

APPLYING TO BECOME A MEMBER OF ANGLO MEDICAL SCHEME 2019

This document is an application form for membership.

It also contains some rules for membership. Please make sure you read and understand these rules.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Read and understand the rules of membership. Available on www.angloms.co.za
3. Please make sure the main applicant signs and dates any changes.
4. Once completed, please hand the completed and signed application form to your employer.
5. Please attach a copy of each applicant's identity document to this application form. We also accept valid passports and birth certificates for children.

Once you send us your application form, here is what will happen:

- If any details are missing or if we need more information for underwriting purposes, we will contact you.
- We will send you or your employer a welcome letter, SMS or an email to let you know when your application is considered to have been successful. This date may differ from the date on which you sign the application form.
- You will then get a welcome pack in the post, containing your membership cards, benefit booklet and certificate of membership.
- If you do not hear from us seven days after sending us your application form, please contact us on 0860 222 333 or your employer contact person.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

1. ABOUT YOURSELF (MAIN MEMBER)

When do you want your cover to start? 2 0 Y Y M M 0 1

Title Initials Surname

First name/s (as per identity document)

Preferred name Sex M F Date of birth Y Y Y Y M M D D

Previous or maiden name

Occupation Tax number

Total monthly earnings R

ID or passport number Country of issue

Telephone (H) (W)

Cellphone Fax

Email

Postal address (Post collected from post box, suite or private bag)

☐ Suite ☐ Postnet Suite Number

☐ PO Box ☐ Private Bag Number

Suburb Postal code

If your post is delivered to your street address, please complete these details under physical address.

Physical address:

Suite/Unit number Complex name

Street number Street name

Suburb Postal code

2. ABOUT YOUR SPOUSE OR PARTNER (ONLY COMPLETE IF APPLYING FOR COVER)

Title Initials Surname

First name/s (as per identity document)

Preferred name Sex M F Date of birth Y Y Y Y M M D D

Previous or maiden name

ID or passport number Country of issue

Telephone (H) (W)

Cellphone Fax number

Email

3. ABOUT YOUR DEPENDANT/S (ONLY COMPLETE IF APPLYING FOR COVER)

Dependant 1

Title Initials Surname

First name/s (as per identity document)

Preferred name Sex M F Date of birth Y Y Y Y M M D D

ID or passport number Country of issue

Relationship to main member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

If your dependant is 23 years and older, are they: married? Yes ☐ No ☐ financially dependent on you? Yes ☐ No ☐

disabled? Yes ☐ No ☐ a student? Yes ☐ No ☐ Does your dependant earn an income? Yes ☐ No ☐

How much does your dependant earn each month? R

Dependant 2

Relationship to main member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

Dependant 3

Relationship to main member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

Please ask your employer to complete this section.

Page 3 of 13

6. BANKING DETAILS FOR CLAIMS REFUND

If your contributions will be paid by your employer as a salary deduction, you only need to give us banking details for claim refunds. By signing this application, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will not be responsible in any way for the amounts refunded.

Name of account holder

Bank name

Account number

Branch name Branch code - - -

Type of account Cheque ☐ Savings ☐

Signature of main applicant

Please do not sign an incomplete application form

7. PREVIOUS MEDICAL SCHEME DETAILS

Please give us the details of all registered South African medical schemes, that you previously belonged to. We will use this information to determine if we need to apply any waiting periods, late-joiner penalty fees, or both. Please give us proof in the form of a membership certificate.

Main applicant

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

If all dependants were on the same medical scheme/s as completed above, please tick here to confirm this ☐

If any of your dependants applying for cover belonged to different medical schemes, please complete below:

Spouse or partner

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

Dependant name

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

7. PREVIOUS MEDICAL SCHEME DETAILS (CONTINUED)

Dependant name

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

Dependant name

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

8. YOUR HEALTH QUESTIONS

In the twelve months prior to your application, have you or **any dependant** in this application ever experienced, been treated for, or are you currently suffering from any of the following symptoms, conditions or disorders? We have listed some examples of conditions, symptoms or disorders under each question. These are only examples and not the full list of conditions, symptoms or disorders.

Please take note that if you have any symptom or condition not listed in the questions below, you should highlight and provide full details of this symptom or condition in response to question 8.18 below. Indication of existing medical conditions on this application do not automatically enroll you/your dependants onto the Scheme's Disease Management programme. For more information with regards to the Scheme's Disease Management enrollment visit www.angloms.co.za

8.1 Tumours and growths Yes ☐ No ☐

Example: abnormal pap smear results, skin lesions, breast lumps, non-cancerous tumours, cancerous tumours, cancer of any organ, fibrocystic breast disease, fibroadenoma, lump in breast, abnormal mammogram result, abnormal PSA (prostate specific antigen) result.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.2 Heart and circulation conditions Yes ☐ No ☐

Example: chest pain, palpitations, shortness of breath, coronary heart disease, angina, heart attack, arrhythmia, high blood pressure (hypertension), cardiomyopathy, valvular heart disease or heart valve replacement, congenital heart disease, rheumatic fever, high cholesterol, previous heart surgery, stents, pacemaker.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.3 Gynaecological and Obstetric conditions Yes ☐ No ☐

Example: abnormal pap smear results, abnormal menstrual bleeding, endometriosis, miscarriage, polycystic ovarian syndrome, infertility, ectopic pregnancy.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8. YOUR HEALTH QUESTIONS (CONTINUED)

8.4 Are you or any of your dependants pregnant? Yes ☐ No ☐

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.5 Mental health Yes ☐ No ☐

Example: mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, personality disorders, sleeping disorders (i.e. narcolepsy), eating disorders, Alzheimer's disease, autism, dementia, attention deficit-hyperactivity disorder, drug and/or alcohol abuse or rehabilitation, suicide attempt, counselling, bulimia and any other psychological conditions.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.6 Metabolic or endocrine conditions Yes ☐ No ☐

Example: diabetes (high blood sugar), thyroid disease, Addison's disease, Cushing's syndrome, metabolic syndrome, parathyroid disease, Paget's disease, osteoporosis, growth deficiency, metabolic disorders, Conn's syndrome.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.7 Abdominal conditions Yes ☐ No ☐

Example: hepatitis, cirrhosis, portal hypertension, alcoholic liver disease, liver failure, haemochromatosis, pancreatitis, cystic fibrosis, gall bladder, gall stones, GORD (reflux), heartburn, oesophageal disease, hernias, atrophic gastritis, ulcers, stomach ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.8 Brain and nerve conditions Yes ☐ No ☐

Example: stroke, epilepsy, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia, quadriplegia, spinal cord injury, hydrocephalus, ventriculo-peritoneal shunt (VP shunt used to drain fluid from the brain), mental retardation, CVA, bleeding on the brain.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.9 Breathing and respiratory conditions Yes ☐ No ☐

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis, pneumonia.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8. YOUR HEALTH QUESTIONS (CONTINUED)

8.10 Musculoskeletal (back, bone and muscle pain) Yes ☐ No ☐

Example: arthritis (any form), ongoing neck and/or back pain, ankylosing spondylitis, lupus, Sjögren's syndrome, scleroderma, polymyositis, dermatomyositis, polyarteritis nodosa, Wegener's granulomatosis, sarcoidosis, fibromyalgia, degenerative disc disease, scoliosis, kyphosis, spinal stenosis, gout, fractures, physical disability.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.11 Kidney or urinary conditions including current or past dialysis Yes ☐ No ☐

Example: kidney failure, kidney stones, recurrent urinary infections, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, urinary incontinence, neurogenic bladder (loss of bladder control or inability to empty the bladder), bladder infections, other bladder or kidney problems.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.12 Blood conditions Yes ☐ No ☐

Example: deep vein thrombosis, anaemia, ITP (platelet deficiency), polycythaemia vera, blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia and other bleeding disorders.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.13 Eye conditions Yes ☐ No ☐

Example: cataract, keratoconus, corneal ulcer, uveitis, glaucoma, squint, ptosis, any abnormality of eyelids, retinopathy macular degeneration, cornea transplant, eye surgery, blurry vision, blindness (partial or full), retinal detachment.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.14 Ear, nose and throat (ENT) and dentistry conditions Yes ☐ No ☐

Example: chronic otitis media (middle ear infection), chronic otitis externa, hearing problems, hearing aid, cochlear implant, tonsillitis, adenoiditis, vertigo, deafness, sinus problem, nasal surgery, dental treatment or dental surgery.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8. YOUR HEALTH QUESTIONS (CONTINUED)

8.15 Male urogenital conditions Yes ☐ No ☐

Example: prostate disorders, urogenital defects, varicocele, tumours, undescended testes, phimosis, urinary incontinence.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.16 Are you or any of your dependants expecting surgery or planning hospitalisation or treatment in the next 12 months or have you been admitted to hospital in the last 12 months? Yes ☐ No ☐

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.17 Have you or any of your dependants received or not yet received medical advice or treatment for symptoms, not yet diagnosed by a medical professional, in the last 12 months before this application? Yes ☐ No ☐

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

8.18 Have you or any of your dependants been diagnosed with or received treatment for, any condition not mentioned in the questions above, in the last 12 months before this application? Yes ☐ No ☐

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

Should you not wish to disclose any confidential information or chronic conditions (including HIV) on your application form via your employer, please note that you can fax this information directly to the administrator on 011 539 3000 along with your ID number or email it to application@angloms.co.za.

HIV and AIDS

We do not show sensitive information about HIV and AIDS.

Please note that we do not show waiting periods for HIV and AIDS due to the sensitivity of this information. If you, or one or more of your dependants are HIV positive, please call 0860 222 633 within seven working days from the date we start your Anglo Medical Scheme membership. It is in your best interest to join the HIV/AIDS Management Programme.

We treat this information in the strictest confidence.

9. ADDITION OF DEPENDANTS OVER 23 YEARS

This section must be completed if you are adding children over 23 years, aged parents and other special dependants.

1. Is the dependant at present under medical treatment (including surgery), or is he/she expected to receive treatment in the near future?

Yes ☐ Please provide details

No ☐

2. Is the dependant entirely dependent on you for maintenance and support?

Yes ☐ Please provide reasons

No ☐ Please provide source of income and amount earned per month

3. Does the dependant reside with you?

Yes ☐ Please provide reasons

No ☐ Please provide reasons

4. Is the dependant a resident of an institution?

Yes ☐ The name of the institution must be furnished and it must be clearly stated whether the institution is responsible for medical expenses and the extent thereof:

No ☐

5. Is the dependant a student?

Yes ☐ State whether full or part time, name of academic institution and expected period of studies:

No ☐

6. Have any exclusions been imposed by the medical scheme on which the dependant has been registered?

Yes ☐ Please provide details

No ☐

10. OUR PRIVACY STATEMENT – HOW WE WILL PROCESS AND DISCLOSE YOUR PERSONAL INFORMATION AND COMMUNICATE WITH YOU

Definitions

The Scheme refers to Anglo Medical Scheme, registration number 1012, registered with the Council for Medical Schemes.

Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for the Scheme and a subsidiary of the Discovery Group.

Discovery Group refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the group. Subsidiaries in the Group are authorised financial services providers.

You and your refers to you the member and your registered dependants on your medical scheme plan.

Your personal information refers to personal information about you, your spouse, your dependants, your beneficiaries, and your employees (as relevant). It includes information about health, financial status, gender, age, contact numbers and addresses.

Processing of information means any automated or manual activity of collecting, verifying, recording, analysing, organising, storing, updating, distributing and removing or deleting personal information.

Competent person means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent or legal guardian.

1. When you engage with the Scheme and Administrator, you trust us with personal information about yourself or your family. We are committed to protecting your right to privacy. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in line with the Protection of Personal Information Act ("POPIA").
2. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that the Scheme and Administrator require your acceptance of these terms and conditions, otherwise we cannot activate and service your medical scheme membership.
3. The Scheme and Administrator will keep your personal information confidential. You may have given us this information yourself or we may have collected it from other sources. If you share your personal information with any third parties, who then divulge it to others we will not be responsible for any loss suffered by you or your employer (where applicable).
4. You understand that when you include your spouse and/or dependents in your application, we accept that you have received their permission for us to process their personal information for the activation of the health plan and to pursue their legitimate interest. We will furthermore process their information for the purposes set out in this Privacy Statement.

5. If you are an employer, you agree to indemnify the Scheme and Administrator against any loss or damage, direct or indirect, that an employee suffers because of any unauthorised use of your employees' personal information.
6. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person and that you have authority to give their consent for them.
7. You agree that the Scheme and Administrator may process your personal information for the following purposes:
 - for the administration of your health plan;
 - for the provision of managed care services to you on your health plan;
 - for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you on your health plan;
 - to analyse risks, trends and profiles;
 - to share your personal information with external health providers for the purposes of evaluating certain clinical information, in the event that you require medical treatment.

Examples of how this will happen include:

- i. Sharing your personal information with your chosen financial adviser during the membership application process to enable the Administrator to process your membership application;
- ii. Getting your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Group if you have previously given your consent to this entity, or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to assess and value a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete, including personal information about any judgment or default history;
- iii. If you have joined as a member of an employer group, getting information from and sharing information with your employer that is relevant to your application for membership with due regard for considerations of confidentiality in respect of your state of health;
- iv. Communicating with you about any changes in your health plan, including your contributions or changes to the benefits you are entitled to on the health plan you have chosen;
8. If a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
 - you have already given your consent for the disclosure of this information to that third party; or
 - we have a legal or contractual duty to give the information to that third party; or

10. HOW WE WILL PROCESS AND DISCLOSE YOUR PERSONAL INFORMATION AND COMMUNICATE WITH YOU (CONTINUED)

- we need to share it with them for risk analytical or fraud detection, prevention or recovery purposes.
9. Your Scheme is administered by Discovery Health; your Personal Information stored to manage your membership is kept separate from other entities in the Discovery Group. If you, however, signed up for additional products or services offered by other entities of the Discovery Group you might receive information from these entities directly. Entities within the Discovery Group will keep you updated on information about any offers on new products Discovery may make available at any time. Please let the Administrator know if you do not wish to receive any direct telephonic marketing.
10. The Scheme and Administrator may share and combine all your personal information for any one or more of the following purposes:
- market, statistical and academic research; and
 - to customise our benefits and services to meet your needs.
- Information about you may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that all data about you that is shared with such third parties will be made anonymous to the extent possible and where appropriate. Note also that personal information will be made available to a third party only if such third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of any academic research, you will not be identified by name. If we want to share your personal information for any other reason, we will do so only with your permission.
11. By accepting this privacy statement, you authorise the Scheme and Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments and default history. It also includes sharing of information for purposes of risk analysis, tracing and any related purposes.
12. The Scheme and Administrator have the right to communicate with you electronically about any changes to your plan, including changes to your contributions or changes to the benefits you are entitled to on the plan you have chosen.
13. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you by calling the Call Centre on 0860 222 633.
14. The Scheme and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time. The Scheme, Administrator, any entity within the Discovery Group and contracted third-party service providers may communicate with you about these.
15. You have the right to know what personal information the Scheme and Administrator holds about you. If you wish to receive this information please complete an 'Access Request' Form, attached to the PAIA Manual available from the Call Centre on 0860 222 633 and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
16. You agree that the Scheme and Administrator may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
17. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so. We are required to collect and keep personal information in terms of the following laws:
- Medical Schemes Act, 1998
 - The Consumer Protection Act, 2008
 - The Protection of Personal Information Act, 2013
 - Electronic Communications and Transactions Act, 2002
 - Promotion of Access to Information Act, 2002
- Legislation specific to Discovery Health (Pty) Ltd only:
- Financial Advisory and Intermediary Services Act, 2002
 - Companies Act, 2008
18. You agree that the Scheme and Administrator may transfer your personal information outside South Africa:
- to administer international claims, or
 - if you give us an email address that is hosted outside South Africa; or
 - for processing, storage or academic research, or
 - to administer certain services, for example, cloud services.
- When we share your information with a person (or company) outside South Africa, we will require of such person (or company) to treat your information in a manner that complies with the requirements of that country and at least with the same level of protection as we are obliged to do in South Africa, unless you specifically give us consent to share your personal information with such person (or company).
19. If the Scheme or Administrator becomes involved in a proposed or actual amalgamation or merger, acquisition or any form of sale of any assets, we have the right to share your personal information with third parties, solely for the purposes of this transaction. In the case of such an event, the new entity will have access to your personal information. The terms of this Privacy Statement will continue to apply.
20. The Scheme or Administrator may change this Privacy Statement at any time. The current version is available on www.angloms.co.za

10. HOW WE WILL PROCESS AND DISCLOSE YOUR PERSONAL INFORMATION AND COMMUNICATE WITH YOU (CONTINUED)

21. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website (www.angloms.co.za). If you are not satisfied after this process, you have the right to lodge a complaint with the Information Regulator, under POPIA.

Contact details for the Information Regulator are:
The Information Regulator (South Africa)
SALU Building
316 Thabo Sehume Street
PRETORIA
Ms Mmamoroke Mphelo
Tel: 012 406 4818
Fax: 086 500 3351
infoereg@justice.gov.za

Signature of main member

11. RULES OF MEMBERSHIP

In this document, “we” refers to Anglo Medical Scheme and/or Discovery Health (Pty) Ltd (“the Administrator”). “You” refers to the main member of Anglo Medical Scheme.

Your membership

Your membership with Anglo Medical Scheme is for yourself or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Anglo Medical Scheme rules. You may be called the main member in our future communications to you.

Anglo Medical Scheme and the Administrator may get information from other approved sources

You agree that we can get information about you and your dependant/s from other relevant sources for the purpose of administration. These include any entity that is part of the Administrator where you hold an independent contract, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give in respect of this application and any matter pertaining to or that arises during your membership of Anglo Medical Scheme, is true, correct and complete.

You give permission that we may get any information that is relevant from your employer.

Tell Anglo Medical Scheme or the Administrator about changes right away

If any of the information you provided changes, you must tell us in writing what the changes are.

We need advance notice of administrative changes such as cancellation of membership due to termination, as we do not accept backdated changes.

When Anglo Medical Scheme may cancel your membership

Anglo Medical Scheme may cancel any membership immediately and keep any contributions paid, if you and your dependant/s give us any information that is not true, correct and complete.

About becoming a member

Anglo Medical Scheme might not pay for certain expenses immediately after you become a member

Anglo Medical Scheme may have waiting periods that apply

in certain circumstances. This means there may be a set time period before Anglo Medical Scheme starts paying for any general or specific medical conditions.

Resign from current medical scheme when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical scheme when you receive notice from Anglo Medical Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time

As the main member of the Scheme, you are responsible for ensuring that your contributions are paid on time every month.

The Administrator and Anglo Medical Scheme may record telephone calls

We may record telephone conversations with you and your dependant/s.

The recordings and all information we get during the recordings will be processed and kept as required by law.

Repaying money owed to the Scheme

The Scheme has the right at any time to collect from you any amount that you owe. We will notify you if there is any amount that you owe the Scheme.

You must repay any monies owed in your Medical Savings Account (MSA) if you leave Anglo Medical Scheme (Managed Care Plan)

When you become a member, depending on the plan you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the ‘Medical Savings Account’. If you leave Anglo Medical Scheme before the year is up, you must repay the portion of the Medical Savings Account you have used that is more than you have paid back to the Anglo Medical Scheme over the year.

Contact us for more information

If you have any questions, please contact us on 0860 222 633 or email us at member@angloms.co.za

Signature of main applicant

The main applicant must sign and date any changes

Date

2	0								
		Y	Y	M	M	D	D		