momentum

medical scheme

International student application form

2020

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Please submit the completed and signed form, as well as the documents listed below, via email to studentapplication@momentum.co.za.

Compulsory documents to be submitted with your application:

1:	Membership details																
Mem	bership start date	0 1	M M	Υ	YY	Υ											
Num	ber of months of medical aid cover	required (minimur	m of	6 mor	nths)*											
*We cove	recommend that you check the m	ninimum բ	eriod o	of co	ver w	ith yo	ur aca	demic i	nstitutior	n and embassy,	to a	void a	dela	y in y	our r	nedi	cal aid
2:	Principal member's deta	ails															
Pass	port number																
Cour	ntry in which passport was issued																
Nam	e of institution where studying																
Cam	pus								S	Student number							
Title				In	itials			Fi	rst name								
Surn	ame																
Date	of birth	D D	MM	Υ	Y	Υ				Gend	er	Male			Fe	male	
Cellp	hone number									Fax number							
Telep	phone number							Marit	al status								
Emai	l address																
Addı	ess in South Africa																
Posta	al address*														_		
												P	ostal	code			
Resid	dential address																
*You	may use the address of the instituti	ion where	vou are	e stud	dvina i	if vou d	do not	vet have	an addre	ess in South Afri		P	ostal	code			
 3:	Dependant particulars		•					-									
	se complete an application for Addit	tion of Dep	endant	ts for	m, if y	ou wis	sh to a	dd depei	ndants to	your membersh	ip.						
4:	Option																
Inaw	e Option Chro	onic and	Dav-to-	-dav	provi	der:	nawe /	Active Pr	imary Ca	re Network		Hosp	ital n	rovid	er: /	Anv h	ospital

(Please use your passport number as reference)

Account Name Name of Bank	Momentum Health First National Bank	Account Name Name of Bank	Momentum Health Standard Bank	Account Name Name of Bank	Momentum Health ABSA	
Branch Name Type of Account	Global Transactional Services - Durban Current	Branch Name Type of Account	Florida Road Current	Branch Name Type of Account	Killarney Current	
Account Number Branch Code	62127765371 22 36 26	Account Number Branch Code	050 810 995 042726	Account Number Branch Code	4060933128 632005	
Bank Code / Swift Code	FIRNZAJJ	Bank Code / Swift Code	SBAZAZAJJ00720535	Bank Code / Swift Code	ABSAZAJJ	

6: Consent for Momentum Medical Scheme to process personal information

We request your consent to process and obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement for your membership of Momentum Medical Scheme.

Momentum Medical Scheme and the Administrator, Momentum Health Solutions (Pty) Ltd, a part of Momentum Metropolitan Life Limited, will keep your personal information confidential and will adhere to the Protection of Personal Information Act, 2013 when processing your personal information. Your personal information will be processed for the purpose of the Medical Schemes Act 131 of 1998.

If you fail to provide the personal information required or if you are not willing to agree to the processing of your personal information, then Momentum Medical Scheme will not be able to administer or offer you membership of the medical scheme.

Please read the statements below and sign your acceptance thereof.

- 1. I authorise, and give consent to Momentum Medical Scheme and the Administrator to collect, store, collate, process, share and further process my personal information, including health information, and that of my dependants, for purposes of my Momentum Medical Scheme membership risk profiling and management, administration of my membership and as set out in this section.
- 2. If you have consented to the disclosure of your personal information to any other entity or person (person means any natural or juristic person, firm, company, corporation, state, agency or organisation of a state, association, trust or partnership, whether or not having legal personality) or if a contractual relationship exists between Momentum Medical Scheme or the Administrator which requires Momentum Medical Scheme or the Administrator to provide your personal information to any other person, Momentum Medical Scheme or the Administrator may do so.
- I acknowledge that I must give Momentum Medical Scheme and the Administrator all information and evidence they may require from time to time. I authorise Momentum Medical Scheme and the Administrator to obtain from any person, including any medical doctor or other healthcare provider who has attended to me or my dependants in the past, or who will attend to me or my dependants in the future, any information Momentum Medical Scheme may require concerning my or any of my dependants in assessing any risk or claim in relation to this application, my membership of Momentum Medical Scheme and risk profiling or management. I consent to that person providing, and instruct that person to provide, Momentum Medical Scheme and the Administrator with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
- 4. I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
- 5. I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
- 6. I have the right to request my personal information which is in the possession of Momentum Medical Scheme and the Administrator, provided that I furnish adequate identification.
- 7. I have the right to request Momentum Medical Scheme and the Administrator where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
- 8. If I have a complaint relating to the processing of my personal information, I agree to refer it to the Administrator and the Scheme to resolve it in terms of their internal complaints process first. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator who can be contacted on 012 406 4818 or via email at inforeg@justice.gov.za.
- 9. My personal information will be shared between Momentum Medical Scheme, the Administrator and contracted third parties both locally and outside the Republic of South Africa who require this information, for purposes related to my membership of Momentum Medical Scheme, and
 - · to grant me access to interact with Momentum Medical Scheme on its website; and
 - to provide any credit bureau or registered credit provider with my credit information as defined in the National Credit Act, 2005 (credit information includes, for example, my credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgments obtained for outstanding debts).

3 \	ng) of insurance, investments, health insurance, retirement benefits, other financial servic um Metropolitan Life Limited and its subsidiaries. Tick here if you do not wish to receive any dir	
Signature of principal member	Date D D M M	YYYY

10. I agree that Momentum Medical Scheme's Administrator, Momentum Health Solutions (Pty) Ltd, may use my information for the purpose of

7: Statement by principal member

- 1. I apply for my dependants and I to join Momentum Medical Scheme (the Scheme) administered by Momentum Health Solutions (Pty) Ltd (Administrator) and agree to familiarise myself with, and be bound by, the Rules of the Scheme (the Rules) if my application for membership is accepted. I understand that I may request to inspect the Rules and that, in the event of a dispute, the Rules will be decisive.
- 2. I acknowledge that if my dependants and I do not disclose all the information that is relevant to the assessment of this application or if I and my dependants submit fraudulent claims, it will make any contracts to which this application relates null and void. The Scheme may, at its discretion, recover any amounts paid to me or any service provider on my behalf.
- 3. I irrevocably grant my permission to any physician, person or party who may be in possession of, or obtain information concerning my health, or that of my dependants, to divulge such information to Momentum Medical Scheme, also after my death.
- 4. I undertake to pay any amount due to Momentum Medical Scheme, on demand. Failure to pay any debt due to the Scheme may result in suspension or termination of membership and/or handover to a third party for collection.
- 5. I will notify the Scheme if I or any of my dependants are living with HIV/Aids within 14 days of activation of membership.
- 6. I will notify the Scheme should I or any of my dependants require hospitalisation for a non-emergency event at least 48 hours before the event. I acknowledge that failure to do so will result in a co-payment being applied as contained in the Scheme Rules.
- I undertake to give a calendar month's notice should I wish to terminate my membership.
- 8. I consent to the recording of all conversations between me and the Scheme or the Administrator, and all information obtained through these conversations will form part of the Scheme's and the Administrator's records. I also consent to all these records remaining the sole property of the Scheme and the Administrator.
- 9. As an international/foreign student, I confirm that I have complied with the study visa/permit regulations as determined by the South African Home Affairs Immigration Act No. 13 of 2002. I consent to Momentum Medical Scheme sharing my membership details, as well as my personal details, including my name, date of birth and passport number, with contracted third parties for the purposes of verifying my membership in accordance with the study visa requirements, as per the Immigration Act.

- 7: Statement by principal member (continued)
- 10. For **female applicants:** I understand that if I am pregnant at the time of joining Momentum Medical Scheme, a 12-month exclusion for pregnancy and confinement will apply. If I find out that I am pregnant after signing this application, I may apply for maternity benefits.
- 11. I confirm that I am not earning a taxable income of more than R725 per month.

Signature of principal member		Date D D M M Y Y Y Y
For office use (you do not need to	complete this section)	
Broker code		Broker house code
Group code		Institution code

Momentum Medical Scheme 201 uMhlanga Ridge Boulevard Cornubia 4339 PO Box 2338 Durban 4000 South Africa Client Service and Authorisation 0860 11 78 59 member@momentumhealth.co.za ingwehealth.co.za Registered in terms of the Medical Scheme Act No 131 of 1998