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**ANGLO MEDICAL SCHEME  
VALUE CARE PLAN  
ANNEXURE A3**

**CONTRIBUTIONS - Effective 1 January 2018**

**1 Basis of contributions payable**

1.1 "The total monthly contributions payable by a member in respect of himself/herself and each of his/her registered dependants, if any, are set out in Table A3.1 below.

**TABLE A3.1**

<b>Member</b>	<b>Adult Dependant</b>	<b>Child Dependant (see 1.3)</b>
<b>R820</b>	<b>R820</b>	<b>R200</b>

1.2 The total monthly contribution due by a member will be the sum of the contributions payable in respect of himself/herself and each of his/her registered dependants, if any.

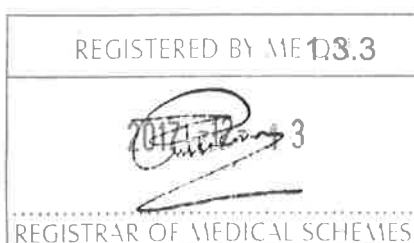
1.3 As stated in the Rules of the Scheme, a member's child dependant is –

1.3.1 a dependant who is twenty-three years of age, or younger, on 1 January of the financial year for which contributions are raised;

1.3.2 a mentally and/or physically disabled dependant who is above twenty-three years of age but whom the Board has permitted to be a "child dependant"; or

a younger sibling of an orphaned child dependant who has been deemed to be a member in terms of Rule 6.3.4.2,

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provided that such younger sibling is twenty-three years of age, or younger.

**2 Contribution penalties for persons joining late in life (with effect from 1 April 2001)**

2.1 Contribution penalties may be applied to a late joiner who, at the date of application for membership or admission as a registered adult dependant, is 35 years of age or older.

2.2 Contribution penalties will not be applied to a late joiner who enjoyed coverage with one or more medical schemes as from a date preceding 1 April 2001 and who has not had a break in coverage exceeding three consecutive months since 1 April 2001.

2.3 Contribution penalties shall only be applied to that portion of the contribution related to the member and/or any adult dependant who qualifies for late joiner penalties.

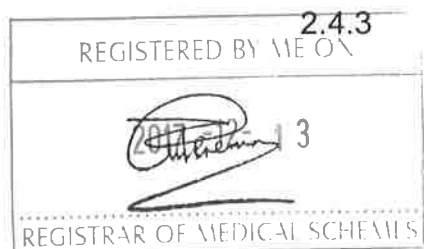
2.4 Contribution penalties will be reduced if a late joiner can demonstrate a period of creditable coverage, that is, any period during which he/she was –

2.4.1 a member or a dependant of a medical scheme;

2.4.2 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;

2.4.3 a uniformed employee of the South African National Defence Force, or a dependant of such employee, who received

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medical benefits from the South African National Defence Force; or

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

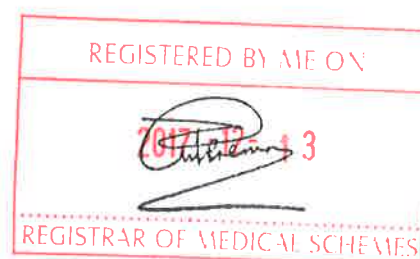
2.5 The contribution penalty to be applied to a late joiner shall be calculated by determining a specific penalty band applicable to him/her. A late joiner's penalty band is indicated by a specific number of years, calculated according to the following formula –

$$A = B - [35 + C]$$

Where –

- A* = the number of years (which will be used to determine the applicable penalty band)
- B* = the age of the late joiner at the time of his or her application for membership or admission as a registered adult dependant
- C* = the number of years of creditable coverage which can be demonstrated by the late joiner

2.6 The different penalty bands, as well as the corresponding formulae for determining the contribution penalty to be applied to a late joiner, are set out in Table A3.2 below.



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**TABLE A3.2**

<b>PENALTY BAND</b>	<b>CONTRIBUTION PENALTY TO BE APPLIED</b>
1 to 4 years	0.05 multiplied by the relevant contribution in Table A3.1
5 to 14 years	0.25 multiplied by the relevant contribution in Table A3.1
15 to 24 years	0.50 multiplied by the relevant contribution in Table A3.1
25+ years	0.75 multiplied by the relevant contribution in Table A3.1

- 2.7 Should a late joiner penalty already have been imposed, and evidence of creditable coverage is produced thereafter, the penalty shall be recalculated and the revised penalty shall be applied from that time onwards.
- 2.8 If, after reasonable effort, a late joiner is unable to obtain documentary proof of periods of creditable coverage, he/she may produce a sworn affidavit detailing any periods of creditable coverage.

