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Enquiries: 086 0100 678 Fax: 012 336 9540 E-mail: medihelp@medihelp.co.za									Employer's office stamp																		
Postal address: PO Box 26004, ARCADIA, 0007																											
Website: www.medihelp.co.za																											
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registration of my new-born baby																							6				
How to complete this form: Tel. (021) 797 8885 Fax (021) 7978856 Website : www.classmed.co.za																											
1. Please complete in print using black ink, and e-mail, fax or post it to Medihelp.										200																	
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3. Never sign a blank application form. BROKER CODE: 0884																											
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#### General practitioner Surname Nickname Dentist Optometrist Practice number Practice number Practice number Practice number **Practice number** Practice number

#### 4. conditions of membership and declaration by member/dependant

#### Responsibilities of a member/dependant of Medihelp:

- 1. I will ensure that I know all the provisions of Medihelp's Rules and will read all the correspondence from Medihelp, such as newsletters and statements, and will study the benefit guide and familiarise myself with the coverage offered by the chosen benefit option.
- 2. I undertake to abide by the Rules, as amended from time to time, as available at www.medihelp.co.za, and not submit any fraudulent claims or commit any fraudulent acts. I understand that on approval of my application for the registration of my dependant(s), the Rules of Medihelp will be binding on my registered dependant(s), as the Rules are binding on me.
- 3. By signing this application I confirm that:
  - 3.1 I have the right to apply for registration of my dependant(s) and to act for those that I apply for, in any matter relating to this application.
- 4. I declare that the information provided in this application for registration is accurate and complete. I understand that any false declaration or omission of information may result in the termination of my membership and that of my registered dependant(s) or any other measures which Medihelp, in its sole discretion, may decide to take, subject to appeal procedures.
- 5. I undertake to notify Medihelp in writing should there be any future changes in my/my dependant(s) personal details and/or banking details.
- 6. I confirm that my dependant(s) will not be registered as dependant(s) of another registered medical scheme on the date on which I request registration for him/her/ them of Medihelp.
- 7. I am responsible for paying the monthly subscription fees due to Medihelp on the first day of every calendar month.
- 8. I confirm that I am responsible to give advance notice of deregistration, and that my dependant(s) will not be registered as dependant(s) of another registered medical scheme while still being dependant(s) of Medihelp.
- 9. Please note that the subscription of your dependant(s) will be payable as from the requested date(s) of enrolment, whether or not you have received the document containing the conditions of membership or proof of membership. Should your application for registration be cancelled, excess subscription recovered will be paid to you, if applicable.

## Medihelp's rights as a medical scheme:

- 10. I am aware that Medihelp may restrict benefits to be granted and limit amounts/tariffs to be paid in respect of particular services, for example by enforcing co-payments and exclusions.
- 11. Medihelp's Rules may provide for various interventions designed to promote cost-effectiveness and appropriateness of services, such as preauthorisation and the use of designated service providers.
- 12. Medihelp may also restrict interchanges between benefit options to the beginning of a year, and require a notice period as set out in the Rules.
- 13. Medihelp may refuse to pay a claim that is submitted after the period as prescribed in the Rules.
- 14. I am further aware that my and my dependant(s)' benefits may be suspended should I not pay the full contributions or debt for a period of a month, and that my and my dependant(s)' membership may be terminated should I be in arrears for a period of two (2) months, and that the account will be handed over for collection.
- 15. I am aware that Medihelp can increase its subscriptions annually at the beginning of the year.

## Protection of information:

- 16. I hereby give permission that
  - 16.1 Medihelp may enquire about the health status of my dependant(s) at any medical doctor or any person who is in possession of such information, and give permission to the doctor or person concerned to make such information available to Medihelp and its contracted third parties;
  - 16.2 Medihelp may disclose my dependant(s)' medical and personal information to medical service providers for the purpose of providing medical services to my dependant(s) and to pay for such services; and
  - 16.3 my dependant(s) may enquire about my personal and medical information and that of any of my dependant(s) at Medihelp's disposal.

#### 4. conditions of membership and declaration by member/dependant (continued)

- 17. I agree that all my telephone conversations and/or that of my dependant(s) with Medihelp and/or its contracted third parties may be recorded.
- 18. I agree that Medihelp may, for the purpose of considering the application for registration or conducting underwriting or risk assessments or considering a claim for medical expenses, request information about me or my dependant(s) from medical practitioners, financial advisers, credit bureaus, industry regulatory bodies or employers.
- 19. I further consent, and declare that I have obtained the consent of my dependant(s), that Medihelp may provide any credit bureau or credit providers industry association with any information about my/my dependant(s)' consumer credit record, including and not limited to information about my/my dependant(s)' credit history, financial history, personal information and judgement or default history.
- 20. Should you make use of a broker's services, relevant membership information will be made available to the appointed broker in order to render a service to you, and such broker may instruct Medihelp to change any of your personal information except for banking details, unless you instruct Medihelp otherwise.

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Signature of member	In your capacity as			Member	Guardian	Curator	Date	У	у	У	У	m m	d	d
Should you be applying on behalf of another person as guardian or curator, please complete the following:														
ID/passport No.				Title	Title Mr Mrs Ms Other (specify)									
A copy of you passport/ID document, as well as the document confirming your appointment as guardian/curator, must accompany this application.														
First names	Surname													
Code No.					Fax: Code No.									
Cell number														
5. undertaking and declaration by broker														
NB: If this section is not completed in full by the broker, no commission will be paid.														
I declare that –														
1. the member has appointed me as his/her broker and is entitled to cancel my services at any time;														
2. I have signed a valid contract with Medihelp; and														
3. the member has signed the application in person.														

# I take note that the broker/brokerage/broker house indemnifies Medihelp against any non-adherence to the legal requirements as quoted above.

Name of broker house	Broker house code	Broker code
CLASSIQUE MEDICAL AID CONSULTANTS	A 0 3 2	8 0 8 8 4
Name and surname of broker		
Tel: Code 021 No. 7978885 Fax: Code 021	No. 797	78856
E-mail address enquiries@classmed.co.za		
Signature of broker	_	
Lead reference number	Date y y	y y m m d d

In case of a dispute, the registered Rules of Medihelp will apply.



Medihelp Enquiries: 086 0100 678 Fax: 012 336 9540 E-mail: medihelp@medihelp.co.za Postal address: PO Box 26004, ARCADIA, 0007 Website: www.medihelp.co.za

Registrar for Medical Schemes Enquiries: 086 1123 267 Website: www.medicalschemes.com

Medihelp is an authorised financial services provider