

3: Dependant particulars

I wish to keep my dependants on my medical scheme membership.

 Yes

 No

Please complete an application for Addition of Dependants form

- if you wish to change your dependant details, or
- if there was a break in membership

4: Option

Ingwe Option

Hospital provider: Any hospital

Chronic and Day-to-day provider: Ingwe Active Network

5: Banking details to pay your contributions to Momentum Medical Scheme

(Please use your membership number as reference)

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

6: Statement by principal member

- 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.
- 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.
- 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.
- 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.
- I will notify the Scheme if I or any of my dependants are living with HIV/Aids within 14 days of activation of membership.
- 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 and/or terminate the membership of my dependants..
- 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.
- 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.
- I understand that Momentum Medical Scheme further reserves the right to review my membership should it be found that I failed to submit valid, accurate or complete documentation in support of my application for membership. I acknowledge that the Scheme reserves the right to verify that the documents submitted in support of my application for membership are valid, accurate and complete. I further acknowledge that the Scheme reserves the right to terminate my membership should the documentation be found to be fraudulent.
- For **female applicants**: I understand that if I had a break in membership and I find out that I am pregnant before signing this renewal application, a 12-month exclusion for pregnancy and confinement may apply.
- I confirm that I am not earning a taxable income of more than R825 per month.
- I confirm that all previous documents that I have completed and submitted to Momentum Medical Scheme, where I have agreed to terms and conditions and given the Scheme consent to process my and/or my dependants' personal information, remain in full force and effect. Momentum Medical Scheme complies with the Protection of Personal Information Act 4 of 2013 (POPIA) when processing your personal information. This means that keeping your information confidential and safe is the Scheme's top priority. Momentum Medical Scheme's Privacy Policy governs the way the Scheme treats your personal information. The Privacy Policy is subject to change from time to time and you can access the latest version at momentummedicalscheme.co.za/privacy-policy/.

Signature of principal member

Date

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 studenthealthcare.co.za
 Registered in terms of the Medical Scheme Act No 131 of 1998