



Tiger Brands



Medical Scheme

Registered office: Universal House, 15 Tambach Road, Sunninghill Park, Sandton
Private bag X131, Rivonia, 2128
Tel: 0800 002 636 | Email: correspondence@universal.co.za

Tiger Brands Medical Scheme

Registered in terms of the Medical Schemes Act (No. 131 of 1998)

New application

Name of individual:

Name of company:

New dependant

Inception/Start date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

Membership number:

Please tick the relevant block: (The option selected determines the amount of Routine Care you have decided is required by your family. Options may be changed once a year in January only. Please refer to your benefit brochure for more detail).

Level A

Level B

Level C

MZANSI

Please attach a certificate of membership from the previous Medical Aid Scheme(s) to this application

Selected Doctor name for Mzansi Option only

| Name of General Practitioner/Specialist | Practice number | Telephone number | Number of years consulted |
|---|-----------------|------------------|---------------------------|
| | | Code () | |
| | | Code () | |
| | | Code () | |
| | | Code () | |

SECTION 1: EMPLOYER DETAILS

Name of employer:

Contact person:

Postal address: Post code

E-mail address:

Telephone details: Tel: Code ()

Fax: Code ()

Cell:

SECTION 2: PRINCIPAL MEMBER DETAILS

Surname:

First name(s):

Title: Marital status: Race: Nationality: Present age: Gender: M F

Date of birth: Identity No./Passport No.

Postal address: Post code

Physical address: Post code

E-mail address:

Telephone details: (W) Tel: Code () (W) Fax: Code ()

(H) Tel: Code () Cell:

Occupation: Date employed:

Mzansi only

Monthly Earnings (all income including salary, commission, fringe benefits, interest, dividends etc):
(excluding bonus, overtime and travel reimbursement)

R

SECTION 3: DEPENDANT DETAILS (INCLUDING SPOUSE/PARTNER)

| No | Gender | Race | First name/s & Surname | Identity No./Passport No. | Relationship | Living in | Income p.m. |
|----|--------|------|------------------------|---------------------------|--------------|-----------|-------------|
| | | | | | | | R |
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| | | | | | | | R |
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| | | | | | | | R |
| | | | | | | | R |

SECTION 4: MEDICAL HISTORY QUESTIONNAIRE: TO BE COMPLETED BY EMPLOYEES AND THEIR DEPENDANTS ELECTING TO JOIN THE SCHEME AFTER THREE MONTHS OF JOINING THE COMPANY

It is most important that the questions on the following page be answered as thoroughly as possible. The answers to these questions will be treated as confidential. It is important to note that any medical condition, of which you are aware, and which is not disclosed in this application, can be excluded from benefits. Please advise whether you or any of your dependants suffer from, or have suffered from, or received treatment/consultation for any of the following conditions. Please ensure that you underline the appropriate condition, tick and complete the appropriate block/s. Underwriting will be applied.

| | | Yes | No | Name of member/dependant |
|----|---|--|----|--------------------------|
| 1. | Heart & vascular System | High blood pressure; high cholesterol; angina; heart attack; angiogram, previous coronary artery bypass; rheumatic fever; heart murmurs; valve problems/ replacement; arrhythmias – insertion of pacemakers; heart failure; stroke; varicose veins; DVTs (deep vein thrombosis); pulmonary emboli. | | |
| 2. | Lungs | Asthma; emphysema; chronic bronchitis; TB; chronic infections - bronchitis & pneumonia. | | |
| 3. | Digestive System, Gallbladder; Liver | Dyspeptic disease (heartburn; hiatus hernia; peptic ulcers; reflux); irritable bowel syndrome (spastic colon; inflammatory bowel disease e.g. Crohn's & ulcerative colitis; chronic diarrhoea/constipation); gallstones & jaundice; hepatitis; pancreatitis; haemorrhoids; incontinence; bowel prolapse. | | |
| 4. | Nervous System | Persistent headaches; epilepsy; paralysis; degenerative diseases – Alzheimer's; Parkinson's; multiple sclerosis; stroke; neuralgias; ADD (attention deficit disorder). | | |

| | | Yes | No | Name of member/dependant |
|-----|--|---|----|--------------------------|
| 5. | Bone; Muscle & Joints | Arthritis; rheumatism; gout; back or neck problems; fibromyalgia; previous fractures; deformities; degenerative muscle disease; osteoporosis; previous amputations/artificial limbs; birth defects; joint replacements. | | |
| 6. | Urinary Tract | Infections; stones; albumin/blood in urine; urinary incontinence; prolapsed bladder. | | |
| 7. | Gynaecological System | Menopause; female hormone replacement; irregular menses; infertility; breast tumours (benign/malignant); ovarian tumours; cysts; prolapsed uterus/rectum/bladder. | | |
| 8. | Male Genital System | Prostate problems (hypertrophy/cancer or infections); infertility; hernias – groin; scrotal swellings; testicular tumours; abnormalities of the penis. | | |
| 9. | Gland/Hormonal | Over/under active thyroid; diabetes mellitus; Cushing's syndrome; Addison's disease; pituitary gland abnormality. | | |
| 10. | Blood | Anaemia; bleeding disorders (haemophilia); leukaemia; Hodgkin's disease. | | |
| 11. | Ear, Nose & Throat | Allergies (rhinitis, sinusitis); chronic infections (otitis, tonsillitis); nasal reconstruction; snoring; sleep apnoea; deafness – hearing aids. | | |
| 12. | Eyes | Poor vision; birth defects; degenerative disease (glaucoma; retinitis pigmentosa; cataracts; keratoconus); allergies – pterygiums; anticipated/previous laser surgery; artificial eyes. | | |
| 13. | Emotional (psychological, psychosomatic problems) | Depression; bipolar disorder; anxiety; stress; previous treatment for post traumatic stress syndrome; eating disorders – bulimia & anorexia; mental retardation; alcoholism; drug abuse. | | |
| 14. | Infections/ Tropical Diseases | Sexually transmitted diseases; genital warts; HIV/AIDS; hepatitis; ME-Virus (Yuppie Flu); malaria; bilharzias; cholera; typhoid. | | |
| 15. | Skin Disorders | Acne; eczema; psoriasis; lesions; skin rashes; shingles; kaposi sarcoma – tumours. | | |
| 16. | Connective Tissue Disorders | Systemic lupus erythromatosis; scleroderma. | | |
| 17. | Teeth & Gums | Impacted molars (wisdoms); previous/current orthodontic treatment; braces; crowns; recurrent infections - gums. | | |
| 18. | Cancer | Cysts; growths; tumours of any kind. | | |
| 19. | Allergies | Are you or any of your dependants allergic to any specific type of medication (e.g. penicillin, aspirin, sulphas, morphine, NSAIDS); pollen dust; animals; specific food types (e.g. nuts). | | |
| 20. | Immuno-Suppressive Treatment | Have you or any of your dependants ever had or expecting to undergo an organ treatment transplant? Have you or any of your dependants ever suffered from any condition requiring Immunosuppressive treatment? | | |
| 21. | Have you or any of your dependants ever received any form of physiotherapy, occupational therapy or chiropractic treatment? | | | |
| 22. | Are you or any of your dependants pregnant? If yes - how many weeks? Please give expected date of delivery. | | | |
| 23. | Have you or any of your dependants had any previous or pending claims for which any other party may be liable e.g. MVA (Motor Vehicle Accident) claims? If yes , please give details. | | | |
| 24. | Are you or any of your dependants expecting to undergo any medical treatment, e.g. hospitalisation, operation, specialised dentistry etc, within the next twelve months? | | | |
| 25. | Do you or any of your dependants have a chronic condition requiring ongoing medication? If yes , please give the name and dosage of all the medication you or any of your dependants are currently taking. Remember to apply separately for the approval of chronic medication. | | | |
| 26. | Have you or any of your dependants ever received any medical attention of any nature, e.g., hospitalisation, operation, specialised dentistry etc, not mentioned above? | | | |
| 27. | Have you or any of your dependants ever appeared before a medical board in view of early retirement and declared medically unfit? | | | |

If any of the questions on this page have been answered **yes**, please supply details below. If there is not enough space, please attach an additional page.

SECTION 8: MEMBER ACKNOWLEDGEMENT AND DECLARATION

Please read the declarations below carefully. These contain acknowledgements of fact that may impact on your rights. These declarations must be read in conjunction with the rules of Tiger Brands Medical Aid Scheme (hereafter referred to as "the Scheme"), and the Medical Schemes Act No. 131 of 1998 (hereafter referred to as "the MSA"), and all these provisions shall be binding on you and your dependants. Please tick the boxes to acknowledge that you have read each declaration:

1. I, the undersigned hereby apply for membership of Tiger Brands Medical Aid Scheme and agree that all answers and information contained in this application completed by me or by any other person / s will be the basis of the proposed agreement.
2. I warrant that the contents of this application are true, correct and complete. No cover will be granted unless Tiger Brands Medical Aid Scheme specifically notifies me in writing of their acceptance of the risk, or on receipt of a valid membership card. Failure to comply with any of the terms and conditions of the agreement shall render the agreement null and void.
3. I agree to abide by and undertake to familiarise myself with the rules of the scheme as amended from time to time and grant my employer the right to deduct from my remuneration any amounts (including members portions) outstanding by myself to Tiger Brands Medical Aid Scheme. I further grant my employer the right to pay such monies over the scheme.
4. I understand that the scheme will not be liable for reimbursement in respect of health services obtained for any pre-existing conditions, unless the details are fully disclosed, which may be subject to waiting periods and condition specific exclusions in accordance with the Medical Schemes Act (No. 131 of 1998).
5. I agree to notify the scheme within 30 days in the event that any alternation in the circumstances on which the assessment of their risk is based, occurs between the date of this application and the date of their acceptance of the risk.
6. I (the member) acknowledge that it is my sole responsibility as a member to ensure that the monthly premium is received by the scheme. Furthermore, I understand that I will be liable for any legal costs incurred in the recovery of any amount owing to the Scheme on the attorney and own client scale.
7. I declare that neither the applicant nor any of his / her dependant / s are beneficiaries of another registered medical scheme, on the date of registration with Tiger Brands Medical Aid Scheme.
8. I agree that if I do not submit this application form together with the required documents within three months, the following may apply:
 - A three-month general waiting period;
 - A 12-month exclusion for pre-existing conditions.
9. I hereby give the scheme permission to communicate to me by SMS or Email
10. I declare that I have disclosed all particulars relevant to this application and that I am aware that any false statement or non-disclosure of information will relieve the scheme from liability and subject my membership to cancellation. I warrant that I am authorised to sign on behalf of my dependant / s. If I am illiterate, I confirm that the content of this application form and the implications thereof have been read and explained to me.
11. I also authorise any doctor or other person, who may be in possession of or hereafter acquire information about my health or the health of my dependants, to disclose the information to the Scheme and its contracted third parties, provided such information shall be treated as confidential at all times. I confirm that I have the required consent of my dependants to share information of such dependants with the Scheme and its contracted third parties.
12. I understand that my confidential health and personal information will only be used for the purposes as outlined by the Scheme on the application form and any deviation from this constitutes a breach of confidentiality.
13. In the event that the Scheme wishes to use my (or my dependants') confidential information for purposes other than those outlined in the application form, the rules of the Scheme and the MSA, the Scheme is required to obtain further consent from me (or my dependants).
14. I agree to inform the Scheme of any changes in my or my dependants' personal status, as required by the Scheme rules, within 30 days of the change in circumstances.
15. I shall ensure that the Scheme is at all times in possession of accurate and up-to-date information about my dependants and I as it may impact on the assessment of my application for membership, the administration of my membership, payment of claims and communication by the Scheme with me.
16. I acknowledge that my dependants and I may have access to our personal information held by the Scheme and request the Scheme to correct any inaccurate information as prescribed by applicable legislation.
17. I further acknowledge that the personal information of my dependants and I shall be retained as part of the records of the Scheme for as long as it is required by the Scheme for lawful purposes, as may be required by applicable legislation and for historical, statistical or research purposes subject to the requirements of applicable law.
18. If any of my dependants or I have any concern about the processing of our personal information, we can raise the matter with the Scheme by contacting the Principal Officer.
19. I agree that contribution late joiner penalties may apply to my adult dependants 35 years and older if they have not been a member or a dependant of any previous medical scheme(s) or existing dependant at time of registration.
20. I consent to all conversations between myself and the Scheme or its contracted third parties being recorded.
21. I confirm that I have received a copy of the current Member Benefit Guide and understand the contents therein.
22. I confirm that I am familiar with the terms of this agreement, being the conditions, limits and benefits of the Scheme.
23. I hereby guarantee that as the main member of the Scheme, to the extent that it may be required by law, that I have received the necessary consent from my dependants to access and view their healthcare claims made on my membership and deal with all matters relating to their claims on my membership as set out in this section.

Signature of applicant _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

SECTION 9: EMPLOYER

This application form has been scrutinised, and we are not aware of any facts other than those stated which should be made known to the Scheme. We certify that the applicant is on our permanent staff and confirm the salary details are correct.

Contribution amount:

Date:

| | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|
| | D | | D | | M | | M | | Y | | Y | | Y | | Y |
|--|---|--|---|--|---|--|---|--|---|--|---|--|---|--|---|

Employer's name:

Employer's signature: _____

Capacity: _____

SECTION 10: WAITING PERIODS AND LATE JOINER PENALTIES

Waiting periods

Involuntary joining of the Scheme

No waiting periods are imposed on members who join the scheme at the time of permanent employment.

Voluntary joining of the Scheme

Any voluntary joining, as determined by the Board, subsequent to the date of employment will attract waiting periods in terms of the Medical Schemes Act.

1. New applicants or persons not members of a medical aid for the preceding 90 days of joining the Scheme:
 - A 3 month general waiting period, as well as
 - A 12 month condition-specific waiting periodThese waiting periods would also apply to the Prescribed Minimum Benefits.
2. Applicants who were members of a Medical Scheme or Medical Insurance for a period of less than 2 years preceding joining the Scheme:
 - A 12 month condition-specific waiting period
3. Applicants who were members of a Medical Scheme or Medical Insurance for more than 2 years:
 - A 3 month general waiting period

Late joiner penalties

These penalties can range from an additional 5% of contributions per month to 75% depending on the period without medical scheme membership as well as age of member.

The late joiner penalty is only applicable to applicants over the age of 35 who have not had continuous medical scheme membership since 1 April 2001.

The 'Late Joiner Penalty' sliding scale:

| Penalty bands | Maximum penalty |
|---------------|---------------------|
| 1 – 4 years | 0.05 x contribution |
| 5 – 14 years | 0.25 x contribution |
| 15 – 24 years | 0.50 x contribution |
| 25+ years | 0.75 x contribution |

The following formula is applied to determine the applicable penalty band:

$A = B \text{ minus } (35 + C)$ where:

A = number of years to determine the appropriate penalty band

B = age of late joiner at time of application

C = number of years of creditable coverage which can be demonstrated

If the applicant is unable to obtain documentary proof to substantiate periods of creditable coverage, the applicant shall be entitled to produce a sworn affidavit declaring such detailed information, which includes stating what reasonable efforts were made to obtain documentary evidence of such periods of creditable coverage were unsuccessful.

To avoid the imposition of a late joiner penalty, applicants over the age of 35 should submit proof of medical aid membership since 1 April 2001. If continuous membership cannot be proven for this period, the member can submit proof of medical scheme membership from the age of 21. A membership certificate from the relevant medical schemes will be accepted as proof. A sworn affidavit will only be accepted should the affidavit also state that reasonable steps to obtain documentary evidence of membership proved unsuccessful.