Application to register an additional adult dependant

Contact details
Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

1. Main member details

Membership number

ID or passport number

Member's surname

Member's name

2. Details of dependant (use one application form per adult dependant)

Title Initials

Surname

First names (as per identity document)

ID number or passport

Gender M F Date of birth D D M M Y Y Y Y

Race African Coloured Indian/Asian White Other Do not want to disclose

Your are not compelled to provide the information required on race. The Scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Relationship to main member

(For example mother or child. Where your child is not your biological child, please state your relationship, for example adopted or foster child. Please attach proof of this relationship to this application)

If your dependant is 21 years and older, are they:

Married Yes No Financially dependant on you Yes No

Does the dependant earn an income Yes No

Does your dependant's spouse earn an income Yes No

How much does your dependant ear each month? **R** .

How much does your dependant's spouse earn each month? **R** .

3. Standard Option GP Selection

Please complete this if you have selected Remedi Standard as your chosen benefit option. Please select a GP on the Scheme GP Network for yourself as well as each of your dependants. You also need to allocate a Second GP as per the Footnote inserted below the table indicated. You may find the list of GPs to choose from by calling our Contact Centre on **0860 116 116**. If you experience any difficulties in making a selection, you may also reach out to your employer office for further assistance and/or guidance.

	Name	GP Name/Group practice name	Practice number (Required)	Second GP/Group practice name*	Practice number (Required)
Main member					
Spouse or partner					
Dependant 1**					
Dependant 2**					
Dependant 3**					
Dependant 4**					
Dependant 5**					

*If you live far away from where you work or you often need to work in different towns or province, you may need a second GP. Please only choose a second GP if this applies to you.

** Please ensure that the dependant information you give above aligns with your membership and registered details as this form cannot be used to add dependants onto your membership. To add additional dependants or to change your dependants please reach out to your employer office or if you are a pensioner contact us on **0860 116 116**. If you have more than 5 dependants registered with the Scheme we will need you to contact us on **0860 116 116** to receive an additional form to complete.

4. Financial details of dependant

1. **Income of dependant**

Is the dependant currently employed? (Place X in appropriate box)

1.1 Yes, on a full-time basis ☐

Please provide details of the position

1.2 Yes, on a part-time basis ☐

Please provide details of the position

1.3 No ☐

If the dependant is currently employed on a full or part-time basis, the attached schedule (Adultdep001) has to be completed by your dependant's employer. Applications will not be considered without a duly completed form.

2. **Please provide the information requested below regarding the total income received by your dependant.**

	Type of income	Amount received per month
2.1.	Monthly salary or wage	**R** .
	Additional details	
2.2.	Monthly pension	**R** .
2.3.	Monthly grant or disability pension or any other financial assistance received to support dependant (please also provide details of such assistance)	**R** .
	Additional details	
2.4.	Monthly income from annuities	**R** .
	Additional details	
2.5.	Monthly dividend income	**R** .
	Additional details	

2.6.	Monthly interest income	R .
	Additional details	
2.7.	Monthly rental income	R .
	Additional details	
2.8.	Any other income, regular or otherwise, received by or for dependant	R .
	Additional details	

3. **Please complete the tables below regarding your dependant's assets and liabilities:**

	Assets	Market value	Additional details
3.1.	Property	R .	
3.2.	Vehicles	R .	
3.3.	Business interests	R .	
3.4.	Household effects	R .	
3.5.	Listed shares	R .	
3.6.	Unlisted shares	R .	
3.7.	Bonds or debentures	R .	
3.8.	Savings accounts	R .	
3.9.	Fixed deposits	R .	
3.10.	Participation bonds	R .	
3.11.	Loans to others	R .	
3.12.	Endowment policies	R .	
3.13.	Unit trusts	R .	
3.14.	Any other assets not included above (please provide details)	R .	
	TOTAL ASSETS	R .	

	Assets	Market value	Additional details
3.15	Mortgage bond	R .	
3.16	Loan for vehicles	R .	
3.17	Hire purchase agreements	R .	
3.18	Loans and policies	R .	
3.19	Overdrafts	R .	
3.20	Credit cards	R .	
3.21	Accounts	R .	
3.22	Loans from others	R .	
3.23	Any other liabilities not included above (please provide details)	R .	
	TOTAL LIABILITIES	R .	

NET ASSETS (TOTAL ASSETS less TOTAL LIABILITIES) R .

4. **If the dependant is married, please provide the following information:**

Spouse's occupation

Spouse's total monthly income **R** .

5. **Why do you consider yourself responsible for the dependant?**

6. **Is there any other information you consider relevant to your application?**

Please note that Remedi reserves the right to request further proof of income, e.g. tax return

5. Principal member declaration

I, the undersigned Membership number

declare that I am legally liable for the financial support of the dependant stated above and that I agree to allow Remedi, or one of its appointed agents, to conduct a periodic audit of the financial dependancy of the dependant, and that I will comply with the audit information requirements. I understand that non-compliance to audit information requirements will lead to the suspension of benefits to the above dependant.
I attach the following to support my application and understand that my application will not be considered without the following supporting documentation:

- A comprehensive schedule specifying the financial and other support rendered to the above dependant during the last 12 months, **detailed per month.**
- An affidavit declaring that I am legally liable for the financial support of the dependant stated above.
- A copy of my ID document and that of the dependant stated above.
- A completed "Application to add dependants" form.
- Proof of monthly salary, wage or pension (refer to 3.1 and 3.2).
- Proof of municipal and market valuations of the property (refer to 3.3).
- A summary of financial assistance to the dependant for the last 12 months, if applicable.

I declare that I understand that the supply of false information to Remedi:

- Will lead to the immediate suspension of benefits to the above dependant.
- Makes me personally and immediately liable to reimburse Remedi for the costs of all benefits supplied to the above dependant.
- Is a criminal offence.

I further declare that I am fully aware of the contribution that will be deducted from my salary/income should this application be successful and that I agree to the deduction of such contribution on a monthly basis.

6. Remedi Privacy Statement – how we will process and disclose your Personal Information and communicate with you

When you engage with Remedi, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants and beneficiaries, where applicable. To view and read our Privacy Statement, please follow this link:
https://www.yourremedi.co.za/wcm/medical-schemes/remedi/assets/legal/privacy-statement-for-remedi-medical-aid-scheme.pdf

Signature of main applicant

Please only sign if you have read and understand this statement

7. Terms and conditions applicable to Remedi Medical Aid Scheme (Remedi)

Who we are

Remedi is the medical scheme, registration number 1430, which is registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the Administrator"), is a separate company and an authorised financial services provider (registration number 1997/013480/07), which takes care of the administration of your membership of Remedi

1. **Scheme Rules for membership**
   The rules of Remedi record your rights and responsibilities for your membership of the Remedi. They may change from time to time. You may ask us for a copy at any time. When you sign this application, you confirm that you have read and understood the terms and conditions and you agree that you and those you apply for will be bound by these and Scheme Rules.

Where applicable you also acknowledge and confirm that the broker you or your employer appointed, may communicate with us on this application and your membership of Remedi and give permission that we share your medical information and other relevant personal information about you and your dependant/s. The information will be shared so that he or she can help us if necessary while we process your membership application.

2. **Who you are applying for**

   You may apply to join Remedi on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Remedi rules. For anyone to be treated as financially dependent for this application, you must have a responsibility to provide financially for that dependant. We might ask you to give us proof of financial responsibility. You may be called the principal member or main member in our future communications to you.

3. **Acting for others**

   You confirm you have the right to act for others

   By signing this document, you confirm that:

   - you have the right to apply for membership and to act for those you apply for in any matter relating to this application;
   - you have received permission from your spouse and any dependant/s over 18 to act for them in any matter relating to this application.

4. **Giving and getting information**

   You must give true, correct and complete information

   To consider your application for membership, we must learn more about you and those you apply for.
   Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for information.

   Your legal address

   We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

   Remedi and Discovery Health (Pty) Ltd may record telephone calls

   We may record telephone conversations with you and with those you apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

   Remedi and Discovery Health (Pty) Ltd may get information about you from other relevant sources

   To consider your application for membership, conduct underwriting or to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers or financial advisers), you agree that we can get information about you and those you apply for from other medical practitioners, brokers, 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 on this application and in respect of any matter pertaining to or that arose during your membership of Remedi, is true, correct and complete. You give your permission that we may get any information that is relevant to your application from your employer.

   Tell Remedi or Discovery Health (Pty) Ltd immediately if your information changes

   You, your employer or your broker must tell us in writing if any of the information you gave in your application for membership changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

   When Remedi may cancel your membership/s

   - Remedi may cancel any memberships immediately, if you and those you apply for: do not give us information that later turns out to be relevant to this application;
   - give us any information that is not true, correct and complete;
   - do not tell us about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

5. **About becoming a member**

   Remedi might not pay for certain expenses immediately after you become a member

   Waiting periods may apply in certain circumstances to your membership. This means there may be a set time period before Remedi starts paying for any general or specific medical conditions. Please speak to your employer or us to find out if waiting periods apply to your membership and the memberships of those you apply for.

   Resign from current medical schemes 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 schemes when you receive notice from Remedi 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 Remedi, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time. If you pay your own contributions, you will be able to identify the debit order for your monthly contributions on your bank statement, the reference number REMEDICONT will be used.

6. **Repaying money owed to the Scheme**

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

   You must repay any medical savings owing if you leave Remedi

   When you become a member, depending on the benefit option 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 Remedi before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to Remedi during the specific

year

By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you

Signed at (town or city) on D D M M Y Y Y Y

Signature of main member

The main member must sign and date any changes.
Please do not sign an incomplete application form.
I confirm the information is accurate and complete.

8. Recommendation by employing company

Date D D M M Y Y Y Y

Completed by (print name)

Position in organisation

Contact telephone number

Signature

STAMP

Please note: Where you may be unable to sign and return this form electronically with the approval of your employer, please return the form via email including your employer in the email that is returned to us inserting the following paragraph into the email to read as follows:

I, (full names) confirm that I am unable to meet my employer, (full names) to sign the application. I authorise Discovery and Remedi (as referred to in the application) to accept this email as my confirmation, consent and signature for this application.

The employer, (full names) who are included in this email, has fully explained the application process and confirmed approval of the application, which I hereby accept and confirm as understood.

My acceptance of the terms and conditions associated with this application and/or its amendments is voluntary and I understand that I am legally bound to the terms and conditions of the application and/or amendments to it as confirmed in this email.

I hereby indemnify Discovery, its employees and representatives, as well as Remedi against any loss or damage I may suffer, which may arise directly or indirectly from my decision to submit this application for processing by Discovery on behalf of Remedi.

Regards

Name: (Full name and surname)

9. Declaration

I hereby acknowledge that these changes to my membership will take effect as per the registered rules of Remedi. Any authorisations for procedures and treatment will be subject to the benefits available as per my revised membership details. I have read the Scheme's Benefit Brochure(s) and available communications on the Scheme website at www.yourremedi.co.za and familiarised myself with the benefits available to me and my family as per my chosen benefit option and understand that my membership is subject to the registered rules of Remedi which is also available on the Scheme website. I understand that any change in contributions will be payable and due to Remedi in line with the registered rules of Remedi.

If you can't physically sign this form, you must sign it digitally. We accept digital signatures from the following digital signature providers:

- SigniFlow
- DocuSign
- Quickly Sign
- Hellosign
- Santamflow
- Smart Advise signatures
- Adobe Sign with certificate