-103,697	-102,096	-98%	-96,155	-105,041	8,886	8%
Strategic Initiatives	0	0	0		0	0	0		0	0	0	
Sub- Committees Honoraria	0	0	0		0	0	0		-1,341,136	0	-1,341,136	-100%
Subscriptions	-24,998	-18,656	-6,342	-34%	-700,505	-150,203	-550,303	-366%	-1,425,768	-200,604	-1,225,163	-611%
Telephones	-23,874	-36,897	13,023	35%	-231,123	-297,060	65,937	22%	-2,357,036	-252,066	-2,104,970	-835%
Temp Wages	0	0	0		-227,700	0	-227,700	-100%	0	0	0	
Travel Expenses	-4,819	-157,178	152,359	97%	-86,755	-1,265,442	1,178,686	93%	-704,073	-1,895,057	1,190,983	63%
Trustees Expenses	-23,991	0	-23,991	-100%	-198,883	0	-198,883	-100%	-4,940,330	-3,772,831	-1,167,499	-31%
Water & Electricity	-123,218	-98,475	-24,742	-25%	-818,225	-792,829	-25,396	-3%	-283,659	-197,938	-85,722	-43%
	-17,580,220	**-13,228,149**	**-4,352,070**	**-33%**	**-96,907,275**	**-106,500,269**	**9,592,995**	**9%**	**-195,077,791**	**-197,345,958**	**2,268,167**	**1%**
Note 6												
Dividends Received	0	0	0		0	0	0		0	0	0	
ECL Impairment	0	0	0		0	0	0		0	0	0	
Income on Investments	0	0	0		0	0	0		0	0	0	
Interest on Bank Accounts	63,707	0	63,707	100%	777,446	0	777,446	100%	1,731,153	0	1,731,153	100%
Interest on Investments	3,928,734	3,679,588	249,146	7%	34,230,997	31,489,800	2,741,197	9%	45,487,570	21,238,048	24,249,522	114%
Interest Received	0	0	0		79,079	0	79,079	100%	0	0	0	
Loss on Investments	0	0	0		-417,611	0	-417,611	-100%	-627,422	0	-627,422	-100%
Profit on Investments	1,034,898	0	1,034,898	100%	10,937,796	0	10,937,796	100%	5,723,198	0	5,723,198	100%
	5,027,339	**3,679,588**	**1,347,752**	**37%**	**45,607,707**	**31,489,800**	**14,117,907**	**45%**	**52,314,499**	**21,238,048**	**31,076,451**	**146%**
Note 7												
Bad Debts Recovered	0	0	0		0	0	0		0	0	0	
Profit on Sale of Asset	0	0	0		7,548	0	7,548	100%	0	0	0	

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Recouped Depreciation	0	0	0		0	0	0		0	0	0	
Sundry Income	572,944	0	572,944	100%	3,404,324	0	3,404,324	100%	10,638,527	0	10,638,527	100%
	572,944	**0**	**572,944**	**100%**	**3,411,872**	**0**	**3,411,872**	**100%**	**10,638,527**	**0**	**10,638,527**	**100%**

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION
PRETORIA

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CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME - ACTUAL vs BUDGET FOR MONTH 2026-08 OPTION GOLD ASCEND & EDO PLAN

		CURRENT FOR PERIOD: 2026-08				CURRENT YEAR - TO - DATE				YEAR TO DATE FOR PRIOR YEAR 2025-08			
		Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Gross Contribution Income	Note 1	24,517,941	50,976,780	-26,458,839	-52%	262,439,459	416,477,821	-154,038,362	-37%	1,199,557,037	906,362,069	293,194,968	32%
Less: Savings Contribution Income		0	0	0		0	0	0		0	0	0	
NET CONTRIBUTION INCOME		**24,517,941**	**50,976,780**	**-26,458,839**	**-52%**	**262,439,459**	**416,477,821**	**-154,038,362**	**-37%**	**1,199,557,037**	**906,362,069**	**293,194,968**	**32%**
Relevant Healthcare Expenditure		**-20,024,029**	**-51,505,321**	**31,481,293**	**61%**	**-247,778,367**	**-410,192,874**	**162,414,507**	**40%**	**-1,149,443,313**	**-814,783,006**	**-334,660,307**	**-41%**
NET CLAIMS INCURRED		**-20,024,029**	**-51,505,321**	**31,481,293**	**61%**	**-247,778,367**	**-410,192,874**	**162,414,507**	**40%**	**-1,149,443,313**	**-814,783,006**	**-334,660,307**	**-41%**
Claims Incurred	Note 2	-19,853,284	-49,009,609	29,156,325	59%	-235,565,393	-390,897,833	155,332,440	40%	1,088,426,403	-771,531,861	-316,894,541	-41%
Third Party Claims Recoveries	Note 3	0	0	0		346,554	0	346,554	100%	567,065	0	567,065	100%
Less: Managed Care - Management Services	Note 4	-42,186	-2,241,456	2,199,270	98%	-11,556,697	-18,314,318	6,757,621	37%	-59,316,223	-43,251,145	-16,065,078	-37%
RTA / Premiums paid		-128,560	-254,257	125,698	49%	-1,330,123	-2,080,184	750,062	36%	-3,884,381	0	-3,884,381	-100%
RTA / Claims recoveries		0	0	0		327,291	1,099,462	-772,171	-70%	1,616,628	0	1,616,628	100%
GROSS HEALTHCARE RESULTS		**4,493,912**	**-528,542**	**5,022,454**	**950%**	**14,661,092**	**6,284,948**	**8,376,145**	**133%**	**50,113,724**	**91,579,063**	**-41,465,340**	**-45%**
Less: Broker Service Fees		-660,085	-839,489	179,403	21%	-5,068,454	-6,859,230	1,790,776	26%	-21,874,557	-17,928,550	-3,946,006	-22%
Less: Administration Expenses	Note 5	-7,818,284	-6,390,425	-1,427,859	-22%	-44,407,094	-51,383,437	6,976,343	14%	-98,390,217	-74,144,820	-24,245,397	-33%
NET HEALTHCARE RESULTS		**-3,984,457**	**-7,758,455**	**3,773,998**	**49%**	**-34,814,456**	**-51,957,719**	**17,143,263**	**33%**	**-70,151,050**	**-494,307**	**-69,656,743**	**1,092%**
Investment Income	Note 6	2,224,753	1,277,216	947,537	74%	20,912,457	10,930,374	9,982,083	91%	26,524,016	7,371,905	19,152,111	260%
Sundry Income	Note 7	253,499	0	253,499	100%	1,548,972	0	1,548,972	100%	5,270,100	0	5,270,100	100%
Asset Management Fees		-74,552	-51,089	-23,463	-46%	-655,539	-437,215	-218,324	-50%	-667,826	-294,876	-372,950	-126%
Sundry Expense		-169,264	0	-169,264	-100%	-172,168	0	-172,168	-100%	0	0	0	
Net Surplus/(Deficit) for the year		**-1,750,021**	**-6,532,327**	**4,782,307**	**73%**	**-13,180,734**	**-41,464,560**	**28,283,826**	**68%**	**-39,024,760**	**6,582,721**	**-45,607,481**	**-693%**
BENEFICIARIES		**7,667**	**15,813**	**-8,146**	**-52%**	**7,667**	**15,813**	**-8,146**	**-52%**	**57,488**	**42,911**	**115,276**	**269%**
Members		3,844	7,256	-3,412	-47%	3,844	7,256	-3,412	-47%	24,046	17,630	50,559	287%
Dependants		3,823	8,557	-4,734	-55%	3,823	8,557	-4,734	-55%	33,442	25,281	64,717	256%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG PROVINCE, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES ACTUAL vs BUDGET FOR 2026-08 OPTION GOLD ASCEND & EDO PLAN

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Note 1												
Arrear Adjustments	-1,334,843	0	-1,334,843	-100%	-21,377,121	0	-21,377,121	-100%	-14,008,655	0	-14,008,655	-100%
Contribution Income Raised	25,852,784	50,976,780	-25,123,996	-49%	283,816,580	416,477,821	-132,661,241	-32%	1,213,565,692	906,362,069	307,203,623	34%
	24,517,941	**50,976,780**	**-26,458,839**	**-52%**	**262,439,459**	**416,477,821**	**-154,038,362**	**-37%**	**1,199,557,037**	**906,362,069**	**293,194,968**	**32%**
Note 2												
Appliances/Prosthesis	-99,872	-109,486	9,613	9%	-416,828	-768,448	351,620	46%	-2,023,804	-1,564,495	-459,309	-29%
Associated Health Services	-2,188,145	-1,249,558	-938,587	-75%	-22,674,907	-11,386,369	-11,288,538	-99%	-30,111,487	-16,784,083	-13,327,404	-79%
Covid 19 Vaccination	0	0	0		0	0	0		0	0	0	
Dentistry	-601,418	-1,132,311	530,893	47%	-6,077,149	-8,797,767	2,720,618	31%	-23,827,750	-14,917,497	-8,910,253	-60%
Medical Practitioners	-1,794,778	-3,595,759	1,800,980	50%	-15,570,022	-28,491,369	12,921,347	45%	-75,465,398	-54,785,002	-20,680,396	-38%
Medical Specialists	-2,634,796	-9,563,697	6,928,901	72%	-23,453,849	-64,204,249	40,750,400	63%	-173,216,008	-123,292,150	-49,923,857	-40%
Medicines	-1,586,506	-9,061,372	7,474,865	82%	-16,975,106	-82,590,820	65,615,714	79%	-217,017,563	-177,589,940	-39,427,622	-22%
Not Specified	0	-2,294	2,294	100%	0	-5,576	5,576	100%	-14,912	-368,033	353,121	96%
Optical	-318,254	-840,402	522,149	62%	-3,657,658	-8,723,634	5,065,977	58%	-24,286,936	-19,336,877	-4,950,059	-26%
Paramedical Services	0	0	0		0	0	0		-4,293,117	-6,401,946	2,108,828	33%
Pathologist	-1,675,261	-3,583,291	1,908,030	53%	-18,484,995	-30,303,062	11,818,066	39%	-79,610,542	-56,078,741	-23,531,801	-42%
Physiotherapy	-499,933	-815,122	315,189	39%	-4,789,091	-6,847,443	2,058,352	30%	-18,197,477	-9,753,785	-8,443,693	-87%
Private Hospitals	-14,691,444	-14,718,578	27,134	0%	-131,708,239	-117,105,006	-14,603,233	-12%	-315,596,340	-228,430,021	-87,166,319	-38%
Provincial Hospitals	-2,322	-46,824	44,502	95%	-189,125	-104,349	-84,776	-81%	-240,780	-181,810	-58,970	-32%
Psychiatry	-79,237	-440,126	360,889	82%	-739,426	-2,444,311	1,704,885	70%	-6,567,737	-4,087,765	-2,479,973	-61%
Radiologist	-1,149,675	-2,839,817	1,690,142	60%	-8,526,197	-21,497,504	12,971,307	60%	-57,227,987	-43,144,382	-14,083,605	-33%
Recoveries under RTA	0	0	0		0	0	0		0	0	0	
RTA Claims	0	0	0		-327,291	0	-327,291	-100%	-1,616,628	0	-1,616,628	-100%
Step-down facilities	-109,744	-1,010,973	901,229	89%	-1,203,177	-7,627,927	6,424,750	84%	-20,570,438	-14,815,336	-5,755,102	-39%
Inc/Dec in Prov for o/s Claims	7,578,102	0	7,578,102	100%	19,227,667	0	19,227,667	100%	-38,541,498	0	-38,541,498	-100%
	-19,853,284	**-49,009,609**	**29,156,325**	**59%**	**-235,565,393**	**-390,897,839**	**155,332,446**	**40%**	**-1,088,426,403**	**-771,531,861**	**-316,894,541**	**-41%**
Note 3												
Claims Recovered	0	0	0		346,554	0	346,554	100%	567,065	0	567,065	100%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Income RAF Recoveries	0	0	0		0	0	0		0	0	0	
	0	**0**	**0**		**346,554**	**0**	**346,554**	**100%**	**567,065**	**0**	**567,065**	**100%**
Note 4												
Centre for Diabetes & Endocrinc	0	0	0		0	0	0		0	-1,486,346	1,486,346	100%
Chronic Disease/Wellness Mana	0	-608,717	608,717	100%	-3,082,941	-4,939,691	1,856,749	38%	-15,915,838	-11,292,189	-4,623,649	-41%
Dental Benefit Management	-31,473	-44,958	13,485	30%	-340,316	-479,854	139,537	29%	-1,530,695	-1,101,643	-429,053	-39%
Emergency Services - Netcare 9:	-10,712	0	-10,712	-100%	-110,833	0	-110,833	-100%	-323,668	0	-323,668	-100%
Enablemed Benefit Managemen	0	0	0		0	0	0		0	0	0	
Hospital Benefit Management	0	-779,767	779,767	100%	-3,948,922	-6,327,429	2,378,508	38%	-20,387,218	-14,463,365	-5,923,853	-41%
Pharmacy Benefit Management	0	-762,866	762,866	100%	-3,850,495	-6,191,609	2,341,114	38%	-19,949,423	-14,154,107	-5,795,317	-41%
Specialists Network Managemer	0	-45,147	45,147	100%	-223,189	-375,736	152,547	41%	-1,209,380	-753,496	-455,884	-61%
	-42,186	**-2,241,456**	**2,199,270**	**98%**	**-11,556,697**	**-18,314,318**	**6,757,621**	**37%**	**-59,316,223**	**-43,251,145**	**-16,065,078**	**-37%**
Note 5												
Actuarial Fees	-121,445	-268,718	147,274	55%	-1,477,030	-2,160,681	683,652	32%	-1,897,326	-1,467,000	-430,326	-29%
Admin Fees - Brokers	0	-69,182	69,182	100%	-351,506	-556,271	204,765	37%	-1,814,629	-1,182,444	-632,185	-53%
Admin Fees - General	0	-1,749,341	1,749,341	100%	-8,888,216	-14,065,912	5,177,697	37%	-45,887,438	-35,790,187	-10,097,250	-28%
Admin Fees - Marketing	-570,827	-623,263	52,437	8%	-4,749,952	-5,011,469	261,518	5%	-12,921,966	-9,790,683	-3,131,284	-32%
AGM Costs	0	-38,139	38,139	100%	0	-306,660	306,660	100%	0	-297,916	297,916	100%
Asset Disposal Loss	0	0	0		0	0	0		0	0	0	
Asset Expense	0	0	0		0	0	0		-18,617	0	-18,617	-100%
Audit Fees	0	-240,875	240,875	100%	-56,070	-1,936,800	1,880,729	97%	-454,514	-613,338	158,824	26%
Bad Debts Written Off	0	0	0		0	0	0		0	0	0	
Bank Charges	-34,871	-110,802	75,931	69%	-303,003	-890,928	587,925	66%	-1,125,773	-626,388	-499,385	-80%
BBBEE Costs	0	-40,146	40,146	100%	0	-322,800	322,800	100%	-1,897,549	-695,716	-1,201,833	-173%
Branding & Promotions	-417,672	-260,030	-157,641	-61%	-1,236,898	-2,090,825	853,927	41%	-2,011,991	-1,681,442	-330,550	-20%
Cleaning	0	0	0		0	0	0		-22,324	-18,225	-4,099	-22%
Collection Fees	0	0	0		0	0	0		0	0	0	
Computer Licence	-37,587	-26,494	-11,093	-42%	-381,522	-213,032	-168,490	-79%	-528,531	-168,491	-360,039	-214%
Computer Maintenance	0	-5,299	5,299	100%	-8,884	-42,610	33,726	79%	-161,733	0	-161,733	-100%
Conference / Seminar Fees	0	-6,704	6,704	100%	-2,775	-53,908	51,132	95%	-169,707	-67,411	-102,296	-152%
Courier Charges	0	-4,818	4,818	100%	-23,441	-38,736	15,295	39%	-197,929	-30,556	-167,374	-548%
Dataline Rental	0	0	0		0	0	0		0	0	0	
Depreciation	-34,363	-31,888	-2,475	-8%	-282,863	-256,401	-26,462	-10%	-303,848	-177,808	-126,040	-71%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Depreciation Lease	-139,828	-83,978	-55,849	-67%	-1,146,533	-675,243	-471,290	-70%	-462,610	-266,321	-196,290	-74%
Disaster Recovery	0	0	0		0	0	0		-18,679	0	-18,679	-100%
Emergency Services	0	0	0		0	0	0		-169,639	-80,800	-88,839	-110%
Entertainment	0	0	0		0	0	0		0	0	0	
Equipment Rentals	0	-6,263	6,263	100%	-16,322	-50,357	34,035	68%	-60,592	-55,021	-5,571	-10%
Fidelity Insurance	0	-80,292	80,292	100%	-511,715	-645,601	133,886	21%	-473,459	-316,522	-156,938	-50%
Finance Costs	0	0	0		0	0	0		0	0	0	
Insurance	-13,894	-7,583	-6,312	-83%	-111,154	-60,970	-50,184	-82%	-92,387	-43,786	-48,601	-111%
Interest for Leases	-23,573	-23,510	-63	0%	-174,503	-189,039	14,536	8%	-56,134	-80,495	24,361	30%
Interest Paid	0	0	0		-59,100	0	-59,100	-100%	-51,153	0	-51,153	-100%
Internal Auditing	0	-96,350	96,350	100%	0	-774,720	774,720	100%	-222,446	-521,990	299,544	57%
Investigations	-149,718	-65,272	-84,445	-129%	-680,264	-524,834	-155,430	-30%	-319,401	-650,832	331,431	51%
Legal Fees	-980,091	-141,191	-838,899	-594%	-5,739,161	-1,135,277	-4,603,884	-406%	0	-448,147	448,147	100%
Managed Healthcare (Non Accre	0	-62,233	62,233	100%	-169,991	-500,395	330,404	66%	-1,224,452	-1,309,601	85,149	7%
Mediswitch	0	-144,525	144,525	100%	-194	-1,162,080	1,161,886	100%	-2,111,729	-1,186,782	-924,947	-78%
Meeting Costs	-3,500	-7,066	3,566	50%	-6,182	-56,813	50,631	89%	-319,367	-237,060	-82,307	-35%
Office Plants	0	0	0		0	0	0		0	0	0	
Office Rental	0	0	0		0	0	0		-564,406	-403,514	-160,892	-40%
Optical Benefit Management	-13,639	-26,921	13,282	49%	-151,752	-216,463	64,711	30%	-794,308	-531,508	-262,800	-49%
Parking Rental	0	0	0		-99	0	-99	-100%	0	0	0	
Payroll Costs	-560,043	-1,043,175	483,132	46%	-6,399,932	-8,387,853	1,987,920	24%	-7,894,745	-6,393,051	-1,501,694	-23%
Postages	-2,022	-8,029	6,007	75%	-44,788	-64,560	19,772	31%	-362,574	-152,777	-209,796	-137%
Premises Insurance	0	0	0		0	0	0		0	0	0	
Printing	-1,008	-18,788	17,781	95%	-12,757	-151,070	138,313	92%	-332,627	-197,537	-135,090	-68%
Professional Fees	-558,918	-643,327	84,408	13%	-4,938,044	-5,172,793	234,749	5%	-5,596,341	-4,118,455	-1,477,886	-36%
Repairs & Maintenance	-1,105	-18,009	16,904	94%	-3,684	-144,807	141,122	97%	-3,084	-125,736	122,652	98%
Secretarial Fees	-29,763	-31,449	1,687	5%	-141,160	-252,874	111,714	44%	-330,574	-179,134	-151,440	-85%
Security	-288	-385	97	25%	-2,352	-3,099	747	24%	7,535	-2,631	10,166	386%
Self Administration Transition C	-3,981,697	0	-3,981,697	-100%	-3,981,697	0	-3,981,697	-100%	0	0	0	
SMS Communication	0	-96,350	96,350	100%	-170,378	-774,720	604,342	78%	-805,490	-509,258	-296,232	-58%
Staff Cellphones	-22,739	-29,694	6,955	23%	-203,527	-238,759	35,232	15%	-281,461	-152,281	-129,180	-85%
Staff Entertainment	0	0	0		0	0	0		0	0	0	
Staff Motor Vehicle Expense	-12,573	-17,102	4,529	26%	-79,529	-137,513	57,984	42%	-203,704	-111,528	-92,176	-83%
Staff Recruitment Costs	0	-26,095	26,095	100%	0	-209,820	209,820	100%	-412,549	-38,194	-374,354	-980%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Staff Telephone	0	0	0		0	0	0		0	0	0	
Staff Training	0	-12,605	12,605	100%	-35,980	-101,354	65,375	65%	-66,640	-179,129	112,489	63%
Staff WCI	-995	-1,445	450	31%	-4,600	-11,621	7,020	60%	-6,011	-8,644	2,633	30%
Staff Welfare	-10,308	-4,818	-5,490	-114%	-23,347	-38,736	15,389	40%	-110,862	-45,833	-65,029	-142%
Stationery	0	-2,069	2,069	100%	0	-16,637	16,637	100%	-6,537	-13,123	6,586	50%
Statutory Costs	0	-59,636	59,636	100%	-700,130	-479,515	-220,615	-46%	-50,911	-764,142	713,231	93%
Storage	-5,414	-6,222	808	13%	-93,485	-50,031	-43,454	-87%	-48,458	-39,465	-8,993	-23%
Strategic Initiatives	0	0	0		0	0	0		0	0	0	
Sub- Committees Honoraria	0	0	0		0	0	0		-675,316	0	-675,316	-100%
Subscriptions	-11,285	-9,013	-2,272	-25%	-325,627	-72,469	-253,159	-349%	-714,853	-75,369	-639,484	-848%
Telephones	-10,766	-17,825	7,059	40%	-106,988	-143,323	36,335	25%	-1,140,548	-94,704	-1,045,845	-1104%
Temp Wages	0	0	0		-102,849	0	-102,849	-100%	0	0	0	
Travel Expenses	-2,173	-75,931	73,758	97%	-39,382	-610,541	571,159	94%	-357,205	-711,991	354,786	50%
Trustees Expenses	-10,615	0	-10,615	-100%	-91,287	0	-91,287	-100%	-2,502,564	-1,417,490	-1,085,075	-77%
Water & Electricity	-55,566	-47,573	-7,993	-17%	-376,437	-382,518	6,080	2%	-140,060	-74,367	-65,693	-88%
	-7,818,284	**-6,390,425**	**-1,427,859**	**-22%**	**-44,407,094**	**-51,383,437**	**6,976,343**	**14%**	**-98,390,217**	**-74,144,820**	**-24,245,397**	**-33%**
Note 6												
Dividends Received	0	0	0		0	0	0		0	0	0	
ECL Impairment	0	0	0		0	0	0		0	0	0	
Income on Investments	0	0	0		0	0	0		0	0	0	
Interest on Bank Accounts	28,598	0	28,598	100%	358,600	0	358,600	100%	852,418	0	852,418	100%
Interest on Investments	1,738,266	1,277,216	461,050	36%	15,682,922	10,930,374	4,752,548	43%	23,072,929	7,371,905	15,701,024	213%
Interest Received	0	0	0		36,886	0	36,886	100%	0	0	0	
Loss on Investments	0	0	0		-193,416	0	-193,416	-100%	-319,139	0	-319,139	-100%
Profit on Investments	457,890	0	457,890	100%	5,027,464	0	5,027,464	100%	2,917,807	0	2,917,807	100%
	2,224,753	**1,277,216**	**947,537**	**74%**	**20,912,457**	**10,930,374**	**9,982,083**	**91%**	**26,524,016**	**7,371,905**	**19,152,111**	**260%**
Note 7												
Bad Debts Recovered	0	0	0		0	0	0		0	0	0	
Profit on Sale of Asset	0	0	0		3,404	0	3,404	100%	0	0	0	
Recouped Depreciation	0	0	0		0	0	0		0	0	0	
Sundry Income	253,499	0	253,499	100%	1,545,568	0	1,545,568	100%	5,270,100	0	5,270,100	100%
	253,499	**0**	**253,499**	**100%**	**1,548,972**	**0**	**1,548,972**	**100%**	**5,270,100**	**0**	**5,270,100**	**100%**

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME - ACTUAL vs BUDGET FOR MONTH 2026-08 OPTION TITANIUM PLAN

		CURRENT FOR PERIOD: 2026-08				CURRENT YEAR - TO - DATE				YEAR TO DATE FOR PRIOR YEAR 2025-08			
		Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Gross Contribution Income	Note 1	9,740,911	14,485,412	-4,744,501	-33%	94,510,788	119,986,145	-25,475,358	-21%	234,177,291	353,359,423	-119,182,133	-34%
Less: Savings Contribution Income		-2,023,583	-3,014,185	990,602	33%	-19,630,219	-24,967,214	5,336,995	21%	-49,050,598	-73,518,291	24,467,693	33%
NET CONTRIBUTION INCOME		**7,717,328**	**11,471,227**	**-3,753,899**	**-33%**	**74,880,569**	**95,018,931**	**-20,138,362**	**-21%**	**185,126,693**	**279,841,132**	**-94,714,439**	**-34%**
Relevant Healthcare Expenditure		**-4,894,665**	**-8,856,958**	**3,962,293**	**45%**	**-58,006,792**	**-71,669,212**	**13,662,421**	**19%**	**-163,668,377**	**-254,815,979**	**91,147,602**	**36%**
NET CLAIMS INCURRED		**-4,894,665**	**-8,856,958**	**3,962,293**	**45%**	**-58,006,792**	**-71,669,212**	**13,662,421**	**19%**	**-163,668,377**	**-254,815,979**	**91,147,602**	**36%**
Claims Incurred	Note 2	-4,866,193	-8,619,518	3,753,325	44%	-56,302,661	-69,808,209	13,505,548	19%	-158,348,552	-249,120,190	90,771,638	36%
Third Party Claims Recoveries	Note 3	0	0	0		54,372	0	54,372	100%	69,632	0	69,632	100%
Less: Managed Care - Management Services	Note 4	-7,035	-213,250	206,216	97%	-1,645,479	-1,766,403	120,924	7%	-5,198,228	-5,695,789	497,561	9%
RTA / Premiums paid		-21,438	-24,190	2,752	11%	-192,447	-200,634	8,186	4%	-324,963	0	-324,963	-100%
RTA / Claims recoveries		0	0	0		79,423	106,033	-26,611	-25%	133,734	0	133,734	100%
GROSS HEALTHCARE RESULTS		**2,822,663**	**2,614,269**	**208,393**	**8%**	**16,873,777**	**23,349,719**	**-6,475,942**	**-28%**	**21,458,316**	**25,025,153**	**-3,566,837**	**-14%**
Less: Broker Service Fees		-95,523	-79,868	-15,655	-20%	-709,195	-661,568	-47,627	-7%	-1,880,978	-2,361,030	480,052	20%
Less: Administration Expenses	Note 5	-1,289,036	-607,980	-681,057	-112%	-6,494,745	-4,955,439	-1,539,307	-31%	-8,746,408	-9,764,209	1,017,802	10%
NET HEALTHCARE RESULTS		**1,438,104**	**1,926,421**	**-488,318**	**-25%**	**9,669,836**	**17,732,712**	**-8,062,876**	**-45%**	**10,830,930**	**12,899,914**	**-2,068,984**	**-16%**
Investment Income	Note 6	370,862	389,647	-18,785	-5%	3,055,916	3,334,586	-278,670	-8%	2,311,344	2,248,985	62,359	3%
Sundry Income	Note 7	42,272	0	42,272	100%	239,901	0	239,901	100%	482,651	0	482,651	100%
Asset Management Fees		-12,432	-15,586	3,154	20%	-96,641	-133,383	36,742	28%	-59,352	-89,959	30,608	34%
Sundry Expense		-28,226	0	-28,226	-100%	-28,685	0	-28,685	-100%	0	0	0	
Net Surplus/(Deficit) for the year		**1,810,579**	**2,300,482**	**-489,903**	**-21%**	**12,840,327**	**20,933,915**	**-8,093,587**	**-39%**	**13,565,574**	**15,058,940**	**-1,493,366**	**-10%**
BENEFICIARIES		**1,019**	**1,504**	**-485**	**-32%**	**1,019**	**1,504**	**-485**	**-32%**	**3,467**	**5,527**	**-15,728**	**-285%**
Members		641	884	-243	-27%	641	884	-243	-27%	1,975	2,882	-6,987	-242%
Dependants		378	621	-243	-39%	378	621	-243	-39%	1,492	2,645	-8,742	-331%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES ACTUAL vs BUDGET FOR 2026-08 OPTION TITANIUM PLAN

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Note 1												
Arrear Adjustments	-413,989	0	-413,989	-100%	-2,745,610	0	-2,745,610	-100%	-8,396,864	0	-8,396,864	-100%
Contribution Income Raised	10,154,900	14,485,412	-4,330,512	-30%	97,256,398	119,986,145	-22,729,747	-19%	242,574,154	353,359,423	-110,785,269	-31%
	9,740,911	**14,485,412**	**-4,744,501**	**-33%**	**94,510,788**	**119,986,145**	**-25,475,358**	**-21%**	**234,177,291**	**353,359,423**	**-119,182,133**	**-34%**
Note 2												
Appliances/Prosthesis	-860	-113,285	112,425	99%	-23,078	-395,333	372,254	94%	-899,322	-1,125,011	225,689	20%
Associated Health Services	-304,720	-95,229	-209,490	-220%	-3,648,776	-1,612,702	-2,036,074	-126%	-3,901,082	-6,278,755	2,377,673	38%
Covid 19 Vaccination	0	0	0		0	0	0		0	0	0	
Dentistry	-30,192	-55,979	25,787	46%	-327,393	-691,472	364,079	53%	-1,629,557	-3,778,859	2,149,302	57%
Medical Practitioners	-171,837	-94,319	-77,518	-82%	-1,169,737	-913,067	-256,670	-28%	-2,122,465	-5,843,088	3,720,623	64%
Medical Specialists	-714,398	-1,757,592	1,043,194	59%	-5,626,580	-12,451,116	6,824,536	55%	-29,350,917	-45,090,207	15,739,291	35%
Medicines	-585,220	-2,150,522	1,565,301	73%	-5,218,619	-17,789,421	12,570,802	71%	-41,898,262	-69,652,513	27,754,250	40%
Not Specified	0	-276	276	100%	0	-881	881	100%	-2,077	-3,843	1,766	46%
Optical	-53,070	-88,406	35,337	40%	-532,974	-891,391	358,416	40%	-2,200,208	-3,288,801	1,088,593	33%
Paramedical Services	0	0	0		0	0	0		-484,461	-1,415,751	931,290	66%
Pathologist	-363,439	-568,240	204,801	36%	-3,670,940	-3,927,994	257,054	7%	-9,233,628	-14,643,719	5,410,091	37%
Physiotherapy	-122,061	-143,533	21,472	15%	-2,130,635	-1,231,027	-899,608	-73%	-2,918,462	-3,565,927	647,465	18%
Private Hospitals	-3,461,782	-2,846,769	-615,012	-22%	-33,562,662	-23,494,896	-10,067,766	-43%	-56,213,523	-71,602,855	15,389,332	21%
Provincial Hospitals	0	-621	621	100%	0	-1,211	1,211	100%	-2,692	-9,537	6,845	72%
Psychiatry	-761	-48,080	47,319	98%	-120,690	-461,451	340,761	74%	-1,102,198	-1,468,152	365,954	25%
Radiologist	-322,899	-656,666	333,768	51%	-1,830,138	-4,782,540	2,952,402	62%	-11,243,253	-16,357,220	5,113,966	31%
Recoveries under RTA	0	0	0		0	0	0		0	0	0	
RTA Claims	0	0	0		-79,423	0	-79,423	-100%	-133,734	0	-133,734	-100%
Step-down facilities	-131,638	0	-131,638	-100%	-525,617	-1,163,708	638,091	55%	-2,751,513	-4,995,952	2,244,440	45%
Inc/Dec in Prov for o/s Claims	1,396,684	0	1,396,684	100%	2,164,601	0	2,164,601	100%	7,738,801	0	7,738,801	100%
	-4,866,193	**-8,619,518**	**3,753,325**	**44%**	**-56,302,661**	**-69,808,208**	**13,505,548**	**19%**	**-158,348,552**	**-249,120,190**	**90,771,638**	**36%**
Note 3												
Claims Recovered	0	0	0		54,372		54,372	100%	69,632	0	69,632	100%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Income RAF Recoveries	0	0	0		0	0	0		0	0	0	
	0	**0**	**0**		**54,372**	**0**	**54,372**	**100%**	**69,632**	**0**	**69,632**	**100%**
Note 4												
Centre for Diabetes & Endocrinc	0	0	0		0	0	0		0	-197,895	197,895	100%
Chronic Disease/Wellness Mana	0	-57,912	57,912	100%	-438,773	-476,105	37,332	8%	-1,394,220	-1,481,737	87,517	6%
Dental Benefit Management	-5,248	-4,696	-552	-12%	-51,532	-51,885	353	1%	-150,372	-162,160	11,787	7%
Emergency Services - Netcare 9:	-1,786	0	-1,786	-100%	-16,036	0	-16,036	-100%	-27,078	0	-27,078	-100%
Enablemed Benefit Managemen	0	0	0		0	0	0		0	0	0	
Hospital Benefit Management	0	-74,182	74,182	100%	-562,021	-609,857	47,836	8%	-1,785,899	-1,897,852	111,954	6%
Pharmacy Benefit Management	0	-72,577	72,577	100%	-547,816	-596,769	48,953	8%	-1,747,562	-1,857,272	109,710	6%
Specialists Network Managemei	0	-3,883	3,883	100%	-29,301	-31,787	2,486	8%	-93,097	-98,872	5,775	6%
	-7,035	**-213,250**	**206,216**	**97%**	**-1,645,479**	**-1,766,403**	**120,924**	**7%**	**-5,198,228**	**-5,695,789**	**497,561**	**9%**
Note 5												
Actuarial Fees	-19,561	-25,566	6,004	23%	-205,964	-208,377	2,413	1%	-182,874	-193,191	10,317	5%
Admin Fees - Brokers	0	-6,582	6,582	100%	-50,027	-53,647	3,620	7%	-158,959	-155,717	-3,242	-2%
Admin Fees - General	0	-166,431	166,431	100%	-1,264,995	-1,356,522	91,527	7%	-4,019,717	-4,713,247	693,530	15%
Admin Fees - Marketing	-95,187	-59,297	-35,891	-61%	-704,663	-483,308	-221,355	-46%	-1,142,880	-1,289,345	146,465	11%
AGM Costs	0	-3,628	3,628	100%	0	-29,574	29,574	100%	0	-39,233	39,233	100%
Asset Disposal Loss	0	0	0		0	0	0		0	0	0	
Asset Expense	0	0	0		0	0	0		-1,554	0	-1,554	-100%
Audit Fees	0	-22,917	22,917	100%	-7,965	-186,786	178,821	96%	-37,348	-80,771	43,423	54%
Bad Debts Written Off	0	0	0		0	0	0		0	0	0	
Bank Charges	-5,814	-10,542	4,727	45%	-44,103	-85,921	41,818	49%	-100,294	-82,490	-17,804	-22%
BBBEE Costs	0	-3,819	3,819	100%	0	-31,131	31,131	100%	-169,397	-91,620	-77,778	-85%
Branding & Promotions	-69,141	-24,739	-44,402	-179%	-184,214	-201,640	17,426	9%	-184,470	-221,431	36,960	17%
Cleaning	0	0	0		0	0	0		-2,230	-2,400	170	7%
Collection Fees	0	0	0		0	0	0		0	0	0	
Computer Licence	-6,084	-2,521	-3,564	-141%	-54,990	-20,545	-34,445	-168%	-46,748	-22,189	-24,560	-111%
Computer Maintenance	0	-504	504	100%	-898	-4,109	3,211	78%	-15,038	0	-15,038	-100%
Conference / Seminar Fees	0	-638	638	100%	-347	-5,199	4,852	93%	-15,019	-8,877	-6,141	-69%
Courier Charges	0	-458	458	100%	-3,642	-3,736	93	3%	-18,673	-4,024	-14,649	-364%
Dataline Rental	0	0	0		0	0	0		0	0	0	
Depreciation	-5,730	-3,034	-2,696	-89%	-41,887	-24,727	-17,160	-69%	-26,706	-23,416	-3,290	-14%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Depreciation Lease	-23,317	-7,990	-15,327	-192%	-169,744	-65,121	-104,624	-161%	-38,388	-35,072	-3,316	-9%
Disaster Recovery	0	0	0		0	0	0		-1,714	0	-1,714	-100%
Emergency Services	0	0	0		0	0	0		-16,350	-10,641	-5,709	-54%
Entertainment	0	0	0		0	0	0		0	0	0	
Equipment Rentals	0	-596	596	100%	-1,892	-4,856	2,964	61%	-5,520	-7,246	1,726	24%
Fidelity Insurance	0	-7,639	7,639	100%	-42,029	-62,262	20,233	33%	-43,640	-41,683	-1,957	-5%
Finance Costs	0	0	0		0	0	0		0	0	0	
Insurance	-1,739	-721	-1,017	-141%	-13,908	-5,880	-8,028	-137%	-9,668	-5,766	-3,902	-68%
Interest for Leases	-3,931	-2,237	-1,694	-76%	-25,857	-18,231	-7,626	-42%	-4,627	-10,600	5,973	56%
Interest Paid	0	0	0		-7,395	0	-7,395	-100%	-4,650	0	-4,650	-100%
Internal Auditing	0	-9,167	9,167	100%	0	-74,714	74,714	100%	-21,306	-68,741	47,435	69%
Investigations	-24,115	-6,210	-17,905	-288%	-99,487	-50,615	-48,872	-97%	-27,905	-85,709	57,804	67%
Legal Fees	-157,955	-13,433	-144,522	-1076%	-840,417	-109,487	-730,930	-668%	0	-59,017	59,017	100%
Managed Healthcare (Non Accre	0	-5,921	5,921	100%	-23,345	-48,258	24,913	52%	-115,531	-172,463	56,931	33%
Mediswitch	0	-13,750	13,750	100%	-24	-112,071	112,048	100%	-206,611	-156,289	-50,323	-32%
Meeting Costs	-581	-672	92	14%	-976	-5,479	4,503	82%	-31,845	-31,219	-626	-2%
Office Plants	0	0	0		0	0	0		0	0	0	
Office Rental	0	0	0		0	0	0		-55,969	-53,139	-2,830	-5%
Optical Benefit Management	-2,274	-2,561	287	11%	-19,909	-20,876	966	5%	-52,351	-69,995	17,643	25%
Parking Rental	0	0	0		-16	0	-16	-100%	0	0	0	
Payroll Costs	-90,756	-99,247	8,491	9%	-912,449	-808,928	-103,521	-13%	-682,008	-841,908	159,899	19%
Postages	-326	-764	438	57%	-5,686	-6,226	540	9%	-33,391	-20,119	-13,272	-66%
Premises Insurance	0	0	0		0	0	0		0	0	0	
Printing	-162	-1,788	1,625	91%	-1,772	-14,569	12,797	88%	-38,893	-26,014	-12,879	-50%
Professional Fees	-90,053	-61,206	-28,847	-47%	-736,720	-498,866	-237,854	-48%	-529,652	-542,364	12,711	2%
Repairs & Maintenance	-178	-1,713	1,535	90%	-575	-13,965	13,390	96%	-254	-16,558	16,304	98%
Secretarial Fees	-4,963	-2,992	-1,971	-66%	-20,643	-24,387	3,745	15%	-29,660	-23,590	-6,070	-26%
Security	-48	-37	-11	-31%	-343	-299	-44	-15%	626	-346	973	281%
Self Administration Transition C	-663,961	0	-663,961	-100%	-663,961	0	-663,961	-100%	0	0	0	
SMS Communication	0	-9,167	9,167	100%	-22,549	-74,714	52,165	70%	-71,900	-67,065	-4,835	-7%
Staff Cellphones	-3,792	-2,825	-967	-34%	-29,161	-23,026	-6,135	-27%	-33,161	-20,054	-13,107	-65%
Staff Entertainment	0	0	0		0	0	0		0	0	0	
Staff Motor Vehicle Expense	-2,029	-1,627	-402	-25%	-11,166	-13,262	2,096	16%	-18,238	-14,687	-3,551	-24%
Staff Recruitment Costs	0	-2,483	2,483	100%	0	-20,235	20,235	100%	-36,293	-5,030	-31,263	-622%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Staff Telephone	0	0	0		0	0	0		0	0	0	
Staff Training	0	-1,199	1,199	100%	-4,559	-9,775	5,216	53%	-5,944	-23,590	17,645	75%
Staff WCI	-166	-138	-28	-21%	-658	-1,121	463	41%	-541	-1,138	597	52%
Staff Welfare	-1,660	-458	-1,202	-262%	-3,548	-3,736	188	5%	-9,753	-6,036	-3,718	-62%
Stationery	0	-197	197	100%	0	-1,604	1,604	100%	-604	-1,728	1,124	65%
Statutory Costs	0	-5,674	5,674	100%	-109,846	-46,245	-63,602	-138%	-4,322	-100,631	96,308	96%
Storage	-897	-592	-305	-51%	-14,386	-4,825	-9,561	-198%	-4,328	-5,197	869	17%
Strategic Initiatives	0	0	0		0	0	0		0	0	0	
Sub- Committees Honoraria	0	0	0		0	0	0		-60,100	0	-60,100	-100%
Subscriptions	-1,812	-857	-955	-111%	-42,324	-6,989	-35,336	-506%	-66,286	-9,925	-56,360	-568%
Telephones	-1,734	-1,696	-38	-2%	-14,787	-13,822	-965	-7%	-100,429	-12,472	-87,957	-705%
Temp Wages	0	0	0		-16,264	0	-16,264	-100%	0	0	0	
Travel Expenses	-350	-7,224	6,874	95%	-6,221	-58,881	52,660	89%	-30,757	-93,763	63,006	67%
Trustees Expenses	-1,770	0	-1,770	-100%	-13,177	0	-13,177	-100%	-219,569	-186,671	-32,899	-18%
Water & Electricity	-8,950	-4,526	-4,424	-98%	-55,257	-36,890	-18,367	-50%	-12,966	-9,793	-3,173	-32%
	-1,289,036	**-607,980**	**-681,057**	**-112%**	**-6,494,745**	**-4,955,439**	**-1,539,307**	**-31%**	**-8,746,408**	**-9,764,209**	**1,017,802**	**10%**
Note 6												
Dividends Received	0	0	0		0	0	0		0	0	0	
ECL Impairment	0	0	0		0	0	0		0	0	0	
Income on Investments	0	0	0		0	0	0		0	0	0	
Interest on Bank Accounts	4,645	0	4,645	100%	50,335	0	50,335	100%	79,353	0	79,353	100%
Interest on Investments	289,862	389,647	-99,785	-26%	2,311,521	3,334,586	-1,023,065	-31%	2,013,837	2,248,985	-235,148	-10%
Interest Received	0	0	0		4,615	0	4,615	100%	0	0	0	
Loss on Investments	0	0	0		-27,827	0	-27,827	-100%	-27,348	0	-27,348	-100%
Profit on Investments	76,355	0	76,355	100%	717,271	0	717,271	100%	245,502	0	245,502	100%
	370,862	**389,647**	**-18,785**	**-5%**	**3,055,916**	**3,334,586**	**-278,670**	**-8%**	**2,311,344**	**2,248,985**	**62,359**	**3%**
Note 7												
Bad Debts Recovered	0	0	0		0	0	0		0	0	0	
Profit on Sale of Asset	0	0	0		548	0	548	100%	0	0	0	
Recouped Depreciation	0	0	0		0	0	0		0	0	0	
Sundry Income	42,272	0	42,272	100%	239,353	0	239,353	100%	482,651	0	482,651	100%
	42,272	**0**	**42,272**	**100%**	**239,901**	**0**	**239,901**	**100%**	**482,651**	**0**	**482,651**	**100%**

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME - ACTUAL vs BUDGET FOR MONTH 2026-08 OPTION VALUE PLATINUM & CORE PLAN

		CURRENT FOR PERIOD: 2026-08				CURRENT YEAR - TO - DATE				YEAR TO DATE FOR PRIOR YEAR 2025-08			
		Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Gross Contribution Income	Note 1	20,347,230	38,563,885	-18,216,655	-47%	198,826,040	317,518,237	-118,692,198	-37%	855,842,735	1,482,705,979	-626,863,244	-42%
Less: Savings Contribution Income		-3,849,547	-7,331,997	3,482,450	48%	-37,626,986	-60,368,463	22,741,477	38%	-193,097,140	-333,654,745	140,557,605	42%
NET CONTRIBUTION INCOME		**16,497,683**	**31,231,888**	**-14,734,205**	**-47%**	**161,199,054**	**257,149,774**	**-95,950,721**	**-37%**	**662,745,595**	**1,149,051,233**	**-486,305,638**	**-42%**
Relevant Healthcare Expenditure		**-11,653,844**	**-31,370,658**	**19,716,814**	**63%**	**-157,611,100**	**-252,232,504**	**94,621,403**	**38%**	**-728,112,608**	**-1,070,206,210**	**342,093,603**	**32%**
NET CLAIMS INCURRED		**-11,653,844**	**-31,370,658**	**19,716,814**	**63%**	**-157,611,100**	**-252,232,504**	**94,621,403**	**38%**	**-728,112,608**	**-1,070,206,210**	**342,093,603**	**32%**
Claims Incurred	Note 2	-11,558,566	-30,123,472	18,564,906	62%	-151,275,282	-242,515,605	91,240,323	38%	-697,527,671	-1,023,518,172	325,990,501	32%
Third Party Claims Recoveries	Note 3	0	0	0		180,580	0	180,580	100%	389,026	0	389,026	100%
Less: Managed Care - Management Services	Note 4	-23,540	-1,120,126	1,096,586	98%	-6,007,742	-9,222,985	3,215,244	35%	-29,846,743	-46,688,038	16,841,295	36%
RTA / Premiums paid		-71,738	-127,060	55,322	44%	-695,681	-1,047,573	351,892	34%	-1,929,087	0	-1,929,087	-100%
RTA / Claims recoveries		0	0	0		187,024	553,660	-366,636	-66%	801,868	0	801,868	100%
GROSS HEALTHCARE RESULTS		**4,843,839**	**-138,770**	**4,982,609**	**3591%**	**3,587,953**	**4,917,271**	**-1,329,318**	**-27%**	**-65,367,013**	**78,845,023**	**-144,212,036**	**-183%**
Less: Broker Service Fees		-343,941	-419,519	75,577	18%	-2,627,208	-3,454,269	827,060	24%	-11,010,285	-19,353,218	8,342,933	43%
Less: Administration Expenses	Note 5	-4,312,581	-3,193,496	-1,119,085	-35%	-23,263,093	-25,875,056	2,611,964	10%	-50,298,055	-80,036,637	29,738,582	37%
NET HEALTHCARE RESULTS		**187,316**	**-3,751,785**	**3,939,102**	**105%**	**-22,302,348**	**-24,412,054**	**2,109,706**	**9%**	**-126,675,353**	**-20,544,832**	**-106,130,521**	**-517%**
Investment Income	Note 6	1,241,004	1,602,727	-361,723	-23%	10,953,759	13,716,086	-2,762,328	-20%	13,357,126	9,250,707	4,106,419	44%
Sundry Income	Note 7	141,455	0	141,455	100%	826,657	0	826,657	100%	2,844,953	0	2,844,953	100%
Asset Management Fees		-41,601	-64,109	22,508	35%	-344,412	-548,643	204,232	37%	-337,345	-370,028	32,683	9%
Sundry Expense		-94,451	0	-94,451	-100%	-96,048	0	-96,048	-100%	0	0	0	
Net Surplus/(Deficit) for the year		**1,433,723**	**-2,213,168**	**3,646,891**	**165%**	**-10,962,391**	**-11,244,611**	**282,220**	**3%**	**-110,810,619**	**-11,664,154**	**-99,146,465**	**-850%**
BENEFICIARIES		**4,088**	**7,902**	**-3,814**	**-48%**	**4,088**	**7,902**	**-3,814**	**-48%**	**26,269**	**45,459**	**-161,461**	**-355%**
Members		2,145	3,772	-1,627	-43%	2,145	3,772	-1,627	-43%	11,880	18,979	-60,790	-320%
Dependants		1,943	4,130	-2,187	-53%	1,943	4,130	-2,187	-53%	14,389	26,480	-100,671	-380%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
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CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES ACTUAL vs BUDGET FOR 2026-08 OPTION VALUE PLATINUM & CORE PLAN

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Note 1												
Arrear Adjustments	-416,659	0	-416,659	-100%	-17,993,265	0	-17,993,265	-100%	-13,518,512	0	-13,518,512	-100%
Contribution Income Raised	20,763,889	38,563,885	-17,799,996	-46%	216,819,305	317,518,237	-100,698,932	-32%	869,361,247	1,482,705,979	-613,344,732	-41%
	20,347,230	**38,563,885**	**-18,216,655**	**-47%**	**198,826,040**	**317,518,237**	**-118,692,198**	**-37%**	**855,842,735**	**1,482,705,979**	**-626,863,244**	**-42%**
Note 2												
Appliances/Prosthesis	-3,274	-130,427	127,153	97%	-241,019	-1,185,913	944,894	80%	-3,516,625	-4,816,797	1,300,172	27%
Associated Health Services	-1,016,509	-565,097	-451,412	-80%	-10,807,718	-6,511,270	-4,296,448	-66%	-19,710,934	-25,518,868	5,807,934	23%
Covid 19 Vaccination	0	0	0		0	0	0		0	0	0	
Dentistry	-71,891	-119,961	48,070	40%	-541,515	-2,056,793	1,515,278	74%	-6,191,727	-21,418,652	15,226,925	71%
Medical Practitioners	-351,608	-378,942	27,333	7%	-3,449,095	-2,553,000	-896,094	-35%	-7,581,966	-43,627,712	36,045,746	83%
Medical Specialists	-1,620,667	-5,718,351	4,097,684	72%	-17,021,179	-43,491,094	26,469,915	61%	-131,550,125	-163,459,878	31,909,753	20%
Medicines	-1,523,871	-6,178,997	4,655,125	75%	-14,597,240	-51,981,559	37,384,319	72%	-157,315,558	-253,170,212	95,854,654	38%
Not Specified	0	0	0		-117,824	-181,491	63,667	35%	-541,413	-328,233	-213,180	-65%
Optical	-177,589	-347,131	169,541	49%	-1,917,836	-4,407,379	2,489,543	56%	-12,316,571	-19,929,791	7,613,220	38%
Paramedical Services	0	0	0		0	0	0		-2,551,498	-8,225,507	5,674,009	69%
Pathologist	-837,409	-1,704,175	866,766	51%	-9,209,330	-13,639,963	4,430,633	32%	-41,225,767	-64,911,377	23,685,610	36%
Physiotherapy	-175,439	-489,638	314,199	64%	-2,958,866	-4,228,335	1,269,469	30%	-12,743,087	-13,619,940	876,853	6%
Private Hospitals	-9,090,957	-11,572,206	2,481,249	21%	-98,709,985	-89,464,590	-9,245,394	-10%	-271,471,288	-317,639,717	46,168,429	15%
Provincial Hospitals	0	-18,325	18,325	100%	-52,981	-111,074	58,093	52%	-337,281	-1,018,987	681,705	67%
Psychiatry	-58,777	-190,214	131,437	69%	-486,197	-1,721,321	1,235,124	72%	-5,216,287	-7,542,582	2,326,295	31%
Radiologist	-893,867	-1,821,515	927,648	51%	-5,926,491	-15,311,002	9,384,511	61%	-46,363,211	-58,400,819	12,037,608	21%
Recoveries under RTA	0	0	0		0	0	0		0	0	0	
RTA Claims	0	0	0		-187,024	0	-187,024	-100%	-801,868	0	-801,868	-100%
Step-down facilities	-329,235	-888,493	559,258	63%	-732,577	-5,670,819	4,938,242	87%	-17,195,939	-19,889,100	2,693,161	14%
Inc/Dec in Prov for o/s Claims	4,592,527	0	4,592,527	100%	15,681,595	0	15,681,595	100%	39,103,474	0	39,103,474	100%
	-11,558,566	**-30,123,472**	**18,564,906**	**62%**	**-151,275,282**	**-242,515,605**	**91,240,323**	**38%**	**-697,527,671**	**-1,023,518,172**	**325,990,501**	**32%**
Note 3												
Claims Recovered	0	0	0		180,580	0	180,580	100%	389,026	0	389,026	100%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG PROVINCIAL DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG PROVINCIAL DIVISION, PRETORIA

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Income RAF Recoveries	0	0	0		0	0	0		0	0	0	
	0	**0**	**0**		**180,580**	**0**	**180,580**	**100%**	**389,026**	**0**	**389,026**	**100%**
Note 4												
Centre for Diabetes & Endocrinc	0	0	0		0	0	0		0	-1,605,558	1,605,558	100%
Chronic Disease/Wellness Mana	0	-303,684	303,684	100%	-1,600,898	-2,481,407	880,509	35%	-7,989,470	-12,151,494	4,162,024	34%
Dental Benefit Management	-17,562	-24,824	7,262	29%	-187,153	-269,129	81,975	30%	-857,548	-1,324,965	467,418	35%
Emergency Services - Netcare 9:	-5,978	0	-5,978	-100%	-57,968	0	-57,968	-100%	-160,742	0	-160,742	-100%
Enablemed Benefit Managemen	0	0	0		0	0	0		0	0	0	
Hospital Benefit Management	0	-389,003	389,003	100%	-2,050,581	-3,178,508	1,127,927	35%	-10,233,955	-15,563,989	5,330,034	34%
Pharmacy Benefit Management	0	-380,587	380,587	100%	-1,999,446	-3,110,297	1,110,851	36%	-10,014,262	-15,231,197	5,216,935	34%
Specialists Network Managemer	0	-22,028	22,028	100%	-111,695	-183,644	71,949	39%	-590,766	-810,835	220,069	27%
	-23,540	**-1,120,126**	**1,096,586**	**98%**	**-6,007,742**	**-9,222,985**	**3,215,244**	**35%**	**-29,846,743**	**-46,688,038**	**16,841,295**	**36%**
Note 5												
Actuarial Fees	-65,332	-134,287	68,955	51%	-764,514	-1,088,050	323,536	30%	-1,075,001	-1,583,573	508,572	32%
Admin Fees - Brokers	0	-34,572	34,572	100%	-182,529	-280,120	97,592	35%	-910,910	-1,276,406	365,495	29%
Admin Fees - General	0	-874,201	874,201	100%	-4,615,439	-7,083,144	2,467,705	35%	-23,034,685	-38,634,206	15,599,520	40%
Admin Fees - Marketing	-318,529	-311,464	-7,064	-2%	-2,501,333	-2,523,616	22,282	1%	-6,512,932	-10,568,686	4,055,754	38%
AGM Costs	0	-19,059	19,059	100%	0	-154,424	154,424	100%	0	-321,590	321,590	100%
Asset Disposal Loss	0	0	0		0	0	0		0	0	0	
Asset Expense	0	0	0		0	0	0		-9,243	0	-9,243	-100%
Audit Fees	0	-120,373	120,373	100%	-29,948	-975,310	945,363	97%	-224,611	-662,076	437,465	66%
Bad Debts Written Off	0	0	0		0	0	0		0	0	0	
Bank Charges	-19,457	-55,371	35,915	65%	-158,685	-448,643	289,958	65%	-569,923	-676,163	106,239	16%
BBBEE Costs	0	-20,062	20,062	100%	0	-162,552	162,552	100%	-952,693	-751,000	-201,693	-27%
Branding & Promotions	-231,275	-129,945	-101,330	-78%	-657,362	-1,052,873	395,510	38%	-1,017,864	-1,815,055	797,191	44%
Cleaning	0	0	0		0	0	0		-12,806	-19,673	6,867	35%
Collection Fees	0	0	0		0	0	0		0	0	0	
Computer Licence	-20,327	-13,240	-7,087	-54%	-197,487	-107,276	-90,211	-84%	-266,410	-181,880	-84,530	-46%
Computer Maintenance	0	-2,648	2,648	100%	-4,393	-21,457	17,063	80%	-82,121	0	-82,121	-100%
Conference / Seminar Fees	0	-3,350	3,350	100%	-1,390	-27,146	25,756	95%	-86,691	-72,768	-13,923	-19%
Courier Charges	0	-2,407	2,407	100%	-12,313	-19,506	7,193	37%	-111,259	-32,984	-78,275	-237%
Dataline Rental	0	0	0		0	0	0		0	0	0	
Depreciation	-19,175	-15,935	-3,240	-20%	-148,880	-129,116	-19,765	-15%	-153,016	-191,937	38,922	20%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Depreciation Lease	-78,026	-41,967	-36,059	-86%	-603,410	-340,031	-263,379	-77%	-229,314	-287,484	58,169	20%
Disaster Recovery	0	0	0		0	0	0		-9,472	0	-9,472	-100%
Emergency Services	0	0	0		0	0	0		-87,814	-87,220	-594	-1%
Entertainment	0	0	0		0	0	0		0	0	0	
Equipment Rentals	0	-3,130	3,130	100%	-8,121	-25,358	17,237	68%	-31,799	-59,393	27,595	46%
Fidelity Insurance	0	-40,124	40,124	100%	-252,814	-325,104	72,290	22%	-239,013	-341,673	102,660	30%
Finance Costs	0	0	0		0	0	0		0	0	0	
Insurance	-6,958	-3,789	-3,169	-84%	-55,664	-30,703	-24,962	-81%	-47,802	-47,266	-537	-1%
Interest for Leases	-13,154	-11,749	-1,405	-12%	-91,923	-95,194	3,271	3%	-27,788	-86,891	59,103	68%
Interest Paid	0	0	0		-29,596	0	-29,596	-100%	-28,962	0	-28,962	-100%
Internal Auditing	0	-48,149	48,149	100%	0	-390,124	390,124	100%	-116,004	-563,469	447,465	79%
Investigations	-80,542	-32,619	-47,923	-147%	-352,507	-264,290	-88,217	-33%	-160,788	-702,550	541,762	77%
Legal Fees	-527,569	-70,558	-457,011	-648%	-3,009,185	-571,689	-2,437,495	-426%	0	-483,759	483,759	100%
Managed Healthcare (Non Accre	0	-31,100	31,100	100%	-87,752	-251,983	164,231	65%	-689,895	-1,413,666	723,772	51%
Mediswitch	0	-72,224	72,224	100%	-96	-585,186	585,090	100%	-1,233,934	-1,281,088	47,153	4%
Meeting Costs	-1,942	-3,531	1,589	45%	-3,329	-28,609	25,280	88%	-172,410	-255,897	83,487	33%
Office Plants	0	0	0		0	0	0		0	0	0	
Office Rental	0	0	0		0	0	0		-326,882	-435,578	108,696	25%
Optical Benefit Management	-7,610	-13,453	5,843	43%	-79,011	-109,004	29,993	28%	-374,118	-573,744	199,626	35%
Parking Rental	0	0	0		-55	0	-55	-100%	0	0	0	
Payroll Costs	-303,699	-521,308	217,609	42%	-3,275,989	-4,223,855	947,865	22%	-3,961,496	-6,901,066	2,939,570	43%
Postages	-1,088	-4,012	2,925	73%	-22,536	-32,510	9,974	31%	-189,371	-164,918	-24,453	-15%
Premises Insurance	0	0	0		0	0	0		0	0	0	
Printing	-542	-9,389	8,847	94%	-6,624	-76,074	69,450	91%	-209,798	-213,234	3,436	2%
Professional Fees	-300,771	-321,491	20,720	6%	-2,587,693	-2,604,853	17,160	1%	-3,034,330	-4,445,723	1,411,393	32%
Repairs & Maintenance	-594	-9,000	8,405	93%	-1,918	-72,920	71,002	97%	-1,524	-135,727	134,203	99%
Secretarial Fees	-16,608	-15,716	-892	-6%	-74,314	-127,339	53,025	42%	-175,489	-193,368	17,879	9%
Security	-161	-193	32	16%	-1,237	-1,561	323	21%	3,735	-2,840	6,575	232%
Self Administration Transition C	-2,221,837	0	-2,221,837	-100%	-2,221,837	0	-2,221,837	-100%	0	0	0	
SMS Communication	0	-48,149	48,149	100%	-85,836	-390,124	304,288	78%	-404,172	-549,726	145,554	26%
Staff Cellphones	-12,689	-14,839	2,150	14%	-106,971	-120,231	13,261	11%	-158,846	-164,382	5,536	3%
Staff Entertainment	0	0	0		0	0	0		0	0	0	
Staff Motor Vehicle Expense	-6,777	-8,546	1,769	21%	-41,509	-69,247	27,738	40%	-103,780	-120,390	16,610	14%
Staff Recruitment Costs	0	-13,040	13,040	100%	0	-105,359	105,359	100%	-208,855	-41,229	-167,625	-407%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Staff Telephone	0	0	0		0	0	0		0	0	0	
Staff Training	0	-6,299	6,299	100%	-18,069	-51,039	32,970	65%	-36,166	-193,363	157,197	81%
Staff WCI	-555	-722	167	23%	-2,466	-5,852	3,386	58%	-3,049	-9,331	6,281	67%
Staff Welfare	-5,545	-2,407	-3,138	-130%	-12,303	-19,506	7,203	37%	-56,099	-49,475	-6,624	-13%
Stationery	0	-1,034	1,034	100%	0	-8,378	8,378	100%	-3,343	-14,166	10,823	76%
Statutory Costs	0	-29,802	29,802	100%	-364,818	-241,469	-123,350	-51%	-25,384	-824,863	799,480	97%
Storage	-2,999	-3,109	111	4%	-50,333	-25,194	-25,139	-100%	-24,764	-42,601	17,837	42%
Strategic Initiatives	0	0	0		0	0	0		0	0	0	
Sub- Committees Honoraria	0	0	0		0	0	0		-346,892	0	-346,892	-100%
Subscriptions	-6,045	-4,504	-1,541	-34%	-164,651	-36,493	-128,158	-351%	-368,150	-81,358	-286,791	-353%
Telephones	-5,792	-8,908	3,116	35%	-55,311	-72,173	16,862	23%	-673,319	-102,229	-571,090	-559%
Temp Wages	0	0	0		-56,537	0	-56,537	-100%	0	0	0	
Travel Expenses	-1,169	-37,945	36,776	97%	-20,973	-307,449	286,476	93%	-179,587	-768,569	588,982	77%
Trustees Expenses	-5,923	0	-5,923	-100%	-48,091	0	-48,091	-100%	-1,264,462	-1,530,129	265,666	17%
Water & Electricity	-29,892	-23,774	-6,118	-26%	-195,340	-192,624	-2,716	-1%	-76,753	-80,277	3,524	4%
	-4,312,581	**-3,193,496**	**-1,119,085**	**-35%**	**-23,263,093**	**-25,875,056**	**2,611,964**	**10%**	**-50,298,055**	**-80,036,637**	**29,738,582**	**37%**
Note 6												
Dividends Received	0	0	0		0	0	0		0	0	0	
ECL Impairment	0	0	0		0	0	0		0	0	0	
Income on Investments	0	0	0		0	0	0		0	0	0	
Interest on Bank Accounts	15,522	0	15,522	100%	187,907	0	187,907	100%	469,893	0	469,893	100%
Interest on Investments	969,974	1,602,727	-632,753	-39%	8,244,368	13,716,086	-5,471,718	-40%	11,595,085	9,250,707	2,344,378	25%
Interest Received	0	0	0		18,472	0	18,472	100%	0	0	0	
Loss on Investments	0	0	0		-103,129	0	-103,129	-100%	-159,390	0	-159,390	-100%
Profit on Investments	255,508	0	255,508	100%	2,606,140	0	2,606,140	100%	1,451,538	0	1,451,538	100%
	1,241,004	**1,602,727**	**-361,723**	**-23%**	**10,953,759**	**13,716,086**	**-2,762,328**	**-20%**	**13,357,126**	**9,250,707**	**4,106,419**	**44%**
Note 7												
Bad Debts Recovered	0	0	0		0	0	0		0	0	0	
Profit on Sale of Asset	0	0	0		1,831	0	1,831	100%	0	0	0	
Recouped Depreciation	0	0	0		0	0	0		0	0	0	
Sundry Income	141,455	0	141,455	100%	824,826	0	824,826	100%	2,844,953	0	2,844,953	100%
	141,455	**0**	**141,455**	**100%**	**826,657**	**0**	**826,657**	**100%**	**2,844,953**	**0**	**2,844,953**	**100%**

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME - ACTUAL vs BUDGET FOR MONTH 2026-08 OPTION ESSENTIAL PLAN

		CURRENT FOR PERIOD: 2026-08				CURRENT YEAR - TO - DATE				YEAR TO DATE FOR PRIOR YEAR 2025-08			
		Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Gross Contribution Income	Note 1	2,069,691	3,652,447	-1,582,756	-43%	22,187,854	31,350,711	-9,162,857	-29%	65,703,199	91,258,353	-25,555,155	-28%
Less: Savings Contribution Income		0	0	0		0	0	0		0	0	0	
NET CONTRIBUTION INCOME		**2,069,691**	**3,652,447**	**-1,582,756**	**-43%**	**22,187,854**	**31,350,711**	**-9,162,857**	**-29%**	**65,703,199**	**91,258,353**	**-25,555,155**	**-28%**
Relevant Healthcare Expenditure		**-1,026,901**	**-4,197,138**	**3,170,238**	**76%**	**-16,733,805**	**-35,158,969**	**18,425,164**	**52%**	**-69,626,938**	**-90,289,787**	**20,662,849**	**23%**
NET CLAIMS INCURRED		**-1,026,901**	**-4,197,138**	**3,170,238**	**76%**	**-16,733,805**	**-35,158,969**	**18,425,164**	**52%**	**-69,626,938**	**-90,289,787**	**20,662,849**	**23%**
Claims Incurred	Note 2	-1,010,597	-4,008,922	2,998,325	75%	-15,955,080	-33,630,261	17,675,181	53%	-66,957,622	-85,677,577	18,719,955	22%
Third Party Claims Recoveries	Note 3	0	0	0		39,847	0	39,847	100%	55,000	0	55,000	100%
Less: Managed Care - Management Services	Note 4	-1,254	-169,041	167,787	99%	-713,567	-1,450,960	737,393	51%	-2,553,153	-4,612,210	2,059,056	45%
RTA / Premiums paid		-15,050	-19,175	4,125	22%	-149,460	-164,808	15,348	9%	-289,065	0	-289,065	-100%
RTA / Claims recoveries		0	0	0		44,456	87,060	-42,604	-49%	117,902	0	117,902	100%
GROSS HEALTHCARE RESULTS		**1,042,790**	**-544,691**	**1,587,482**	**291%**	**5,454,049**	**-3,808,258**	**9,262,307**	**243%**	**-3,923,739**	**968,566**	**-4,892,305**	**-505%**
Less: Broker Service Fees		-75,615	-63,311	-12,305	-19%	-567,452	-543,426	-24,027	-4%	-1,701,345	-1,911,862	210,517	11%
Less: Administration Expenses	Note 5	-909,721	-481,938	-427,783	-89%	-4,963,116	-4,069,532	-893,584	-22%	-7,846,067	-7,906,645	60,578	1%
NET HEALTHCARE RESULTS		**57,454**	**-1,089,941**	**1,147,394**	**105%**	**-76,519**	**-8,421,215**	**8,344,696**	**99%**	**-13,471,152**	**-8,849,941**	**-4,621,211**	**-52%**
Investment Income	Note 6	260,420	125,552	134,868	107%	2,363,829	1,074,467	1,289,362	120%	2,086,501	724,666	1,361,835	188%
Sundry Income	Note 7	29,676	0	29,676	100%	177,086	0	177,086	100%	445,972	0	445,972	100%
Asset Management Fees		-8,727	-5,022	-3,705	-74%	-73,863	-42,979	-30,885	-72%	-53,846	-28,987	-24,859	-86%
Sundry Expense		-19,815	0	-19,815	-100%	-20,145	0	-20,145	-100%	0	0	0	
Net Surplus/(Deficit) for the year		**319,007**	**-969,411**	**1,288,418**	**133%**	**2,370,388**	**-7,389,727**	**9,760,115**	**132%**	**-10,992,525**	**-8,154,262**	**-2,838,264**	**-35%**
BENEFICIARIES		**692**	**1,193**	**-501**	**-42%**	**692**	**1,193**	**-501**	**-42%**	**2,940**	**4,374**	**-10,949**	**-250%**
Members		450	747	-297	-40%	450	747	-297	-40%	1,734	2,398	-5,002	-209%
Dependants		242	446	-204	-46%	242	446	-204	-46%	1,206	1,975	-5,947	-301%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES ACTUAL vs BUDGET FOR 2026-08 OPTION ESSENTIAL PLAN

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Note 1												
Arrear Adjustments	-59,884	0	-59,884	-100%	-574,127	0	-574,127	-100%	-2,283,102	0	-2,283,102	-100%
Contribution Income Raised	2,129,575	3,652,447	-1,522,872	-42%	22,761,981	31,350,711	-8,588,730	-27%	67,986,301	91,258,353	-23,272,052	-26%
	2,069,691	**3,652,447**	**-1,582,756**	**-43%**	**22,187,854**	**31,350,711**	**-9,162,857**	**-29%**	**65,703,199**	**91,258,353**	**-25,555,155**	**-28%**
Note 2												
Appliances/Prosthesis	0	-5,794	5,794	100%	-21,312	-72,994	51,682	71%	-155,866	-121,259	-34,606	-29%
Associated Health Services	-457,061	-54,115	-402,946	-745%	-3,173,882	-1,024,922	-2,148,961	-210%	-2,140,424	-506,712	-1,633,712	-322%
Covid 19 Vaccination	0	0	0		0	0	0		0	0	0	
Dentistry	-7,738	-37,967	30,229	80%	-41,721	-195,895	154,174	79%	-401,044	-568,934	167,890	30%
Medical Practitioners	-138,808	-346,048	207,240	60%	-1,171,210	-2,274,322	1,103,112	49%	-4,765,008	-5,359,096	594,088	11%
Medical Specialists	-137,376	-1,022,138	884,762	87%	-1,860,460	-7,808,505	5,948,045	76%	-16,349,764	-19,711,766	3,362,002	17%
Medicines	-181,114	-841,594	660,480	78%	-1,554,487	-7,633,793	6,079,306	80%	-15,883,437	-16,444,927	561,490	3%
Not Specified	0	0	0		0	0	0		0	-14,691	14,691	100%
Optical	-16,984	-34,117	17,133	50%	-54,091	-343,473	289,381	84%	-731,979	-598,434	-133,544	-22%
Paramedical Services	0	0	0		0	0	0		-407,109	-902,534	495,425	55%
Pathologist	-96,022	-263,349	167,328	64%	-1,023,049	-2,237,732	1,214,683	54%	-4,651,411	-5,491,041	839,630	15%
Physiotherapy	-19,683	-61,096	41,413	68%	-485,816	-509,945	24,129	5%	-1,043,126	-433,828	-609,298	-140%
Private Hospitals	-412,209	-905,097	492,888	54%	-10,352,031	-9,019,038	-1,332,993	-15%	-19,144,296	-29,488,339	10,344,043	35%
Provincial Hospitals	0	-84,022	84,022	100%	0	-102,328	102,328	100%	-171,542	-172,623	1,081	1%
Psychiatry	0	-17,591	17,591	100%	-48,246	-128,379	80,133	62%	-279,303	-127,963	-151,340	-118%
Radiologist	-97,883	-249,609	151,726	61%	-546,129	-1,757,033	1,210,904	69%	-3,595,480	-3,902,604	307,125	8%
Recoveries under RTA	0	0	0		0	0	0		0	0	0	
RTA Claims	0	0	0		-44,456	0	-44,456	-100%	-117,902	0	-117,902	-100%
Step-down facilities	-48,561	-86,386	37,825	44%	-64,775	-521,901	457,126	88%	-1,099,919	-1,832,824	732,905	40%
Inc/Dec in Prov for o/s Claims	602,842	0	602,842	100%	4,486,587	0	4,486,587	100%	3,979,987	0	3,979,987	100%
	-1,010,597	**-4,008,922**	**2,998,325**	**75%**	**-15,955,080**	**-33,630,261**	**17,675,181**	**53%**	**-66,957,622**	**-85,677,577**	**18,719,955**	**22%**
Note 3												
Claims Recovered	0	0	0		39,847	0	39,847	100%	55,000	0	55,000	100%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Income RAF Recoveries	0	0	0		0	0	0		0	0	0	
	0	**0**	**0**		**39,847**	**0**	**39,847**	**100%**	**55,000**	**0**	**55,000**	**100%**
Note 4												
Centre for Diabetes & Endocrinc	0	0	0		0	0	0		0	0	0	
Chronic Disease/Wellness Mana	0	0	0		0	0	0		0	-305,573	305,573	100%
Dental Benefit Management	0	0	0		0	0	0		0	0	0	
Emergency Services - Netcare 9:	-1,254	0	-1,254	-100%	-12,454	0	-12,454	-100%	-24,086	0	-24,086	-100%
Enablemed Benefit Managemen	0	0	0		0	0	0		0	0	0	
Hospital Benefit Management	0	-109,900	109,900	100%	-441,738	-925,453	483,715	52%	-1,605,465	-2,931,699	1,326,234	45%
Pharmacy Benefit Management	0	-44,957	44,957	100%	-212,133	-379,809	167,675	44%	-669,266	-1,222,205	552,939	45%
Specialists Network Managemer	0	-14,184	14,184	100%	-47,242	-145,699	98,457	68%	-254,335	-152,732	-101,603	-67%
	-1,254	**-169,041**	**167,787**	**99%**	**-713,567**	**-1,450,960**	**737,393**	**51%**	**-2,553,153**	**-4,612,210**	**2,059,056**	**45%**
Note 5												
Actuarial Fees	-14,095	-20,266	6,171	30%	-162,011	-171,124	9,113	5%	-166,045	-156,438	-9,608	-6%
Admin Fees - Brokers	0	-5,217	5,217	100%	-39,321	-44,056	4,736	11%	-142,899	-126,093	-16,806	-13%
Admin Fees - General	0	-131,928	131,928	100%	-994,261	-1,114,010	119,749	11%	-3,613,596	-3,816,589	202,993	5%
Admin Fees - Marketing	-66,824	-47,004	-19,820	-42%	-535,866	-396,905	-138,961	-35%	-1,031,967	-1,044,057	12,091	1%
AGM Costs	0	-2,876	2,876	100%	0	-24,287	24,287	100%	0	-31,769	31,769	100%
Asset Disposal Loss	0	0	0		0	0	0		0	0	0	
Asset Expense	0	0	0		0	0	0		-1,373	0	-1,373	-100%
Audit Fees	0	-18,166	18,166	100%	-5,589	-153,393	147,804	96%	-32,800	-65,405	32,605	50%
Bad Debts Written Off	0	0	0		0	0	0		0	0	0	
Bank Charges	-4,082	-8,356	4,274	51%	-34,118	-70,561	36,442	52%	-90,258	-66,797	-23,461	-35%
BBBEE Costs	0	-3,028	3,028	100%	0	-25,566	25,566	100%	-151,172	-74,190	-76,982	-104%
Branding & Promotions	-48,805	-19,610	-29,195	-149%	-138,412	-165,592	27,179	16%	-166,841	-179,305	12,464	7%
Cleaning	0	0	0		0	0	0		-2,010	-1,943	-66	-3%
Collection Fees	0	0	0		0	0	0		0	0	0	
Computer Licence	-4,368	-1,998	-2,370	-119%	-42,778	-16,872	-25,906	-154%	-42,325	-17,968	-24,358	-136%
Computer Maintenance	0	-400	400	100%	-802	-3,375	2,573	76%	-13,637	0	-13,637	-100%
Conference / Seminar Fees	0	-506	506	100%	-315	-4,268	3,955	93%	-13,879	-7,189	-6,690	-93%
Courier Charges	0	-363	363	100%	-2,681	-3,068	387	13%	-16,956	-3,258	-13,697	-420%
Dataline Rental	0	0	0		0	0	0		0	0	0	
Depreciation	-4,023	-2,405	-1,618	-67%	-31,877	-20,307	-11,570	-57%	-24,129	-18,961	-5,167	-27%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Depreciation Lease	-16,369	-6,333	-10,036	-158%	-129,256	-53,479	-75,777	-142%	-33,870	-28,400	-5,470	-19%
Disaster Recovery	0	0	0		0	0	0		-1,554	0	-1,554	-100%
Emergency Services	0	0	0		0	0	0		-15,201	-8,616	-6,584	-76%
Entertainment	0	0	0		0	0	0		0	0	0	
Equipment Rentals	0	-472	472	100%	-1,720	-3,988	2,269	57%	-5,019	-5,867	849	14%
Fidelity Insurance	0	-6,055	6,055	100%	-36,901	-51,131	14,231	28%	-39,120	-33,753	-5,366	-16%
Finance Costs	0	0	0		0	0	0		0	0	0	
Insurance	-1,576	-572	-1,004	-176%	-12,605	-4,829	-7,776	-161%	-8,807	-4,669	-4,138	-89%
Interest for Leases	-2,760	-1,773	-987	-56%	-19,696	-14,972	-4,725	-32%	-4,071	-8,584	4,513	53%
Interest Paid	0	0	0		-6,702	0	-6,702	-100%	-4,705	0	-4,705	-100%
Internal Auditing	0	-7,266	7,266	100%	0	-61,357	61,357	100%	-20,210	-55,664	35,454	64%
Investigations	-17,376	-4,923	-12,453	-253%	-77,150	-41,566	-35,584	-86%	-25,197	-69,403	44,206	64%
Legal Fees	-113,764	-10,648	-103,116	-968%	-656,659	-89,913	-566,746	-630%	0	-47,789	47,789	100%
Managed Healthcare (Non Accr	0	-4,693	4,693	100%	-18,834	-39,631	20,797	52%	-104,466	-139,653	35,187	25%
Mediswitch	0	-10,899	10,899	100%	-22	-92,036	92,014	100%	-188,064	-126,556	-61,508	-49%
Meeting Costs	-409	-533	124	23%	-715	-4,500	3,784	84%	-26,533	-25,280	-1,254	-5%
Office Plants	0	0	0		0	0	0		0	0	0	
Office Rental	0	0	0		0	0	0		-50,731	-43,030	-7,701	-18%
Optical Benefit Management	0	-2,030	2,030	100%	1,470	-17,144	18,614	109%	0	-56,679	56,679	100%
Parking Rental	0	0	0		-11	0	-11	-100%	0	0	0	
Payroll Costs	-63,714	-78,672	14,958	19%	-704,006	-664,312	-39,694	-6%	-616,524	-681,741	65,218	10%
Postages	-235	-606	371	61%	-5,060	-5,113	53	1%	-30,057	-16,292	-13,765	-84%
Premises Insurance	0	0	0		0	0	0		0	0	0	
Printing	-117	-1,417	1,300	92%	-1,375	-11,965	10,590	89%	-31,741	-21,065	-10,676	-51%
Professional Fees	-64,872	-48,517	-16,355	-34%	-557,797	-409,682	-148,115	-36%	-486,269	-439,183	-47,086	-11%
Repairs & Maintenance	-128	-1,358	1,230	91%	-424	-11,469	11,044	96%	-223	-13,408	13,185	98%
Secretarial Fees	-3,484	-2,372	-1,112	-47%	-15,731	-20,027	4,296	21%	-26,771	-19,102	-7,668	-40%
Security	-34	-29	-5	-16%	-261	-245	-15	-6%	569	-281	849	303%
Self Administration Transition C	-466,120	0	-466,120	-100%	-466,120	0	-466,120	-100%	0	0	0	
SMS Communication	0	-7,266	7,266	100%	-19,217	-61,357	42,140	69%	-64,390	-54,306	-10,083	-19%
Staff Cellphones	-2,662	-2,239	-423	-19%	-22,243	-18,910	-3,333	-18%	-24,102	-16,239	-7,863	-48%
Staff Entertainment	0	0	0		0	0	0		0	0	0	
Staff Motor Vehicle Expense	-1,460	-1,290	-170	-13%	-8,520	-10,291	1,771	22%	-16,682	-11,893	-4,789	-40%
Staff Recruitment Costs	0	-1,968	1,968	100%	0	-16,618	16,618	100%	-33,060	-4,073	-28,987	-712%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Staff Telephone	0	0	0		0	0	0		0	0	0	
Staff Training	0	-951	951	100%	-3,979	-8,027	4,048	50%	-5,513	-19,102	13,589	71%
Staff WCI	-117	-109	-8	-7%	-511	-920	409	44%	-493	-922	429	47%
Staff Welfare	-1,196	-363	-833	-229%	-2,628	-3,068	440	14%	-8,730	-4,888	-3,842	-79%
Stationery	0	-156	156	100%	0	-1,318	1,318	100%	-556	-1,399	843	60%
Statutory Costs	0	-4,498	4,498	100%	-80,501	-37,977	-42,523	-112%	-3,939	-81,486	77,547	95%
Storage	-633	-469	-163	-35%	-10,617	-3,962	-6,655	-168%	-3,913	-4,208	295	7%
Strategic Initiatives	0	0	0		0	0	0		0	0	0	
Sub- Committees Honoraria	0	0	0		0	0	0		-54,383	0	-54,383	-100%
Subscriptions	-1,308	-680	-628	-92%	-36,811	-5,739	-31,072	-541%	-61,616	-8,037	-53,579	-667%
Telephones	-1,250	-1,344	95	7%	-11,708	-11,351	-357	-3%	-105,326	-10,099	-95,227	-943%
Temp Wages	0	0	0		-11,691	0	-11,691	-100%	0	0	0	
Travel Expenses	-252	-5,726	5,474	96%	-4,519	-48,354	43,835	91%	-27,811	-75,925	48,114	63%
Trustees Expenses	-1,243	0	-1,243	-100%	-9,983	0	-9,983	-100%	-195,480	-151,158	-44,322	-29%
Water & Electricity	-6,449	-3,588	-2,861	-80%	-42,582	-30,295	-12,287	-41%	-11,625	-7,930	-3,695	-47%
	-909,721	**-481,938**	**-427,783**	**-89%**	**-4,963,116**	**-4,069,532**	**-893,584**	**-22%**	**-7,846,067**	**-7,906,645**	**60,578**	**1%**
Note 6												
Dividends Received	0	0	0		0	0	0		0	0	0	
ECL Impairment	0	0	0		0	0	0		0	0	0	
Income on Investments	0	0	0		0	0	0		0	0	0	
Interest on Bank Accounts	3,326	0	3,326	100%	38,526	0	38,526	100%	71,959	0	71,959	100%
Interest on Investments	203,491	125,552	77,939	62%	1,766,326	1,074,467	691,859	64%	1,821,832	724,666	1,097,166	151%
Interest Received	0	0	0		4,183	0	4,183	100%	0	0	0	
Loss on Investments	0	0	0		-19,660	0	-19,660	-100%	-24,928	0	-24,928	-100%
Profit on Investments	53,603	0	53,603	100%	574,455	0	574,455	100%	217,638	0	217,638	100%
	260,420	**125,552**	**134,868**	**107%**	**2,363,829**	**1,074,467**	**1,289,362**	**120%**	**2,086,501**	**724,666**	**1,361,835**	**188%**
Note 7												
Bad Debts Recovered	0	0	0		0	0	0		0	0	0	
Profit on Sale of Asset	0	0	0		395	0	395	100%	0	0	0	
Recouped Depreciation	0	0	0		0	0	0		0	0	0	
Sundry Income	29,676	0	29,676	100%	176,691	0	176,691	100%	445,972	0	445,972	100%
	29,676	**0**	**29,676**	**100%**	**177,086**	**0**	**177,086**	**100%**	**445,972**	**0**	**445,972**	**100%**

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME - ACTUAL vs BUDGET FOR MONTH 2026-08 OPTION ACCESS CORE PLAN

		CURRENT FOR PERIOD: 2026-08				CURRENT YEAR - TO - DATE				YEAR TO DATE FOR PRIOR YEAR 2025-08			
		Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Gross Contribution Income	Note 1	958,934	1,308,341	-349,407	-27%	9,372,129	10,775,820	-1,403,691	-13%	15,063,306	9,953,897	5,109,409	51%
Less: Savings Contribution Income		0	0	0		0	0	0		0	0	0	
NET CONTRIBUTION INCOME		**958,934**	**1,308,341**	**-349,407**	**-27%**	**9,372,129**	**10,775,820**	**-1,403,691**	**-13%**	**15,063,306**	**9,953,897**	**5,109,409**	**51%**
Relevant Healthcare Expenditure		**-463,214**	**-1,863,132**	**1,399,918**	**75%**	**-8,899,681**	**-14,955,896**	**6,056,216**	**40%**	**-22,477,624**	**-10,088,875**	**-12,388,748**	**-123%**
NET CLAIMS INCURRED		**-463,214**	**-1,863,132**	**1,399,918**	**75%**	**-8,899,681**	**-14,955,896**	**6,056,216**	**40%**	**-22,477,624**	**-10,088,875**	**-12,388,748**	**-123%**
Claims Incurred	Note 2	-454,241	-1,781,503	1,327,262	75%	-8,305,264	-14,319,737	6,014,473	42%	-21,274,811	-9,488,751	-11,786,059	-124%
Third Party Claims Recoveries	Note 3	0	0	0		17,225	0	17,225	100%	12,329	0	12,329	100%
Less: Managed Care - Management Services	Note 4	-2,217	-73,313	71,096	97%	-560,116	-603,823	43,707	7%	-1,170,409	-600,124	-570,285	-95%
RTA / Premiums paid		-6,756	-8,316	1,560	19%	-65,226	-68,584	3,358	5%	-76,196	0	-76,196	-100%
RTA / Claims recoveries		0	0	0		13,701	36,248	-22,547	-62%	31,463	0	31,463	100%
GROSS HEALTHCARE RESULTS		**495,720**	**-554,791**	**1,050,511**	**189%**	**472,448**	**-4,180,077**	**4,652,525**	**111%**	**-7,414,318**	**-134,979**	**-7,279,339**	**-5393%**
Less: Broker Service Fees		-32,350	-27,458	-4,893	-18%	-244,827	-226,149	-18,678	-8%	-437,217	-248,765	-188,452	-76%
Less: Administration Expenses	Note 5	-407,763	-209,016	-198,747	-95%	-2,186,052	-1,694,021	-492,031	-29%	-1,982,637	-1,028,784	-953,853	-93%
NET HEALTHCARE RESULTS		**55,607**	**-791,265**	**846,872**	**107%**	**-1,958,431**	**-6,100,247**	**4,141,816**	**68%**	**-9,834,172**	**-1,412,527**	**-8,421,644**	**-596%**
Investment Income	Note 6	116,862	12,818	104,044	812%	1,030,634	109,696	920,938	840%	528,190	73,984	454,206	614%
Sundry Income	Note 7	13,321	0	13,321	100%	77,216	0	77,216	100%	108,875	0	108,875	100%
Asset Management Fees		-3,918	-513	-3,405	-664%	-32,237	-4,388	-27,849	-635%	-13,416	-2,959	-10,456	-353%
Sundry Expense		-8,895	0	-8,895	-100%	-9,038	0	-9,038	-100%	0	0	0	
Net Surplus/(Deficit) for the year		**172,978**	**-778,960**	**951,938**	**122%**	**-891,856**	**-5,994,939**	**5,103,083**	**85%**	**-9,210,523**	**-1,341,503**	**-7,869,020**	**-587%**
BENEFICIARIES		**369**	**517**	**-148**	**-29%**	**369**	**517**	**-148**	**-29%**	**863**	**494**	**2,514**	**509%**
Members		202	293	-91	-31%	202	293	-91	-31%	468	258	1,362	527%
Dependants		167	225	-58	-26%	167	225	-58	-26%	395	235	1,152	489%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES ACTUAL vs BUDGET FOR 2026-08 OPTION ACCESS CORE PLAN

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Note 1												
Arrear Adjustments	28,443	0	28,443	100%	65,009	0	65,009	100%	-453,689	0	-453,689	-100%
Contribution Income Raised	930,491	1,308,341	-377,850	-29%	9,307,120	10,775,820	-1,468,700	-14%	15,516,995	9,953,897	5,563,098	56%
	958,934	**1,308,341**	**-349,407**	**-27%**	**9,372,129**	**10,775,820**	**-1,403,691**	**-13%**	**15,063,306**	**9,953,897**	**5,109,409**	**51%**
Note 2												
Appliances/Prosthesis	0	-1,499	1,499	100%	-1,579	-10,518	8,940	85%	-9,349	-1,326	-8,023	-605%
Associated Health Services	-210,774	-2,665	-208,109	-7810%	-1,596,048	-112,714	-1,483,334	-1316%	-146,633	-80,700	-65,934	-82%
Covid 19 Vaccination	0	0	0		0	0	0		0	0	0	
Dentistry	0	0	0		0	-3,270	3,270	100%	-3,219	-26,946	23,727	88%
Medical Practitioners	-761	-18,719	17,958	96%	-67,946	-186,391	118,445	64%	-246,511	-157,060	-89,451	-57%
Medical Specialists	-55,331	-416,736	361,405	87%	-834,202	-4,149,086	3,314,884	80%	-5,409,874	-2,009,226	-3,400,648	-169%
Medicines	-64,735	-345,663	280,928	81%	-519,652	-2,801,563	2,281,911	81%	-3,894,710	-1,949,127	-1,945,583	-100%
Not Specified	0	0	0		0	0	0		0	0	0	
Optical	-16,724	-22,499	5,775	26%	-179,059	-385,195	206,136	54%	-490,786	-456,422	-34,363	-8%
Paramedical Services	0	0	0		0	0	0		-53,893	-71,874	17,981	25%
Pathologist	-40,600	-104,682	64,082	61%	-361,575	-1,027,830	666,255	65%	-1,340,764	-597,273	-743,491	-124%
Physiotherapy	-12,270	-15,250	2,980	20%	-117,714	-206,662	88,947	43%	-260,236	-88,008	-172,228	-196%
Private Hospitals	-736,082	-762,786	26,704	4%	-3,485,449	-4,239,012	753,562	18%	-6,276,742	-3,179,171	-3,097,571	-97%
Provincial Hospitals	0	-853	853	100%	-10,653	-953	-9,700	-1018%	-1,697	-6,339	4,641	73%
Psychiatry	0	-2,837	2,837	100%	-24,939	-50,688	25,749	51%	-53,866	-41,412	-12,454	-30%
Radiologist	-35,183	-87,313	52,130	60%	-254,102	-1,028,719	774,617	75%	-1,288,342	-709,565	-578,777	-82%
Recoveries under RTA	0	0	0		0	0	0		0	0	0	
RTA Claims	0	0	0		-13,701	0	-13,701	-100%	-31,463	0	-31,463	-100%
Step-down facilities	0	0	0		-29,295	-117,137	87,841	75%	-117,044	-114,302	-2,742	-2%
Inc/Dec in Prov for o/s Claims	718,219	0	718,219	100%	-809,350	0	-809,350	-100%	-1,649,682	0	-1,649,682	-100%
	-454,241	**-1,781,503**	**1,327,262**	**75%**	**-8,305,264**	**-14,319,737**	**6,014,473**	**42%**	**-21,274,811**	**-9,488,751**	**-11,786,059**	**-124%**
Note 3												
Claims Recovered	0	0	0		17,225	0	17,225	100%	12,329	0	12,329	100%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Income RAF Recoveries	0	0	0		0	0	0		0	0	0	
	0	**0**	**0**		**17,225**	**0**	**17,225**	**100%**	**12,329**	**0**	**12,329**	**100%**
Note 4												
Centre for Diabetes & Endocrinc	0	0	0		0	0	0		0	-18,673	18,673	100%
Chronic Disease/Wellness Mana	0	-20,030	20,030	100%	-150,020	-164,099	14,079	9%	-316,428	-158,012	-158,416	-100%
Dental Benefit Management	-1,654	-1,179	-475	-40%	-15,126	-12,879	-2,247	-17%	-24,561	-12,451	-12,110	-97%
Emergency Services - Netcare 9:	-563	0	-563	-100%	-5,435	0	-5,435	-100%	-6,349	0	-6,349	-100%
Enablemed Benefit Managemen	0	0	0		0	0	0		0	0	0	
Hospital Benefit Management	0	-25,658	25,658	100%	-192,160	-210,200	18,040	9%	-405,322	-202,386	-202,936	-100%
Pharmacy Benefit Management	0	-25,103	25,103	100%	-187,357	-205,689	18,332	9%	-396,621	-198,059	-198,562	-100%
Specialists Network Managemei	0	-1,343	1,343	100%	-10,018	-10,956	938	9%	-21,129	-10,544	-10,586	-100%
	-2,217	**-73,313**	**71,096**	**97%**	**-560,116**	**-603,823**	**43,707**	**7%**	**-1,170,409**	**-600,124**	**-570,285**	**-95%**
Note 5												
Actuarial Fees	-6,117	-8,789	2,673	30%	-68,947	-71,234	2,287	3%	-39,512	-20,355	-19,157	-94%
Admin Fees - Brokers	0	-2,263	2,263	100%	-17,105	-18,339	1,234	7%	-36,077	-16,407	-19,670	-120%
Admin Fees - General	0	-57,217	57,217	100%	-432,513	-463,728	31,215	7%	-912,302	-496,601	-415,701	-84%
Admin Fees - Marketing	-29,997	-20,386	-9,611	-47%	-234,940	-165,219	-69,721	-42%	-258,909	-135,849	-123,060	-91%
AGM Costs	0	-1,247	1,247	100%	0	-10,110	10,110	100%	0	-4,134	4,134	100%
Asset Disposal Loss	0	0	0		0	0	0		0	0	0	
Asset Expense	0	0	0		0	0	0		-364	0	-364	-100%
Audit Fees	0	-7,878	7,878	100%	-2,464	-63,853	61,388	96%	-8,846	-8,510	-336	-4%
Bad Debts Written Off	0	0	0		0	0	0		0	0	0	
Bank Charges	-1,832	-3,624	1,792	49%	-14,884	-29,372	14,488	49%	-22,584	-8,691	-13,893	-160%
BBBEE Costs	0	-1,313	1,313	100%	0	-10,642	10,642	100%	-37,863	-9,653	-28,209	-292%
Branding & Promotions	-21,753	-8,505	-13,248	-156%	-59,770	-68,931	9,161	13%	-40,820	-23,331	-17,489	-75%
Cleaning	0	0	0		0	0	0		-468	-253	-215	-85%
Collection Fees	0	0	0		0	0	0		0	0	0	
Computer Licence	-1,905	-867	-1,038	-120%	-18,568	-7,023	-11,544	-164%	-10,599	-2,338	-8,261	-353%
Computer Maintenance	0	-173	173	100%	-252	-1,405	1,153	82%	-3,284	0	-3,284	-100%
Conference / Seminar Fees	0	-219	219	100%	-139	-1,777	1,638	92%	-3,462	-935	-2,526	-270%
Courier Charges	0	-158	158	100%	-1,159	-1,277	118	9%	-4,095	-424	-3,671	-866%
Dataline Rental	0	0	0		0	0	0		0	0	0	
Depreciation	-1,806	-1,043	-763	-73%	-13,914	-8,453	-5,461	-65%	-6,078	-2,467	-3,610	-146%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Depreciation Lease	-7,348	-2,747	-4,601	-168%	-56,424	-22,262	-34,162	-153%	-9,041	-3,695	-5,346	-145%
Disaster Recovery	0	0	0		0	0	0		-378	0	-378	-100%
Emergency Services	0	0	0		0	0	0		-3,525	-1,121	-2,404	-214%
Entertainment	0	0	0		0	0	0		0	0	0	
Equipment Rentals	0	-205	205	100%	-689	-1,660	972	59%	-1,234	-763	-470	-62%
Fidelity Insurance	0	-2,626	2,626	100%	-9,959	-21,284	11,325	53%	-9,560	-4,392	-5,168	-118%
Finance Costs	0	0	0		0	0	0		0	0	0	
Insurance	-697	-248	-449	-181%	-5,579	-2,010	-3,569	-178%	-1,944	-608	-1,336	-220%
Interest for Leases	-1,239	-769	-470	-61%	-8,603	-6,232	-2,370	-38%	-1,092	-1,117	24	2%
Interest Paid	0	0	0		-2,966	0	-2,966	-100%	-1,073	0	-1,073	-100%
Internal Auditing	0	-3,151	3,151	100%	0	-25,541	25,541	100%	-4,610	-7,243	2,633	36%
Investigations	-7,541	-2,135	-5,406	-253%	-33,496	-17,303	-16,193	-94%	-6,378	-9,031	2,652	29%
Legal Fees	-49,397	-4,618	-44,779	-970%	-287,099	-37,428	-249,671	-667%	0	-6,218	6,218	100%
Managed Healthcare (Non Accre	0	-2,035	2,035	100%	-8,203	-16,497	8,294	50%	-25,258	-18,171	-7,087	-39%
Mediswitch	0	-4,727	4,727	100%	-9	-38,312	38,302	100%	-44,248	-16,467	-27,781	-169%
Meeting Costs	-183	-231	48	21%	-316	-1,873	1,557	83%	-6,547	-3,289	-3,258	-99%
Office Plants	0	0	0		0	0	0		0	0	0	
Office Rental	0	0	0		0	0	0		-11,869	-5,599	-6,270	-112%
Optical Benefit Management	-717	-881	164	19%	-6,943	-7,136	194	3%	-12,567	-7,375	-5,192	-70%
Parking Rental	0	0	0		-5	0	-5	-100%	0	0	0	
Payroll Costs	-30,788	-34,120	3,331	10%	-324,733	-276,533	-48,200	-17%	-169,856	-88,706	-81,150	-91%
Postages	-102	-263	161	61%	-2,170	-2,128	-42	-2%	-7,350	-2,120	-5,230	-247%
Premises Insurance	0	0	0		0	0	0		0	0	0	
Printing	-51	-615	564	92%	-582	-4,981	4,398	88%	-7,180	-2,741	-4,439	-162%
Professional Fees	-28,160	-21,042	-7,119	-34%	-242,634	-170,538	-72,096	-42%	-114,780	-57,145	-57,635	-101%
Repairs & Maintenance	-56	-589	533	91%	-183	-4,774	4,591	96%	-60	-1,745	1,685	97%
Secretarial Fees	-1,564	-1,029	-535	-52%	-6,897	-8,337	1,440	17%	-6,675	-2,486	-4,189	-169%
Security	-15	-13	-3	-20%	-114	-102	-12	-12%	147	-37	184	503%
Self Administration Transition C	-209,236	0	-209,236	-100%	-209,236	0	-209,236	-100%	0	0	0	
SMS Communication	0	-3,151	3,151	100%	-8,266	-25,541	17,276	68%	-16,080	-7,066	-9,014	-128%
Staff Cellphones	-1,195	-971	-224	-23%	-9,425	-7,871	-1,553	-20%	-5,815	-2,113	-3,702	-175%
Staff Entertainment	0	0	0		0	0	0		0	0	0	
Staff Motor Vehicle Expense	-635	-559	-75	-13%	-3,511	-4,534	1,023	23%	-4,132	-1,547	-2,584	-167%
Staff Recruitment Costs	0	-854	854	100%	0	-6,917	6,917	100%	-8,238	-530	-7,708	-1454%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Staff Telephone	0	0	0		0	0	0		0	0	0	
Staff Training	0	-412	412	100%	-1,672	-3,341	1,670	50%	-1,354	-2,485	1,131	46%
Staff WCI	-52	-47	-5	-11%	-226	-383	158	41%	-121	-120	-1	-1%
Staff Welfare	-519	-158	-362	-229%	-1,135	-1,277	142	11%	-2,213	-636	-1,577	-248%
Stationery	0	-68	68	100%	0	-548	548	100%	-134	-182	48	27%
Statutory Costs	0	-1,951	1,951	100%	-34,798	-15,809	-18,989	-120%	-1,003	-10,603	9,600	91%
Storage	-282	-204	-79	-39%	-4,626	-1,649	-2,976	-180%	-976	-548	-428	-78%
Strategic Initiatives	0	0	0		0	0	0		0	0	0	
Sub- Committees Honoraria	0	0	0		0	0	0		-13,595	0	-13,595	-100%
Subscriptions	-569	-295	-274	-93%	-16,187	-2,389	-13,797	-578%	-14,584	-1,046	-13,539	-1295%
Telephones	-542	-583	41	7%	-4,978	-4,725	-253	-5%	-24,111	-1,314	-22,797	-1735%
Temp Wages	0	0	0		-5,091	0	-5,091	-100%	0	0	0	
Travel Expenses	-109	-2,484	2,374	96%	-1,959	-20,128	18,169	90%	-7,148	-9,879	2,731	28%
Trustees Expenses	-558	0	-558	-100%	-4,235	0	-4,235	-100%	-49,931	-19,668	-30,263	-154%
Water & Electricity	-2,799	-1,556	-1,243	-80%	-18,448	-12,611	-5,837	-46%	-2,864	-1,032	-1,832	-178%
	-407,763	**-209,016**	**-198,747**	**-95%**	**-2,186,052**	**-1,694,021**	**-492,031**	**-29%**	**-1,982,637**	**-1,028,784**	**-953,853**	**-93%**
Note 6												
Dividends Received	0	0	0		0	0	0		0	0	0	
ECL Impairment	0	0	0		0	0	0		0	0	0	
Income on Investments	0	0	0		0	0	0		0	0	0	
Interest on Bank Accounts	1,455	0	1,455	100%	15,980	0	15,980	100%	17,490	0	17,490	100%
Interest on Investments	91,345	12,818	78,527	613%	770,843	109,696	661,147	603%	459,737	73,984	385,753	521%
Interest Received	0	0	0		1,851	0	1,851	100%	0	0	0	
Loss on Investments	0	0	0		-8,644	0	-8,644	-100%	-6,305	0	-6,305	-100%
Profit on Investments	24,062	0	24,062	100%	250,603	0	250,603	100%	57,267	0	57,267	100%
	116,862	**12,818**	**104,044**	**812%**	**1,030,634**	**109,696**	**920,938**	**840%**	**528,190**	**73,984**	**454,206**	**614%**
Note 7												
Bad Debts Recovered	0	0	0		0	0	0		0	0	0	
Profit on Sale of Asset	0	0	0		171	0	171	100%	0	0	0	
Recouped Depreciation	0	0	0		0	0	0		0	0	0	
Sundry Income	13,321	0	13,321	100%	77,044	0	77,044	100%	108,875	0	108,875	100%
	13,321	**0**	**13,321**	**100%**	**77,216**	**0**	**77,216**	**100%**	**108,875**	**0**	**108,875**	**100%**

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF MASTERS OF THE HIGH COURT OF SOUTH AFRICA PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME - ACTUAL vs BUDGET FOR MONTH 2026-08 OPTION ACCESS SAVER PLAN

		CURRENT FOR PERIOD: 2026-08				CURRENT YEAR - TO - DATE				YEAR TO DATE FOR PRIOR YEAR 2025-08			
		Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Gross Contribution Income	Note 1	8,070,886	13,949,224	-5,878,338	-42%	83,628,664	111,936,771	-28,308,107	-25%	283,291,206	241,596,100	41,695,106	17%
Less: Savings Contribution Income		-2,036,268	-3,472,835	1,436,567	41%	-20,742,892	-27,868,069	7,125,177	26%	-70,371,120	-60,115,281	-10,255,839	-17%
NET CONTRIBUTION INCOME		**6,034,618**	**10,476,389**	**-4,441,771**	**-42%**	**62,885,772**	**84,068,702**	**-21,182,930**	**-25%**	**212,920,086**	**181,480,819**	**31,439,267**	**17%**
Relevant Healthcare Expenditure		**-3,643,664**	**-9,446,727**	**5,803,063**	**61%**	**-56,956,218**	**-73,750,926**	**16,794,708**	**23%**	**-199,550,070**	**-154,591,669**	**-44,958,401**	**-29%**
NET CLAIMS INCURRED		**-3,643,664**	**-9,446,727**	**5,803,063**	**61%**	**-56,956,218**	**-73,750,926**	**16,794,708**	**23%**	**-199,550,070**	**-154,591,669**	**-44,958,401**	**-29%**
Claims Incurred	Note 2	-3,581,211	-8,530,797	4,949,586	58%	-52,693,073	-66,796,301	14,103,229	21%	-182,450,876	-140,320,499	-42,130,377	-30%
Third Party Claims Recoveries	Note 3	0	0	0		121,127	0	121,127	100%	159,615	0	159,615	100%
Less: Managed Care - Management Services	Note 4	-15,430	-822,617	807,187	98%	-3,978,686	-6,601,164	2,622,479	40%	-16,611,850	-14,271,170	-2,340,680	-16%
RTA / Premiums paid		-47,023	-93,313	46,290	50%	-462,400	-749,769	287,368	38%	-1,110,351	0	-1,110,351	-100%
RTA / Claims recoveries		0	0	0		56,813	396,308	-339,495	-86%	463,392	0	463,392	100%
GROSS HEALTHCARE RESULTS		**2,390,954**	**1,029,662**	**1,361,292**	**132%**	**5,929,554**	**10,317,775**	**-4,388,221**	**-43%**	**13,370,016**	**26,889,151**	**-13,519,134**	**-50%**
Less: Broker Service Fees		-228,212	-308,093	79,882	26%	-1,738,858	-2,472,323	733,465	30%	-6,227,463	-5,915,714	-311,749	-5%
Less: Administration Expenses	Note 5	-2,842,835	-2,345,294	-497,541	-21%	-15,593,175	-18,522,785	2,929,610	16%	-27,814,407	-24,464,863	-3,349,544	-14%
NET HEALTHCARE RESULTS		**-680,093**	**-1,623,726**	**943,633**	**58%**	**-11,402,479**	**-10,677,333**	**-725,147**	**-7%**	**-20,671,854**	**-3,491,426**	**-17,180,428**	**-492%**
Investment Income	Note 6	813,439	271,629	541,810	199%	7,291,111	2,324,591	4,966,521	214%	7,507,323	1,567,802	5,939,521	379%
Sundry Income	Note 7	92,721	0	92,721	100%	542,040	0	542,040	100%	1,485,976	0	1,485,976	100%
Asset Management Fees		-27,268	-10,865	-16,403	-151%	-227,977	-92,984	-134,993	-145%	-188,184	-62,712	-125,472	-200%
Sundry Expense		-61,911	0	-61,911	-100%	-62,907	0	-62,907	-100%	0	0	0	
Net Surplus/(Deficit) for the year		**136,887**	**-1,362,963**	**1,499,850**	**110%**	**-3,860,212**	**-8,445,726**	**4,585,514**	**54%**	**-11,866,739**	**-1,986,336**	**-9,880,403**	**-497%**
BENEFICIARIES		**3,559**	**5,803**	**-2,244**	**-39%**	**3,559**	**5,803**	**-2,244**	**-39%**	**17,418**	**15,691**	**22,908**	**146%**
Members		1,406	2,287	-881	-39%	1,406	2,287	-881	-39%	6,888	6,179	9,292	150%
Dependants		2,153	3,516	-1,363	-39%	2,153	3,516	-1,363	-39%	10,530	9,512	13,616	143%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES ACTUAL vs BUDGET FOR 2026-08 OPTION ACCESS SAVER PLAN

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Note 1												
Arrear Adjustments	-532,095	0	-532,095	-100%	-4,042,893	0	-4,042,893	-100%	-2,164,283	0	-2,164,283	-100%
Contribution Income Raised	8,602,981	13,949,224	-5,346,243	-38%	87,671,557	111,936,771	-24,265,214	-22%	285,455,489	241,596,100	43,859,389	18%
	8,070,886	**13,949,224**	**-5,878,338**	**-42%**	**83,628,664**	**111,936,771**	**-28,308,107**	**-25%**	**283,291,206**	**241,596,100**	**41,695,106**	**17%**
Note 2												
Appliances/Prosthesis	-7,322	-55,757	48,435	87%	-55,963	-453,300	397,337	88%	-1,197,528	-843,505	-354,023	-42%
Associated Health Services	-379,049	-241,358	-137,692	-57%	-4,251,607	-2,753,672	-1,497,935	-54%	-7,166,331	-2,752,150	-4,414,181	-160%
Covid 19 Vaccination	0	0	0		0	0	0		0	0	0	
Dentistry	-270,187	-209,317	-60,869	-29%	-1,885,190	-1,922,500	37,310	2%	-4,976,967	-3,623,439	-1,353,528	-37%
Medical Practitioners	-173,880	-163,428	-10,452	-6%	-1,064,462	-806,340	-258,122	-32%	-1,528,897	-1,430,405	-98,491	-7%
Medical Specialists	-678,725	-1,535,466	856,741	56%	-7,556,959	-10,667,913	3,110,953	29%	-28,335,351	-23,275,619	-5,059,732	-22%
Medicines	-363,833	-1,814,711	1,450,878	80%	-3,481,584	-12,948,582	9,466,998	73%	-33,565,702	-29,135,238	-4,430,464	-15%
Not Specified	0	0	0		0	-464	464	100%	0	0	0	
Optical	-116,406	-233,536	117,130	50%	-1,270,259	-2,845,597	1,575,338	55%	-6,807,360	-6,562,789	-244,571	-4%
Paramedical Services	0	0	0		0	0	0		-1,657,677	-2,641,760	984,083	37%
Pathologist	-345,858	-490,701	144,843	30%	-2,947,656	-4,156,115	1,208,459	29%	-10,784,438	-8,054,073	-2,730,365	-34%
Physiotherapy	-137,347	-108,511	-28,836	-27%	-1,495,605	-988,441	-507,164	-51%	-2,582,661	-1,401,130	-1,181,531	-84%
Private Hospitals	-2,810,214	-2,779,509	-30,704	-1%	-29,648,507	-21,902,182	-7,746,324	-35%	-57,225,108	-46,074,840	-11,150,267	-24%
Provincial Hospitals	0	-3,978	3,978	100%	-756	-13,346	12,591	94%	34,945	-25,949	60,894	235%
Psychiatry	20,483	-76,748	97,231	127%	-212,551	-820,651	608,100	74%	-2,185,419	-1,483,038	-702,381	-47%
Radiologist	-279,851	-540,636	260,785	48%	-1,992,241	-3,830,478	1,838,237	48%	-10,016,621	-8,444,497	-1,572,124	-19%
Recoveries under RTA	0	0	0		0	0	0		0	0	0	
RTA Claims	0	0	0		-56,813	0	-56,813	-100%	-463,392	0	-463,392	-100%
Step-down facilities	0	-277,141	277,141	100%	-90,631	-2,686,720	2,596,089	97%	-7,165,170	-4,572,066	-2,593,105	-57%
Inc/Dec in Prov for o/s Claims	1,960,977	0	1,960,977	100%	3,317,710	0	3,317,710	100%	-6,827,198	0	-6,827,198	-100%
	-3,581,211	**-8,530,797**	**4,949,586**	**58%**	**-52,693,073**	**-66,796,301**	**14,103,229**	**21%**	**-182,450,876**	**-140,320,499**	**-42,130,377**	**-30%**
Note 3												
Claims Recovered	0	0	0		121,127		121,127	100%	159,615	0	159,615	100%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Income RAF Recoveries	0	0	0		0	0	0		0	0	0	
	0	**0**	**0**		**121,127**	**0**	**121,127**	**100%**	**159,615**	**0**	**159,615**	**100%**
Note 4												
Centre for Diabetes & Endocrinc	0	0	0		0	0	0		0	-488,612	488,612	100%
Chronic Disease/Wellness Mana	0	-224,732	224,732	100%	-1,065,766	-1,794,367	728,601	41%	-4,491,314	-3,746,097	-745,217	-20%
Dental Benefit Management	-11,512	-13,308	1,796	14%	-107,031	-139,410	32,379	23%	-345,490	-292,866	-52,624	-18%
Emergency Services - Netcare 9:	-3,918	0	-3,918	-100%	-38,530	0	-38,530	-100%	-92,521	0	-92,521	-100%
Enablemed Benefit Managemen	0	0	0		0	0	0		0	0	0	
Hospital Benefit Management	0	-287,870	287,870	100%	-1,365,133	-2,298,457	933,324	41%	-5,753,060	-4,798,111	-954,950	-20%
Pharmacy Benefit Management	0	-281,643	281,643	100%	-1,331,056	-2,249,131	918,076	41%	-5,629,556	-4,695,517	-934,039	-20%
Specialists Network Managemer	0	-15,064	15,064	100%	-71,171	-119,799	48,628	41%	-299,908	-249,967	-49,942	-20%
	-15,430	**-822,617**	**807,187**	**98%**	**-3,978,686**	**-6,601,164**	**2,622,479**	**40%**	**-16,611,850**	**-14,271,170**	**-2,340,680**	**-16%**
Note 5												
Actuarial Fees	-42,757	-98,620	55,863	57%	-513,536	-778,886	265,350	34%	-530,702	-484,052	-46,650	-10%
Admin Fees - Brokers	0	-25,390	25,390	100%	-121,515	-200,526	79,011	39%	-512,074	-390,160	-121,914	-31%
Admin Fees - General	0	-642,010	642,010	100%	-3,072,635	-5,070,503	1,997,868	39%	-12,949,046	-11,809,349	-1,139,697	-10%
Admin Fees - Marketing	-208,788	-228,739	19,950	9%	-1,660,306	-1,806,543	146,237	8%	-3,647,112	-3,230,539	-416,574	-13%
AGM Costs	0	-13,997	13,997	100%	0	-110,545	110,545	100%	0	-98,301	98,301	100%
Asset Disposal Loss	0	0	0		0	0	0		0	0	0	
Asset Expense	0	0	0		0	0	0		-5,338	0	-5,338	-100%
Audit Fees	0	-88,401	88,401	100%	-18,759	-698,181	679,422	97%	-130,202	-202,377	72,176	36%
Bad Debts Written Off	0	0	0		0	0	0		0	0	0	
Bank Charges	-12,753	-40,665	27,911	69%	-105,569	-321,163	215,594	67%	-317,025	-206,683	-110,341	-53%
BBBEE Costs	0	-14,734	14,734	100%	0	-116,363	116,363	100%	-534,165	-229,559	-304,607	-133%
Branding & Promotions	-151,547	-95,432	-56,115	-59%	-435,218	-753,704	318,486	42%	-559,736	-554,809	-4,927	-1%
Cleaning	0	0	0		0	0	0		-6,160	-6,014	-146	-2%
Collection Fees	0	0	0		0	0	0		0	0	0	
Computer Licence	-13,306	-9,723	-3,583	-37%	-132,637	-76,794	-55,843	-73%	-149,087	-55,595	-93,492	-168%
Computer Maintenance	0	-1,945	1,945	100%	-3,364	-15,360	11,996	78%	-44,916	0	-44,916	-100%
Conference / Seminar Fees	0	-2,461	2,461	100%	-983	-19,432	18,449	95%	-48,082	-22,243	-25,839	-116%
Courier Charges	0	-1,768	1,768	100%	-8,047	-13,964	5,917	42%	-55,687	-10,082	-45,605	-452%
Dataline Rental	0	0	0		0	0	0		0	0	0	
Depreciation	-12,569	-11,703	-866	-7%	-98,446	-92,428	-6,018	-7%	-85,863	-58,670	-27,194	-46%

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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Depreciation Lease	-51,144	-30,820	-20,324	-66%	-399,147	-243,413	-155,734	-64%	-132,518	-87,875	-44,642	-51%
Disaster Recovery	0	0	0		0	0	0		-5,209	0	-5,209	-100%
Emergency Services	0	0	0		0	0	0		-46,829	-26,661	-20,168	-76%
Entertainment	0	0	0		0	0	0		0	0	0	
Equipment Rentals	0	-2,298	2,298	100%	-5,858	-18,153	12,294	68%	-17,058	-18,155	1,097	6%
Fidelity Insurance	0	-29,467	29,467	100%	-146,581	-232,727	86,146	37%	-131,603	-104,440	-27,164	-26%
Finance Costs	0	0	0		0	0	0		0	0	0	
Insurance	-4,924	-2,783	-2,141	-77%	-39,388	-21,979	-17,409	-79%	-24,577	-14,448	-10,129	-70%
Interest for Leases	-8,622	-8,628	6	0%	-60,831	-68,145	7,314	11%	-16,085	-26,560	10,475	39%
Interest Paid	0	0	0		-20,942	0	-20,942	-100%	-14,106	0	-14,106	-100%
Internal Auditing	0	-35,361	35,361	100%	0	-279,272	279,272	100%	-61,987	-172,236	110,249	64%
Investigations	-52,711	-23,955	-28,756	-120%	-236,750	-189,193	-47,557	-25%	-90,418	-214,749	124,330	58%
Legal Fees	-345,279	-51,817	-293,462	-566%	-2,009,706	-409,247	-1,600,459	-391%	0	-147,871	147,871	100%
Managed Healthcare (Non Accre	0	-22,840	22,840	100%	-58,516	-180,383	121,867	68%	-344,346	-432,116	87,770	20%
Mediswitch	0	-53,041	53,041	100%	-67	-418,908	418,842	100%	-590,362	-391,591	-198,771	-51%
Meeting Costs	-1,273	-2,593	1,320	51%	-2,203	-20,480	18,277	89%	-87,599	-78,220	-9,379	-12%
Office Plants	0	0	0		0	0	0		0	0	0	
Office Rental	0	0	0		0	0	0		-156,640	-133,144	-23,497	-18%
Optical Benefit Management	-4,989	-9,880	4,892	50%	-57,528	-78,031	20,503	26%	-236,516	-175,377	-61,139	-35%
Parking Rental	0	0	0		-34	0	-34	-100%	0	0	0	
Payroll Costs	-215,827	-382,847	167,020	44%	-2,322,071	-3,023,667	701,596	23%	-2,330,017	-2,109,454	-220,563	-10%
Postages	-712	-2,947	2,235	76%	-15,397	-23,273	7,876	34%	-101,283	-50,411	-50,872	-101%
Premises Insurance	0	0	0		0	0	0		0	0	0	
Printing	-355	-6,895	6,541	95%	-4,436	-54,458	50,022	92%	-88,014	-65,179	-22,835	-35%
Professional Fees	-196,844	-236,102	39,258	17%	-1,713,925	-1,864,697	150,772	8%	-1,563,379	-1,358,928	-204,452	-15%
Repairs & Maintenance	-389	-6,609	6,220	94%	-1,275	-52,200	50,925	98%	-883	-41,488	40,605	98%
Secretarial Fees	-10,886	-11,542	656	6%	-49,076	-91,156	42,081	46%	-93,586	-59,107	-34,479	-58%
Security	-106	-141	36	25%	-814	-1,117	303	27%	2,146	-868	3,014	347%
Self Administration Transition C	-1,456,365	0	-1,456,365	-100%	-1,456,365	0	-1,456,365	-100%	0	0	0	
SMS Communication	0	-35,361	35,361	100%	-58,538	-279,272	220,734	79%	-225,922	-168,035	-57,887	-34%
Staff Cellphones	-8,317	-10,898	2,581	24%	-71,672	-86,068	14,396	17%	-72,587	-50,247	-22,340	-44%
Staff Entertainment	0	0	0		0	0	0		0	0	0	
Staff Motor Vehicle Expense	-4,436	-6,277	1,841	29%	-28,150	-49,571	21,421	43%	-57,386	-36,800	-20,587	-56%
Staff Recruitment Costs	0	-9,577	9,577	100%	0	-75,336	75,336	100%	-116,930	-12,603	-104,328	-828%

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
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	CURRENT PERIOD : 2026-08				YEAR - TO - DATE FOR CURRENT PERIOD				YEAR - TO - DATE FOR PRIOR YEAR 2025-08			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Staff Telephone	0	0	0		0	0	0		0	0	0	
Staff Training	0	-4,626	4,626	100%	-12,604	-36,536	23,932	66%	-18,770	-59,106	40,336	68%
Staff WCI	-364	-530	166	31%	-1,618	-4,189	2,571	61%	-1,687	-2,852	1,166	41%
Staff Welfare	-3,629	-1,768	-1,861	-105%	-8,121	-13,964	5,843	42%	-31,365	-15,123	-16,242	-107%
Stationery	0	-759	759	100%	0	-5,997	5,997	100%	-1,828	-4,330	2,502	58%
Statutory Costs	0	-21,887	21,887	100%	-244,709	-172,856	-71,852	-42%	-14,441	-252,137	237,696	94%
Storage	-1,965	-2,284	318	14%	-32,346	-18,035	-14,310	-79%	-13,716	-13,022	-694	-5%
Strategic Initiatives	0	0	0		0	0	0		0	0	0	
Sub- Committees Honoraria	0	0	0		0	0	0		-190,850	0	-190,850	-100%
Subscriptions	-3,979	-3,308	-671	-20%	-114,905	-26,124	-88,781	-340%	-200,279	-24,869	-175,410	-705%
Telephones	-3,790	-6,542	2,751	42%	-37,350	-51,665	14,315	28%	-313,302	-31,248	-282,053	-903%
Temp Wages	0	0	0		-35,268	0	-35,268	-100%	0	0	0	
Travel Expenses	-765	-27,867	27,102	97%	-13,702	-220,089	206,387	94%	-101,564	-234,929	133,365	57%
Trustees Expenses	-3,883	0	-3,883	-100%	-32,109	0	-32,109	-100%	-708,322	-467,716	-240,607	-51%
Water & Electricity	-19,563	-17,459	-2,104	-12%	-130,160	-137,891	7,731	6%	-39,392	-24,538	-14,854	-61%
	-2,842,835	**-2,345,294**	**-497,541**	**-21%**	**-15,593,175**	**-18,522,785**	**2,929,610**	**16%**	**-27,814,407**	**-24,464,863**	**-3,349,544**	**-14%**
Note 6												
Dividends Received	0	0	0		0	0	0		0	0	0	
ECL Impairment	0	0	0		0	0	0		0	0	0	
Income on Investments	0	0	0		0	0	0		0	0	0	
Interest on Bank Accounts	10,162	0	10,162	100%	126,097	0	126,097	100%	240,040	0	240,040	100%
Interest on Investments	635,796	271,629	364,168	134%	5,455,017	2,324,591	3,130,426	135%	6,524,151	1,567,802	4,956,349	316%
Interest Received	0	0	0		13,071	0	13,071	100%	0	0	0	
Loss on Investments	0	0	0		-64,935	0	-64,935	-100%	-90,313	0	-90,313	-100%
Profit on Investments	167,480	0	167,480	100%	1,761,863	0	1,761,863	100%	833,445	0	833,445	100%
	813,439	**271,629**	**541,810**	**199%**	**7,291,111**	**2,324,591**	**4,966,521**	**214%**	**7,507,323**	**1,567,802**	**5,939,521**	**379%**
Note 7												
Bad Debts Recovered	0	0	0		0	0	0		0	0	0	
Profit on Sale of Asset	0	0	0		1,198	0	1,198	100%	0	0	0	
Recouped Depreciation	0	0	0		0	0	0		0	0	0	
Sundry Income	92,721	0	92,721	100%	540,841	0	540,841	100%	1,485,976	0	1,485,976	100%
	92,721	**0**	**92,721**	**100%**	**542,040**	**0**	**542,040**	**100%**	**1,485,976**	**0**	**1,485,976**	**100%**

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

PERIODIC CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME FOR MONTHS: 2026-01 TO 2026-08

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	Budget YTD
Gross Contribution Income -	**Note 1**	127,994,103	117,789,284	97,713,908	84,675,109	78,465,206	35,225,404	63,396,326	65,705,593	0	0	0	0	670,964,933	1,008,045,505
Less: Savings Contribution Income		-14,172,947	-13,356,095	-11,424,300	-9,995,174	-9,095,470	-4,277,775	-7,768,938	-7,909,398	0	0	0	0	-78,000,097	-113,203,746
NET CONTRIBUTION INCOME		**113,821,156**	**104,433,189**	**86,289,608**	**74,679,935**	**69,369,736**	**30,947,629**	**55,627,388**	**57,796,195**	**0**	**0**	**0**	**0**	**592,964,836**	**894,841,759**
Relevant Healthcare Expenditure		**-139,454,426**	**-78,252,593**	**-71,819,251**	**-58,828,864**	**-9,006,559**	**-77,076,262**	**-69,841,692**	**-41,706,317**	**0**	**0**	**0**	**0**	**-545,985,963**	**-857,960,381**
NET CLAIMS INCURRED		**-139,454,426**	**-78,252,593**	**-71,819,251**	**-58,828,864**	**-9,006,559**	**-77,076,262**	**-69,841,692**	**-41,706,317**	**0**	**0**	**0**	**0**	**-545,985,963**	**-857,960,381**
Claims Incurred	**Note 2**	-134,395,405	-73,308,466	-67,753,039	-55,339,980	-6,454,551	-74,682,568	-66,838,650	-41,324,093	0	0	0	0	-520,096,752	-817,967,945
Third Party Claims Recoveries	**Note 3**	0	0	0	0	0	759,705	0	0	0	0	0	0	759,705	0
Less: Managed Care - Management Services	**Note 4**	-4,570,667	-4,466,167	-3,675,542	-3,152,348	-2,945,157	-2,848,266	-2,712,478	-91,661	0	0	0	0	-24,462,286	-37,959,654
RTA / Premiums paid		-488,353	-477,960	-390,670	-336,536	-315,558	-305,133	-290,563	-290,563	0	0	0	0	-2,895,337	-4,311,552
RTA / Claims recoveries		0	0	0	0	708,707	0	0	0	0	0	0	0	708,707	2,278,770
GROSS HEALTHCARE RESULTS		**-25,633,270**	**26,180,596**	**14,470,357**	**15,851,071**	**60,363,177**	**-46,128,633**	**-14,214,304**	**16,089,878**	**0**	**0**	**0**	**0**	**46,978,873**	**36,881,378**
Less: Broker Service Fees		-3,021,561	-1,167,136	-1,289,062	-1,197,294	-995,329	-936,105	-913,782	-1,435,727	0	0	0	0	-10,955,996	-14,216,964
Less: Administration Expenses	**Note 5**	-11,843,881	-12,495,835	-10,358,295	-10,331,765	-12,231,679	-10,574,013	-11,491,588	-17,580,220	0	0	0	0	-96,907,275	-106,500,269
NET HEALTHCARE RESULTS		**-40,498,711**	**12,517,625**	**2,823,000**	**4,322,012**	**47,136,170**	**-57,638,751**	**-26,619,674**	**-2,926,069**	**0**	**0**	**0**	**0**	**-60,884,397**	**-83,835,856**
Investment Income	**Note 6**	6,841,995	7,391,005	4,232,371	5,545,306	5,152,057	5,856,727	5,560,907	5,027,339	0	0	0	0	45,607,707	31,489,800
Sundry Income	**Note 7**	170,958	186,647	58,811	204,388	849,380	50,606	1,318,138	572,944	0	0	0	0	3,411,872	0
Asset Management Fees		-183,878	-188,003	-179,353	-184,096	-184,002	-176,742	-166,097	-168,498	0	0	0	0	-1,430,669	-1,259,592
Sundry Expense		0	0	0	0	-6,429	0	0	-382,562	0	0	0	0	-388,991	0
Net Surplus/(Deficit) for the year		**-33,669,636**	**19,907,275**	**6,934,829**	**9,887,610**	**52,947,176**	**-51,908,160**	**-19,906,726**	**2,123,154**	**0**	**0**	**0**	**0**	**-13,684,479**	**-53,605,648**
BENEFICIARIES		**32,618**	**31,400**	**25,696**	**21,698**	**20,157**	**19,459**	**18,411**	**17,394**	**0**	**0**	**0**	**0**	**186,833**	**267,793**
Dependants		17,300	16,408	13,442	11,142	10,259	9,888	9,297	8,706	0	0	0	0	96,442	142,965
Members		15,318	14,992	12,254	10,556	9,898	9,571	9,114	8,688	0	0	0	0	90,391	124,828

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

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SIZWE HOSMED MEDICAL SCHEME

PERIODIC CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME NOTES: 2026-01 TO 2026-08

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	Budget YTD
Note 1														
Arrear Adjustments	1,618,211	1,635,252	177,683	628,644	552,546	-40,177,420	-8,373,897	-2,729,027	0	0	0	0	-46,668,008	0
Contribution Income Raised	126,375,892	116,154,032	97,536,225	84,046,465	77,912,660	75,402,824	71,770,223	68,434,620	0	0	0	0	717,632,941	1,008,045,505
	127,994,103	**117,789,284**	**97,713,908**	**84,675,109**	**78,465,206**	**35,225,404**	**63,396,326**	**65,705,593**	**0**	**0**	**0**	**0**	**670,964,933**	**1,008,045,505**
Note 2														
Appliances/Prosthesis	-286,596	175,609	-18,195	-168,772	-20,034	-223,935	-106,528	-111,328	0	0	0	0	-759,779	-2,886,506
Associated Health Services	-2,561,062	-13,676,752	-6,300,930	-4,797,947	1,588,695	-6,297,641	-9,551,044	-4,556,258	0	0	0	0	-46,152,938	-23,401,648
Covid 19 Vaccination	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dentistry	-1,648,127	-196,185	-561,707	-621,802	-2,621,184	-2,318,135	75,599	-981,426	0	0	0	0	-8,872,967	-13,667,696
Medical Practitioners	-3,654,683	-2,488,597	-3,427,255	-2,089,179	-2,451,461	-3,425,238	-2,324,386	-2,631,672	0	0	0	0	-22,492,471	-35,224,489
Medical Specialists	-11,213,764	-8,270,961	-3,969,582	-4,493,231	-6,926,960	-10,393,830	-5,243,608	-5,841,293	0	0	0	0	-56,353,229	-142,771,962
Medicines	-25,298,537	12,939,373	-5,967,769	-5,109,889	-4,985,889	-5,996,735	-3,621,962	-4,305,279	0	0	0	0	-42,346,687	-175,745,739
Not Specified	0	0	-117,824	0	-929,319	-5,425,477	6,354,796	0	0	0	0	0	-117,824	-188,411
Optical	-1,123,459	-1,119,401	-1,160,669	-958,317	-817,551	-808,108	-925,347	-699,027	0	0	0	0	-7,611,877	-17,596,669
Paramedical Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pathologist	830,765	-6,165,134	-2,151,566	-2,954,332	-10,662,014	-10,827,522	-409,154	-3,358,589	0	0	0	0	-35,697,545	-55,292,695
Physiotherapy	-1,134,666	-2,097,252	-2,628,496	-1,466,562	57,735	-2,957,771	-783,983	-966,732	0	0	0	0	-11,977,728	-14,011,853
Private Hospitals	-34,902,323	-39,303,277	-42,704,353	-23,967,333	-38,725,244	-52,275,414	-44,386,241	-31,202,688	0	0	0	0	-307,466,873	-265,224,724
Provincial Hospitals	-96,611	68,557	-23,037	-15,853	-45,366	-80,337	-58,545	-2,322	0	0	0	0	-253,515	-333,261
Psychiatry	-324,542	-123,774	-317,106	-139,717	-137,501	-297,024	-174,093	-118,292	0	0	0	0	-1,632,049	-5,626,801
Radiologist	-990,158	-1,705,427	-1,822,986	-3,113,191	-2,223,776	-4,665,639	-1,774,763	-2,779,358	0	0	0	0	-19,075,298	-48,207,277
Step-down facilities	-656,348	477,818	-1,010,464	150,783	-138,817	-439,381	-410,484	-619,179	0	0	0	0	-2,646,073	-17,788,212
Increase / Decrease in Provision for Outstanding Claims	-51,335,292	-11,823,062	4,428,900	-5,594,640	63,292,843	31,749,619	-3,498,909	16,849,351	0	0	0	0	44,068,809	0
Recoveries under RTA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RTA Claims	0	0	0	0	-708,707	0	0	0	0	0	0	0	-708,707	0
	-134,395,405	**-73,308,466**	**-67,753,039**	**-55,339,980**	**-6,454,551**	**-74,682,568**	**-66,838,650**	**-41,324,093**	**0**	**0**	**0**	**0**	**-520,096,752**	**-817,967,945**
Note 3														
Claims Recovered	0	0	0	0	0	759,705	0	0	0	0	0	0	759,705	0
Income RAF Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	**0**	**0**	**0**	**0**	**759,705**	**0**	**0**	**0**	**0**	**0**	**0**	**759,705**	**0**
Note 4														
Centre for Diabetes & Endocrinology	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chronic Disease/Wellness Management	-1,186,502	-1,161,471	-955,991	-819,140	-766,952	-741,840	-706,502	0	0	0	0	0	-6,338,398	-9,855,669
Dental Benefit Management	-118,373	-110,103	-101,474	-82,118	-76,715	-74,201	-70,725	-67,450	0	0	0	0	-701,159	-953,157
Emergency Services - Netcare 911	-40,692	-39,826	-32,553	-28,042	-26,294	-25,425	-24,211	-24,211	0	0	0	0	-241,255	0
Enablemed Benefit Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Benefit Management	-1,604,966	-1,570,809	-1,283,931	-1,106,021	-1,037,078	-1,002,816	-954,933	0	0	0	0	0	-8,560,554	-13,549,904

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	Budget YTD
Pharmacy Benefit Management	-1,522,598	-1,490,353	-1,222,945	-1,050,333	-984,050	-951,702	-906,321	0	0	0	0	0	-8,128,303	-12,733,303
Specialists Network Management	-97,536	-93,604	-78,648	-66,694	-54,068	-52,282	-49,785	0	0	0	0	0	-492,617	-867,620
	-4,570,667	**-4,466,167**	**-3,675,542**	**-3,152,348**	**-2,945,157**	**-2,848,266**	**-2,712,478**	**-91,661**	**0**	**0**	**0**	**0**	**-24,462,286**	**-37,959,654**
Note 5														
Actuarial Fees	-486,432	-465,788	-465,788	-465,789	-500,288	-269,306	-269,306	-269,306	0	0	0	0	-3,192,002	-4,478,352
Admin Fees - Brokers	-142,863	-139,823	-114,287	-98,451	-92,314	-89,264	-85,002	0	0	0	0	0	-762,003	-1,152,960
Admin Fees - General	-3,612,452	-3,535,571	-2,889,867	-2,489,427	-2,334,250	-2,257,134	-2,149,359	0	0	0	0	0	-19,268,059	-29,153,820
Admin Fees - Marketing	-3,162,964	551,873	-1,301,909	-1,299,514	-1,297,142	-1,294,791	-1,292,461	-1,290,152	0	0	0	0	-10,387,060	-10,387,060
AGM Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	-635,601
Asset Disposal Loss	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asset Expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Audit Fees	0	0	0	-120,796	0	0	0	0	0	0	0	0	-120,796	-4,014,323
Bad Debts Written Off	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bank Charges	-118,694	-92,527	-83,475	-53,970	-25,392	-132,225	-75,269	-78,810	0	0	0	0	-660,363	-1,846,588
BBBEE Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	-669,054
Branding & Promotions	-222,465	-167,766	-264,417	-215,965	-348,816	-386,160	-166,092	-940,193	0	0	0	0	-2,711,873	-4,333,564
Cleaning	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Collection Fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Computer Licence	-85,497	-99,988	-90,512	-100,315	-177,051	-107,720	-83,321	-83,577	0	0	0	0	-827,981	-441,542
Computer Maintenance	-18,593	0	0	0	0	0	0	0	0	0	0	0	-18,593	-88,315
Conference / Seminar Fees	0	-5,950	0	0	0	0	0	0	0	0	0	0	-5,950	-111,732
Courier Charges	0	0	0	0	-17,104	-34,180	0	0	0	0	0	0	-51,283	-80,286
Dataline Rental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation	-79,364	-71,591	-79,261	-76,708	-79,347	-76,243	-77,688	-77,665	0	0	0	0	-617,867	-531,431
Depreciation Lease	-316,486	-302,729	-314,455	-311,321	-316,031	-311,429	-316,031	-316,031	0	0	0	0	-2,504,513	-1,399,548
Disaster Recovery	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Entertainment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Equipment Rentals	-11,534	-11,534	-11,534	-11,534	11,534	0	0	0	0	0	0	0	-34,602	-104,372
Fidelity Insurance	-166,667	-166,667	-166,667	-166,667	-166,667	-166,667	0	0	0	0	0	0	-1,000,000	-1,338,110
Finance Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Insurance	-29,595	-29,980	-29,787	-29,787	-29,787	-29,787	-29,787	-29,787	0	0	0	0	-238,299	-126,370
Interest for Leases	-48,764	-47,618	-45,663	-45,043	-43,875	-42,697	-54,476	-53,278	0	0	0	0	-381,413	-391,814
Interest Paid	-85	-126,598	-8	-9	0	0	0	0	0	0	0	0	-126,700	0
Internal Auditing	0	0	0	0	0	0	0	0	0	0	0	0	0	-1,605,729
Investigations	-201,713	-175,106	-60,490	-114,582	-137,287	-175,652	-282,821	-332,002	0	0	0	0	-1,479,653	-1,087,801
Legal Fees	0	-3,642,657	-898,071	-1,177,599	-1,674,098	-924,820	-2,050,926	-2,174,056	0	0	0	0	-12,542,226	-2,353,041
Managed Healthcare (Non Accredited)	-90,776	-87,386	-71,512	-60,386	-56,581	0	0	0	0	0	0	0	-366,641	-1,037,147
Mediswitch	-412	0	0	0	0	0	0	0	0	0	0	0	-412	-2,408,594
Meeting Costs	0	-1,519	0	0	-1,035	-2,752	-528	-7,887	0	0	0	0	-13,721	-117,753
Office Plants	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Office Rental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Optical Benefit Management	-52,977	-51,006	-46,838	-36,393	-35,234	-32,638	-29,358	-29,229	0	0	0	0	-313,673	-448,654
Parking Rental	0	0	0	0	-220	0	0	0	0	0	0	0	-220	0
Payroll Costs	-2,022,715	-1,865,742	-1,901,162	-1,693,170	-2,477,358	-1,294,614	-1,419,593	-1,264,827	0	0	0	0	-13,939,181	-17,385,147
Postages	-81,808	0	0	0	-6,531	-2,815	0	-4,483	0	0	0	0	-95,638	-133,811
Premises Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Printing	-3,221	-3,193	-8,451	-1,208	-3,147	-4,454	-1,639	-2,234	0	0	0	0	-27,547	-313,117
Professional Fees	-347,725	-1,595,483	-612,899	-1,156,196	-1,835,270	-2,628,913	-1,360,709	-1,239,613	0	0	0	0	-10,776,813	-10,721,429
Repairs & Maintenance	0	0	0	0	-1,000	-4,611	0	-2,450	0	0	0	0	-8,061	-300,135

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION PRETORIA

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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	Budget YTD
Secretarial Fees	-40,703	-40,703	-65,313	-65,313	-26,565	-1,955	0	-67,268	0	0	0	0	-307,821	-524,121
Security	-625	-625	-625	-637	-652	-652	-652	-652	0	0	0	0	-5,121	-6,423
Self Administration Transition Costs	0	0	0	0	0	0	0	-8,999,216	0	0	0	0	-8,999,216	0
SMS Communication	-222,571	-17,679	-15,283	0	-109,250	0	0	0	0	0	0	0	-364,784	-1,605,729
Staff Cellphones	-60,372	-68,265	-52,616	-52,459	-52,459	-52,803	-52,631	-51,394	0	0	0	0	-442,998	-494,866
Staff Entertainment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staff Motor Vehicle Expense	-19,126	-32,172	-20,648	3,712	-33,675	-19,116	-23,449	-27,909	0	0	0	0	-172,384	-285,017
Staff Recruitment Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	-434,885
Staff Telephone	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staff Training	-18,334	-48,525	5,400	0	0	0	-15,404	0	0	0	0	0	-76,863	-210,073
Staff WCI	-2,247	-2,247	-2,247	-2,247	5,222	-1,787	-2,276	-2,250	0	0	0	0	-10,080	-24,086
Staff Welfare	-3,340	-821	-1,359	-6,914	-1,276	-9,973	-4,540	-22,857	0	0	0	0	-51,081	-80,286
Stationery	0	0	0	0	0	0	0	0	0	0	0	0	0	-34,482
Statutory Costs	0	0	0	0	0	0	-1,534,803	0	0	0	0	0	-1,534,803	-993,871
Storage	-11,280	-12,003	-12,003	-110,476	-2,294	-11,230	-34,317	-12,189	0	0	0	0	-205,792	-103,697
Strategic Initiatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sub- Committees Honoraria	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subscriptions	-25,649	-7,223	-541,405	-22,605	-31,757	-24,597	-22,273	-24,998	0	0	0	0	-700,505	-150,203
Telephones	-35,311	-36,664	-37,140	-24,568	-23,167	-24,228	-26,171	-23,874	0	0	0	0	-231,123	-297,060
Temp Wages	0	0	0	-227,700	-151,800	0	151,800	0	0	0	0	0	-227,700	0
Travel Expenses	0	0	0	-8,691	-17,846	-24,198	-31,202	-4,819	0	0	0	0	-86,755	-1,265,442
Trustees Expenses	-25,897	-25,845	-25,011	-25,154	-24,328	-24,328	-24,328	-23,991	0	0	0	0	-198,883	0
Water & Electricity	-74,623	-68,716	-132,990	-63,884	-117,542	-110,276	-126,976	-123,218	0	0	0	0	-818,225	-792,829
	-11,843,881	**-12,495,835**	**-10,358,295**	**-10,331,765**	**-12,231,679**	**-10,574,013**	**-11,491,588**	**-17,580,220**	**0**	**0**	**0**	**0**	**-96,907,275**	**-106,500,269**
Note 6														
ECL Impairment	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dividends Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income on Investments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest on Bank Accounts	169,250	69,522	97,877	95,255	133,805	90,116	57,915	63,707	0	0	0	0	777,446	0
Interest on Investments	4,595,597	4,366,783	4,404,771	4,443,460	4,430,579	3,803,498	4,257,575	3,928,734	0	0	0	0	34,230,997	31,489,800
Interest Received	0	0	79,079	0	0	0	0	0	0	0	0	0	79,079	0
Loss on Investments	-89	0	-360,687	-22,220	-34,615	0	0	0	0	0	0	0	-417,611	0
Profit on Investments	2,077,236	2,954,700	11,331	1,028,811	622,289	1,963,113	1,245,417	1,034,898	0	0	0	0	10,937,796	0
	6,841,995	**7,391,005**	**4,232,371**	**5,545,306**	**5,152,057**	**5,856,727**	**5,560,907**	**5,027,339**	**0**	**0**	**0**	**0**	**45,607,707**	**31,489,800**
Note 7														
Bad Debts Recovered	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Profit on Sale of Asset	0	0	0	0	0	0	7,548	0	0	0	0	0	7,548	0
Recouped Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sundry Income	170,958	186,647	58,811	204,388	849,380	50,606	1,310,589	572,944	0	0	0	0	3,404,324	0
	170,958	**186,647**	**58,811**	**204,388**	**849,380**	**50,606**	**1,318,138**	**572,944**	**0**	**0**	**0**	**0**	**3,411,872**	**0**

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG PROVINCIAL DIVISION
PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION
PRETORIA
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SIZWE HOSMED MEDICAL SCHEME CONSOLIDATED PERIODIC STATEMENT OF COMPREHENSIVE INCOME PER PLAN
YTD AUGUST 2026

	Gold Ascend and EDO Plan	Titanium Executive Plan	Value Platinum Core Plan	Essential Copper Plan	Access Care Plan	Access (Saver)Plan	Scheme Total
Gross Contribution Income	262,439,459	94,510,788	198,826,040	22,187,854	9,372,129	83,628,664	670,964,933
Less: Savings Contribution Income	-	(19,630,219)	(37,626,986)	-	-	(20,742,892)	(78,000,097)
NET CONTRIBUTION INCOME	262,439,459	74,880,569	161,199,054	22,187,854	9,372,129	62,885,772	592,964,836
RELEVANT HEALTHCARE EXPENDITURE	(247,778,367)	(58,006,792)	(157,611,100)	(16,733,805)	(8,899,681)	(56,956,218)	(545,985,963)
Claims incurred	(235,565,393)	(56,302,661)	(151,275,282)	(15,955,080)	(8,305,264)	(52,693,073)	(520,096,752)
Third party claim recoveries	346,554	54,372	180,580	39,847	17,225	121,127	759,705
Managed Care Management Services	(11,556,697)	(1,645,479)	(6,007,742)	(713,567)	(560,116)	(3,978,686)	(24,462,286)
RTA / Premiums Paid	(1,330,123)	(192,447)	(695,681)	(149,460)	(65,226)	(462,400)	(2,895,337)
RTA / Claims recoveries	327,291	79,423	187,024	44,456	13,701	56,813	708,707
GROSS HEALTHCARE RESULTS	14,661,092	16,873,777	3,587,953	5,454,049	472,448	5,929,554	46,978,873
Less: Broker Service Fees	(5,068,454)	(709,196)	(2,627,208)	(567,452)	(244,827)	(1,738,858)	(10,955,996)
Less: Administration Costs	(44,407,094)	(6,494,745)	(23,263,093)	(4,963,116)	(2,186,052)	(15,593,175)	(96,907,275)
NET HEALTHCARE RESULTS	(34,814,456)	9,669,836	(22,302,348)	(76,519)	(1,958,431)	(11,402,479)	(60,884,397)
Investment Income	20,912,457	3,055,916	10,953,759	2,363,829	1,030,634	7,291,111	45,607,707
Sundry Income	1,548,972	239,901	826,657	177,086	77,216	542,040	3,411,872
Asset Management Fees	(655,539)	(96,641)	(344,412)	(73,863)	(32,237)	(227,977)	(1,430,669)
Sundry Expense	(172,168)	(28,685)	(96,048)	(20,145)	(9,038)	(62,907)	(388,991)
NET SURPLUS / (DEFICIT) FOR THE YEAR	(13,180,734)	12,840,327	(10,962,391)	2,370,388	(891,856)	(5,860,212)	(15,684,479)
BENEFICIARIES	7,667	1,019	4,088	692	369	3,559	17,394
Members	3,844	641	2,145	450	202	1,406	8,688
Dependants	3,823	378	1,943	242	167	2,153	8,706

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG PROVINCIAL DIVISION
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SIZWE HOSMED MEDICAL SCHEME

STATEMENT OF FINANCIAL POSITION AS AT 2026-08

		CURRENT MONTH 2026-08	PREVIOUS QUARTER 2026-06	PREVIOUS YEAR END 2025-12
ASSETS				
NON - CURRENT ASSETS		**339,951,450**	**333,949,109**	**320,448,093**
Motor Vehicles		429,962	459,709	546,523
Property Plant and Equipment		4,589,244	5,017,984	6,217,481
Right of Use Assets		7,705,542	8,052,291	9,092,538
Financial Assets at FV through P/L	Note 1	327,226,702	320,419,126	304,591,551
CURRENT ASSETS		**683,911,841**	**763,951,382**	**919,215,806**
Financial Assets at FV through P/L - MM	Note 1	537,490,666	624,987,946	631,055,337
Cash and Cash Equivalents	Note 2	45,797,752	35,667,021	26,727,136
Trade and Other Receivables	Note 3	100,623,424	103,296,415	261,433,333
TOTAL ASSETS		**1,023,863,291**	**1,097,900,491**	**1,239,663,899**
FUNDS & LIABILITIES				
ACCUMULATED FUNDS & RESERVES		**442,632,822**	**471,134,726**	**461,943,951**
Accumulated Funds	Note 4	442,632,822	471,134,726	461,943,951
CURRENT LIABILITIES		**581,230,470**	**626,765,765**	**777,719,948**
Outstanding Claims Provisions	Note 5	104,787,744	118,138,186	148,856,553
Trade and Other Payables	Note 6	169,353,821	163,293,048	290,917,023
Lease Liability		8,149,214	8,437,902	9,321,519
Current Savings		298,939,690	336,896,629	328,624,852
TOTAL FUNDS & LIABILITIES		**1,023,863,291**	**1,097,900,491**	**1,239,663,899**

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA
REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

SIZWE HOSMED MEDICAL SCHEME

NOTES TO STATEMENT OF FINANCIAL POSITION AS AT: 2026-08

	CURRENT MONTH 2026-08	PREVIOUS QUARTER 2026-06	PREVIOUS YEAR END 2025-12
1 Investments			
Financial Assets at F/V through P/L - Non Current Assets			
Aluwani Capital Partners	172,544	191,286	206,359
Hosmed Aeon Investment Managers	0	0	0
Hosmed Aluwani Capital Partners	292,094,671	287,317,770	270,002,662
Hosmed Prescient Investment Manager	13,458,204	11,408,786	12,881,247
Lesedi Clinic	500,000	500,000	500,000
Razorite Healthcare Fund	21,001,283	21,001,283	21,001,283
	327,226,702	**320,419,126**	**304,591,551**
1 Investments			
Financial Assets at F/V through P/L - Current Assets			
Aluwani	-3,830,726	2,643,912	8,296,761
Aluwani Capital Partners	0	-23,276	-53,698
Prescient	281,345,628	359,202,279	263,656,250
Taquanta Cash	0	0	107,820,355
Umthombo	259,975,764	263,165,031	251,335,670
Visio	0	0	0
	537,490,666	**624,987,946**	**631,055,337**
2 Cash and Cash Equivalents			
ECL - Cash	0	0	0
Hosmed Call account	2,803,716	2,773,506	2,688,567
Hosmed Claims Account	161,565	4,734,079	4,537,938
Hosmed Debit Orders	11,984	20,057	44,279
Hosmed Main Account	819,077	311,460	6,588,889
Hosmed Salaries Account	71,387	71,621	72,323
Nedbank Claims Account	3,206,954	11,897,407	479,329
Petty Cash	3,512	3,512	3,512
Sizwe Main Account	34,132,643	11,268,463	7,725,384
Unsettled Cash	4,586,916	4,586,916	4,586,916
	45,797,752	**35,667,021**	**26,727,136**
3 Accounts Receivables			
Fund Payroll Control	0	966	1,116
Debtors for Contributions - Groups	141,543,104	157,167,780	301,219,171
Sundry Debtors	49,274,627	49,274,627	49,244,550
Debtors-Interest	63,220	89,628	420,431
ECL Receivables	-98,336,536	-115,209,849	-115,209,849
Debtors Claims	3,192,539	3,320,259	3,496,440
Prepaid Expenses	4,886,470	8,653,006	22,261,473
	100,623,424	**103,296,415**	**261,433,333**
4 Accumulated Funds			
Balance at Beginning of Year	-682,142,946	-682,142,946	-682,142,946
Current Retained Income	299,296,435	281,512,863	285,611,956

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA GAUTENG DIVISION, PRETORIA

	CURRENT MONTH 2026-08	PREVIOUS QUARTER 2026-06	PREVIOUS YEAR END 2025-12
FVOCI Reserves	-59,786,311	-70,504,644	-65,412,961
	-442,632,822	**-471,134,726**	**-461,943,951**
5 Outstanding Claims			
Outstanding Claims Provision IBNR	-104,787,744	-118,138,186	-148,856,553
	-104,787,744	**-118,138,186**	**-148,856,553**
6 Trade Creditors			
6.1 Benefit Management Cost			
Accruals For Chronic Disease/Wellness Management	0	0	0
Accruals for Pharmacy Benefit Mangement	0	0	0
6.2 Creditors			
Accrual for Optical Benefit	0	0	0
Claims Liability-Unpaid EFTs	-53,859,020	-30,685,399	-1,349,733
Claims RBNP	-22,711,642	-32,853,176	-44,440,862
Creditors Control	-32,218,789	-36,674,939	-52,209,966
Member Balances Liability	-39,665,700	-31,744,665	-9,810,886
Provision for Audit Fees	-5,872,771	-9,326,272	-9,326,272
Provision for Leave Pay	-559,517	-665,178	-515,963
Provision for WCI	-12,713	-8,187	-23,286
Provision Service Existing Business Commission	0	550,215	0
Sundry Provision/ Accrual	-7,028,611	-6,802,066	-5,300,936
Unallocated Deposits	-6,925,060	-14,583,382	-166,180,076
Unpaid Claims Liability Hosmed	0	0	-739,044
Provision for investment loss	-500,000	-500,000	-500,000
	-169,353,821	**-163,293,048**	**-290,917,023**

REGISTRAR OF THE HIGH COURT OF SOUTH AFRICA
GAUTENG DIVISION,
PRETORIA
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