LA Health

Powered by Discovery

APPLICATION FORM

NB: we require the following additional documentation:
Copies of ID's for adults and **Birth Certificates** for child dependents.
Copy of the **main members salary advice** to verify your employment at the Municipality

BRINGING MEDICAL COVER TO YOU

For assistance contact RCP Advisory Services
Cookie: cookie@rcpsa.co.za / 086 111 3186

YOUR LA HEALTH MEDICAL SCHEME APPLICATION FORM

You need to complete this form in full when you apply to join **LA Health** Medical Scheme.
Please tear off this section and keep it until you get further communication from us about your application.

THANK YOU FOR APPLYING TO JOIN LA HEALTH MEDICAL SCHEME

Thank you for choosing LA Health Medical Scheme to look after your healthcare needs.

WHAT HAPPENS NEXT WITH YOUR APPLICATION?

Once you submit your application to us, the following will happen:

- We capture and check your details.
- If there is any information missing, we will call you or write to you.
- To finalise your membership, we may also speak to your broker about any other requirements.

WHEN WE HAVE ACCEPTED YOUR APPLICATION, WE WILL COMMUNICATE WITH YOU

- We will SMS your membership number to you when we activate your membership.
- We will also send you a new member welcome pack that includes the following:
  - A welcome letter, which confirms the Benefit Option you have chosen and all other relevant details about your membership
  - Your LA Health Medical Scheme membership card
  - Car stickers with our contact details in case of an emergency
  - A Benefit Brochure, which outlines your benefits.

Once you get written notification from LA Health Medical Scheme that your application is successful, please cancel your current medical scheme membership, as it is illegal to belong to two medical schemes at the same time. If you have not heard from us seven days after submitting your application, please contact your broker.

Before you send us the application form portion of this document, please make sure your employer has stamped it to show they are aware that you want to join LA Health Medical Scheme.

Broker name: RCP Advisory Services ..... Accreditation number: .....

Telephone number: ..... FAIS number: .....

If you have a specific RCP broker that you would like to deal with please select the broker by placing an X in the box next to the brokers name.

Ethekwini

Dale Mattison ☐ William De Fortier ☐ Patrick Steytler ☐ Rob Paul ☐

Newcastle / Estcourt ☐

Matthew Bach ☐ Dominique Le Kock

Richards Bay / Empangeni / Zululand

Sphamandla Mpanza ☐ Innocent Dlamini ☐

PMB and Surrounds

William De Fortier ☐

For office use only			
Option:	Risk	MSA	Total
Employer			
Member			
Total contribution			

This form to be returned to RCP ADVISORY SERVICES

cookie@rcpsa.co.za / fax 086 6948840

Employer stamp

LA HEALTH MEDICAL SCHEME MEMBER APPLICATION FORM 2016

How to complete this application

Please complete sections A – K as applicable.
Please use one letter per block, complete with black ink and print clearly.

To avoid administration delays, please make sure this application is completed in full.
This form must be completed for each person who wants to join LA Health Medical Scheme.

Please attach a copy of each applicant's ID to this application form.
LA Health Medical Scheme accepts valid passports and birth certificates for children.

You must give this form to your employer if you are still working.
If you are a pensioner, please give it to your pension fund administrator.
To follow up on this application, please call 0860 100 345
or email nb_inhouse_queries@discovery.co.za

A. About your employer

Municipality/Employer

Date of permanent employment Y Y Y Y M M D D Depot name

Staff number **Pensioners only** Pension number

B. About yourself (main member) Please attach a copy of your ID/passport

When do you want your cover to start? Y Y Y Y M M **0** **1** Tax number

Title Surname

First name(s) Sex M F Date of birth Y Y Y Y M M D D

ID or passport number Marital status

Gross yearly salary **R** Cellphone

Telephone (H) (W)

Email Home Work

Physical address Postal address

Code Code

C. About your spouse/partner (if applying for cover). Please attach a copy of your spouse's/partner's ID/passport and complete the partnership declaration if not legally married

Title Surname

First name(s) Sex M F Date of birth Y Y Y Y M M D D

ID number Cellphone

Telephone (H) (W)

Partnership declaration

If you are not legally married and unable to produce a marriage certificate, we require that you complete the section below.

We hereby declare that we are in a long-term, committed relationship that is like a marriage and that we reside together at the same residence. We understand that by signing this declaration we agree to inform the Scheme of any change in the status of our relationship or any change in our living arrangements, such as separation. We further understand that should the information provided regarding our relationship or residency be false in any way, the Scheme reserves the right to terminate both our memberships.

How long have you and your partner been in this relationship that is like a marriage? Y Y M M

Signature of main member Signature of spouse/partner

Date Y Y Y Y M M D D Date Y Y Y Y M M D D

Should the above section not be signed by both parties, the application process will be halted until such time as the section has been duly signed by both parties.

D. About your dependants (if applying for cover). Please attach a copy of all your dependants' ID/passport/birth certificates

	1	2
	Child (up to 27 years) ☐ or adult ☐ Sex M F	Child (up to 27 years) ☐ or adult ☐ Sex M F
Title	Initials	Initials
Surname		
First name(s)		
Relationship to main member		
Date of birth	Y Y Y Y M M D D	Y Y Y Y M M D D
ID or passport number		

Please sign Section K on reverse side.

D. About your dependants (if applying for cover). Please attach a copy of all your dependants' ID/passport/birth certificates

	3	4	5	6
Child (up to 27 years) / or adult / Sex M F				
Title / Initials				
Surname				
First name(s)				
Relationship to main member				
Date of birth	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
ID or passport number				

E. Previous medical scheme details (Please supply proof of current membership)

Name of scheme | Membership number

Date of joining (Y Y Y Y M M D D) to (Y Y Y Y M M D D) or currently a member

F. Option selection

1. LA KeyPlus | LA Focus | LA Active | LA Comprehensive | LA Core

Pay Medical Savings Account claims at LA Health Rate or at Cost (if applicable) Note: not available to LA KeyPlus members.

Please complete if you have selected the LA KeyPlus Option.

	Name	General Practitioner (GP)	Practice number	Second GP name	Practice number
Main applicant					
Spouse/partner					
Dependant*					
Dependant*					
Dependant*					

Please make sure the dependant information supplied above is the same as the dependant information in Section D of this form. If you live far away from where you work or you often need to work in different towns or provinces, you may need a second GP. Please complete the relevant section if you need a second GP allocated to you.

Please note: you can only access day-to-day cover and chronic benefits through the KeyCare network GPs you chose above.

G. Banking details (for claims reimbursement and/or contributions)

Bank name | Branch

Account type | Branch code – – –

Name of accountholder

Account number | Signature of accountholder

H. How did you join LA Health Medical Scheme?

How did you join LA Health Medical Scheme? Through your broker | Through your employer or co-worker | On your own

I. Your broker details

Name of broker

Name of broker house: RCP Advisory Services

Signature of broker | Broker code

Broker's stamp:

RCP Advisory Services
Co Reg 2016/237159/07
FSP: 8634
CMS: Org 1941

Your broker is not employed by LA Health Medical Scheme, but is appointed by you and acts as your representative.

Please sign Section K on reverse side.

CONFIRMATION OF JOINING LA HEALTH MEDICAL SCHEME

How to complete this form

1. Please use one letter per block, fill in with black ink and print clearly.
2. To avoid administration delays, please make sure you complete this form in full.
3. Please give this form to your employer when you give them your new member application form.

Member details

I, hereby declare my intention to withdraw from my current medical scheme and join LA Health Medical Scheme.

I request that all future medical scheme contributions be paid to LA Health Medical Scheme in respect of my membership.

Name of employer Staff number

The date I will be joining LA Health Medical Scheme is Y Y Y Y M M 0 1

My Option choice on LA Health Medical Scheme is:

(Please mark with an X)

LA KeyPlus LA Focus* LA Active* LA Core* LA Comprehensive*

* These Benefit Options have Medical Savings Accounts. When my LA Health Medical Scheme membership is confirmed, any balance of my current Medical Savings Account (with my current medical scheme) must be transferred to LA Health Medical Scheme (in terms of the Medical Schemes Act and its regulations).

My membership will include the following number of dependants:

Spouse Adult dependant(s) Children

Signed at on Y Y Y Y M M D D

Signature of main member

I confirm the information is accurate and complete

Broker Code

Broker house Code

Broker stamp

RCP Advisory Services
Co Reg 2016/237159/07
FSP: 8634
CMS: Org 1941

J. Fair Collection Notice – how we will process and disclose your Personal Information and communicate with you

1. This Fair Collection Notice ("Notice") explains how we obtain, use, disclose and otherwise process personal information, which may include health and financial information ("Personal Information"), as required by the Protection of Personal Information Act ("POPIA").

2. Acceptance of these terms and conditions is voluntary, but is a requirement for activation and servicing of your LA Health Medical Scheme membership. If you do not accept these terms and conditions, we cannot activate and service your membership.

3. Please note:

   a. We may amend this Notice from time to time. Please check our website periodically to inform yourself of any changes;

   b. You have the right to object to the processing of your Personal Information;

   c. Should you believe that we have utilised your Personal Information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator, once established.

4. LA Health Medical Scheme and Discovery Health (Pty) Ltd (we/us) will keep any information, including Personal Information relating to yourself and your dependants and/or beneficiaries, supplied to us in this application or collected from other sources ("Your Personal Information") confidential.

   You confirm that when you provide us with your Personal Information, your dependants and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes.

   You agree to us processing and disclosing Your Personal Information in the following manner:

5. We may collect, collate, process, store and disclose your Personal Information:

   a. For the administration of your benefit option;

   b. For providing managed care services to you or any dependant/s on your benefit option;

   c. For providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your benefit option;

   d. To profile and analyse risk;

   e. For academic research conducted by any company within the Discovery Group and/or contracted research and survey providers in South Africa as well as outside the borders of the Republic.

   Examples of how this will happen include:

   a. Sharing your Personal Information with your chosen broker during the application process to help Discovery Health (Pty) Ltd, if necessary, while we process your membership application;

   b. Getting Your Personal Information from other relevant sources, including any entity that is part of Discovery Limited, medical practitioners, contracted service providers, brokers, credit bureaus or industry regulatory bodies ("Sources"), and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the Sources that your Personal Information is true, correct and complete;

   c. Getting and sharing any information that is relevant to your application from or with your employer, if you have joined as a member of an employer group;

   d. Communicating with you about any changes in your benefit option, including your contributions or changes and enhancements to the benefits you are entitled to on the benefit option you have chosen;

   e. Transferring your Personal Information outside the borders of the Republic of South Africa, where appropriate, if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to;

   f. Making use of external health specialists to assess or evaluate certain clinical information. Your Personal Information will be shared with such specialist/s in the event that you or your dependants are subject to such a clinical assessment.

6. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party.

7. We will provide your Personal Information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship or where you or your dependants have applied for a product or benefit from such entity. This information will be provided for the administration of your or your dependant's products or benefits with other entities within the Discovery Group.

8. We may provide any credit bureau or credit providers industry association with any information about your consumer credit record, including personal information about any judgement or default history.

9. We and any entity within the Discovery Group will keep you updated on information about any offers or new products Discovery may make available at any time. Please contact us if you do not wish to receive any telephonic direct marketing information from us.

10. If we want to share your information for any other reason, we will do so only with your permission.

11. You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the 'Data Subject Request Form' on www.discovery.co.za/legal and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information.

    Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.

12. You have the right to contact and ask us to update, correct or delete your personal information.

13. You agree that we may retain Your Personal Information until such time as you request us to destroy them (unless we are obliged by law to retain it, regardless of such request).

14. If the LA Health Medical Scheme, Discovery Health (Pty) Ltd or Discovery (Ltd) becomes involved in a proposed or actual merger, acquisition or any form of sale of some or all its assets, we may use and disclose your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your Personal Information which would continue to be subject to this Notice.

15. LA Health Medical Scheme and Discovery Health (Pty) Ltd are required to collect and retain information in terms of the following legislation (amongst others):

    15.1. The Medical Schemes Act, 1998

    15.2. The Consumer Protection Act, 2008

    15.3. The Protection of Personal Information Act, 2013

    15.4. Electronic Communications and Transactions Act, 2002

    15.5. Promotion of Access to Information Act, 2000

    Legislation specific to Discovery Health (Pty) Ltd only:

    15.6. Financial Advisory and Intermediary Services Act, 2002

K. LA Health Medical Scheme rules for membership

In this application "we" refers to Discovery Health (Pty) Ltd and LA Health Medical Scheme is referred to as "the Scheme". Discovery Health (Pty) Ltd administers LA Health Medical Scheme. "You" refers to the applicant applying to become the main member of the Scheme.

The rules for membership reflect the rights and responsibilities for your membership of the Scheme. They may change from time to time. You may ask us for a copy at any time.

When you sign your application, you confirm that you have read and understood the rules and you agree that you and those you apply for will be bound by them. You also acknowledge and appoint your employer's contracted broker for all matters relating to your membership of the Scheme. If you are not joining the Scheme through an employer group, kindly indicate who you appoint as your broker below.

I give my permission that the Scheme can share my medical information and other relevant personal information about me and my dependants with my chosen broker.
The information will be shared so that he or she can help me whenever I need help during the application process.

Please speak to your broker or contact us if there is anything you do not understand.

1. Who you are applying for

You may apply to join the Scheme on your own or together with other people – your spouse, your partner, and people who are financially dependent on you as defined in the Scheme rules. We might ask you to give us proof of financial responsibility. You will be called the principal member or main member in our future communications to you.

2. Acting for others

You confirm you have the right to act for others

By signing your application, 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 dependants over 18 to act for them in any matter relating to this application.

3. Giving information

You must give us true, correct and complete information

To consider your application for membership, the Scheme 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 your 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 the information relevant to your application.

We may ask those you apply for who are 18 years and older for information, and it will be regarded as if we had asked you in your role as main member.

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.

Tell Discovery Health (Pty) Ltd or LA Health Medical Scheme immediately if your information changes

You, your employer or your broker must tell the Scheme or Discovery Health (Pty) Ltd 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 also need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

When the Scheme may cancel your membership

The Scheme may cancel your membership immediately and keep any contributions paid if you or those you apply for:

- do not give us information that later turns out to be relevant to your 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 your document and the day cover starts.

4. About becoming a member

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

Waiting periods apply in certain circumstances to your membership. This means there may be a set time period before we start paying for any general or specific medical conditions. Please speak to your broker 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 scheme when you receive notice from the Scheme by letter, email or SMS, telling you that you and those you apply for have been accepted.

You must make sure contributions are paid on time

As the main member of the Scheme, you are responsible for making sure that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits.

5. Repaying money owed to the Scheme

The Scheme 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. 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.

I hereby acknowledge that I have read and understood the terms and conditions as set out in sections J and K of this application form.

Date | Y | Y | Y | Y | M | M | D | D |

Signature of member

Please do not sign an incomplete application form.

Please complete this application form in full and return to RCP Advisory Services via email or fax. Email to: cookie@rcpsa.co.za or fax to 086 694 8840 or 086 545 2062.
NB: we require the following additional documentation.
Copies of ID's for adults and Birth Certificates for child dependents.
Copy of the main members salary advice to verify your employment at the Municipality

Please ensure that the application is stamped by your HR Department (1st page top right hand corner.)

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SUBMIT