

Health4Me Employee application form

Important notes:

- Health4Me is not a medical aid product, and is not a substitute for medical scheme membership.
- Please provide copy of ID, passport or birth certificate for the main member and all dependants joining Health4Me.
- For spouses (including life partners), please submit a copy of the marriage certificate or an affidavit confirming dependency.
- For children who are studying, or mentally or physically disabled, please submit proof of studies or a medical report in order for them to qualify for child dependant rates up to the age of 26.
- Please submit the completed and signed form via email to health4memembership@momentum.co.za.

1: Employer's details

Employer name

Employer Health4Me number

Branch name

2: Personal details

Employee number

Title Initial(s) First name

Surname

Date of birth Gender Male Female

ID number Passport number

Passport country of origin

Contact number

Email address

Monthly salary R

3: Family details

Please provide the relevant information below if you want to cover your spouse(s) and children under this policy.

Spouse(s) dependant details							
First name	Surname	Initial(s)	ID number/ passport number	Passport country of origin	Date of birth (dd/mm/yyyy)	Gender (M/F)	Contact number

Child dependant details							
First name	Surname	Initial(s)	ID number/ passport number	Passport country of origin	Date of birth (dd/mm/yyyy)	Gender (M/F)	Contact number

4: Additional insured benefits

Please indicate which benefits you would like to take by ticking the applicable box/boxes below:

Benefit option

Day-to-day benefit	<input checked="" type="checkbox"/>
Accident and emergency cover	<input type="checkbox"/>
Hospital cash and maternity lump sum benefit	<input type="checkbox"/>
Funeral benefit	<input type="checkbox"/>

5: Beneficiary details

If you pass away, and you have the funeral benefit as part of your benefit option, the funeral benefit will be paid to your spouse or to the person responsible for making your funeral arrangements. If your spouse(s) or one of your children passes away, the funeral benefit will be paid to you. Please provide the relevant information below if you want to nominate a specific beneficiary to receive your funeral claim payment in the event of your death.

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>						
Surname	<input type="text"/>										
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
ID number	<input type="text"/>							Passport number	<input type="text"/>		
Passport country of origin	<input type="text"/>										
Contact number	<input type="text"/>										
Email address	<input type="text"/>										

6: Terms and conditions

- The employer is the policyholder in terms of the Momentum Health4Me policy/policies.
- The benefit details and further terms and conditions of Health4Me are contained in the policy document(s), which have been shared with my employer as the policyholder.
- The Momentum Health4Me policy/policies will be activated once we have received all the activation requirements.
- The Momentum Multiply programme will be activated once the Momentum Health4Me policy is activated.
- I consent to the recording of all conversations between Momentum Group Limited and my dependants and I, and that all information obtained through these conversations will form part of Momentum's records. I further consent to all these records remaining the sole property of Momentum.
- I declare that the answers provided in this application are true and complete.
- I understand that once my dependants and I are accepted as members of the Momentum products, the answers on this application will form the basis of the membership.
- I understand that it is my responsibility to ensure that the details provided in this application are true and complete for my dependants and I, even if this application was completed by any other third party on my behalf.

7: Complementary products and benefits

Momentum Multiply

Please note that as a result of your Health4Me membership, the following is provided to you at no charge and is mandatory to the Health4Me product:

- Membership of the Momentum Multiply Engage programme.

Therefore, as a result the following terms and conditions apply:

- 7.1 Multiply reserves the right to amend its rules and benefits unilaterally. A copy of the terms and conditions and rules can be obtained from multiply.co.za/engaged/terms-and-conditions or from the Multiply client contact centre on 0861 88 66 00.
- 7.2 I understand that I will receive mandatory communication from Multiply as a legal requirement of my membership and that I am able to review and update my communication preferences by visiting the terms and conditions on the Multiply website.
- 7.3 If I have a complaint related to the product or services received, I understand that I should first refer the complaint to Multiply by calling 0861 88 66 00 or emailing multiply@momentum.co.za to resolve the complaint according to the internal complaints processes. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the National Consumer Commission by calling 012 428 7000 or emailing complaints@thenc.org.za.

8: Protection of personal information and consent

Momentum Health, Momentum Metropolitan Life Limited, Multiply and Momentum Group, herein collectively referred to as "Momentum"; will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. Momentum requests your consent to collect, process and share your personal information for the purposes set out below. While your consent is voluntary, it is a requirement for membership of the Momentum products.

- 8.1 I authorise and give consent to Momentum to collect, store, collate, process, and share my personal information and that of my dependants for purposes of my Momentum membership and the administration thereof and for fraud prevention, monitoring, analytical reviews and statistical purposes.
- 8.2 I hereby authorise and give consent to Momentum to share my personal information, including health information and information regarding my dependants, with Momentum Health, with whom I or my dependants have a contractual relationship.
- 8.3 I acknowledge that my dependants and I must give Momentum all information and supporting evidence that may be required from time to time. I authorise Momentum to obtain any information they may require concerning me or any of my dependants in relation to my Momentum membership from any person, including Momentum Health, to which my dependants and I belong, and its administrator. I consent to that person providing and instruct that person to provide Momentum with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
- 8.4 I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
- 8.5 I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
- 8.6 I understand that if I fail to provide the personal information required or if I am not willing to agree to the processing of my personal information, then Momentum will not be able to offer me the products or administer them.
- 8.7 I understand that I have the right to request my personal information, which is under the control of Momentum, provided that I furnish adequate identity and that a fee may be charged for this service.
- 8.8 I have the right to request Momentum, where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading or obtained unlawfully.
- 8.9 The full privacy policy can be accessed at momentumgrouppltd.co.za/privacy-notice.
- 8.10 I declare that all my personal information and that of my dependants supplied to Momentum is accurate, up to date, not misleading and that it is complete in all respects and will be held and stored securely for the purpose for which it was collected and that I will immediately advise Momentum of any changes to my personal information and that of my dependants should any of these details change.
- 8.11 I confirm that I am authorised to provide consent on behalf of my spouse(s) or dependant(s) and that I have their permission to share such information with Momentum. Where I give consent for a minor, I confirm that I am a competent person in respect of such minor and I have the authority to give consent for them.
- 8.12 I hereby authorise and give consent to Momentum Health and Momentum Metropolitan Life Limited to share my personal information, including health information, and that of my dependants, with any entity (including an entity forming part of Momentum Group and its subsidiaries), with whom I and/or my dependants have a contractual relationship, or have applied for a product or service from such entity. This personal information will be processed and/or used for further processing in order to administer the products or services.

9: Employer/Employee consent

I authorise Momentum Metropolitan Life Limited to:

- Obtain from Momentum Health (Pty) Ltd or any health service provider any medical information relating to an insurance claim, so that Momentum Metropolitan Life Limited can assess and evaluate a claim in terms of the policy. I hereby authorise Momentum Health (Pty) Ltd or any health service provider to release the required information to Momentum Metropolitan Life Limited.
- Share any information required between Momentum Metropolitan Life Limited, Momentum Health (Pty) Ltd and any other health service provider.
- Disclose my medical information to any parties that Momentum Metropolitan Life Limited and Momentum Health (Pty) Ltd have contracted with in order to provide services in respect of the policy.

I accept and understand that my consent to the disclosure of medical information may impact on my right to privacy. This consent shall remain in force for the full duration of my membership, unless it is expressly withdrawn by me. I understand that Momentum Metropolitan Life Limited will not disclose any medical information without my consent. I understand that the consent will only apply for the purpose indicated above and will not be shared with other parties.

If my employer does not subsidise my Health4Me premiums, or if my employer only partially subsidises my Health4Me premiums, I authorise and instruct my employer to deduct my monthly Health4Me premiums from my monthly remuneration and pay my Health4Me premiums to Momentum Health (Pty) Ltd.

Employee cover start date

Name and surname of employee

Signature of employee

Date

Signature of employer

Date