

Application for HealthSaver

2019

Important notes:

- You can choose to make use of additional products available from Momentum Group, a division of MMI Group Limited (Momentum), to seamlessly enhance your medical aid. These voluntary complementary products range from a world-class wellness and rewards programme, Multiply, to the innovative HealthReturns solution. These complementary products are not medical scheme benefits. Momentum is not a medical scheme, and is a separate entity to Momentum Health. You can be a member of Momentum Health without taking any of the complementary products that Momentum offers.
- Please submit the completed and signed form via fax to **031 580 0430** or email at **healthnewbusiness@momentumhealth.co.za**.

Group number	<input type="text"/>
Employer name	<input type="text"/>
Membership number	<input type="text"/>

Section 1: Investor information

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Previous surname	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
ID number	<input type="text"/>	Passport number	<input type="text"/>			
Date of issue	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Expiry date	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y			
Country of issue	<input type="text"/>					
Nationality	<input type="text"/>					
Tax reference number	<input type="text"/>					
Tax residency country	<input type="text"/>					
Home address	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Postal address (if different)	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Telephone - home	<input type="text"/>	<input type="text"/>	Telephone - work	<input type="text"/>	<input type="text"/>	
Cellphone number	<input type="text"/>	<input type="text"/>				
Email address	<input type="text"/>					

Section 2: Financial adviser (where applicable)

Name	Financial adviser's code	Broker house code	Commission ref no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of financial adviser	<input type="text"/>	Date	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> Y <input type="text"/> Y
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Section 3: Contract details

Section 3.1: Activate your free HealthSaver account

You can use this account as you see fit to make provision for additional healthcare expenses

Tick this box if you would like Momentum to activate your free HealthSaver account.

Section 3: Contract details (continued)

Section 3.2: HealthReturns (continued)

Tick this box if you want your HealthReturns to be paid into your HealthSaver account.

(And be eligible for HealthReturns Booster. If you do not select this option, HealthReturns will be paid into your bank account.)

Section 3.3: Monthly HealthSaver

Tick this box if you want to start contributing to your HealthSaver and complete your chosen amount below. Please also complete Section 4 and Section 5.

Monthly amount Minimum of R100 per month

You can choose to contribute any amount in addition to the regular monthly payments. These additional amounts can be paid via Electronic Fund Transfer (EFT).

Section 3.4: Apply for Credit

Tick this box if you want to apply for Credit on the above monthly amount and complete the information below.

Credit assessment inventory (complete if you are applying for credit on your monthly contributions)

Joint gross monthly household income subtotal

Joint monthly household expenses

a) Discretionary expenses (e.g. movies, eating out)

b) Contractual expenses (e.g. car repayments, retail accounts)

Expenses subtotal

Net monthly income

Credit provider information

In terms of the regulations of the National Credit Act 34 of 2005, the following information must be supplied.

NCR number	NCR CP 173
Name of credit provider	MMI Group Limited
Physical Address	268 West Avenue Centurion Gauteng 0157
Contact number	0860 11 78 59 Weekdays 08:00 to 17:00

Section 3.5: Claims payment

In-hospital claims:

Tick this box if you do not want any shortfalls in your in-hospital claims to be paid automatically from your available HealthSaver funds.

Day-to-day claims:

You can choose how your day-to-day claims will be paid from your available HealthSaver funds.

Tick this box if you want your claims to be paid in full

Tick this box if you want your claims to be paid at up to a maximum of 200% of the Momentum Health Rate

Section 3.6: Multiply Visa® Card

You can apply for a maximum of 2 cards. Cardholders must be registered dependants on the medical aid.

Account holder: As the principal member, you will be the account holder.

Cardholder (HealthSaver investor)

Tick this box if you (the accountholder) want to apply for a Multiply Visa® Card

Section 3: HealthSaver contract details (continued)

Section 3.6: Multiply Visa® Card (continued)

Tick this box if you want an additional Multiply Visa® Card

Additional cardholder

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Previous surname	<input type="text"/>			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID number	<input type="text"/>			Date of birth	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY
Passport number	<input type="text"/>				
Date of issue	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY			Expiry date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY
Country of issue	<input type="text"/>				
Nationality	<input type="text"/>				
Tax reference number	<input type="text"/>				
Tax residency country	<input type="text"/>				
Telephone - home	<input type="text"/>	<input type="text"/>	Telephone - work	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>			
Email address	<input type="text"/>				

Tick this box if you want an additional Multiply Visa® Card

Additional cardholder

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Previous surname	<input type="text"/>			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID number	<input type="text"/>			Date of birth	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY
Passport number	<input type="text"/>				
Date of issue	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY			Expiry date	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY
Country of issue	<input type="text"/>				
Nationality	<input type="text"/>				
Tax reference number	<input type="text"/>				
Tax residency country	<input type="text"/>				
Telephone - home	<input type="text"/>	<input type="text"/>	Telephone - work	<input type="text"/>	<input type="text"/>
Cellphone number	<input type="text"/>	<input type="text"/>			
Email address	<input type="text"/>				

Section 4: Contribution payer information

(Please do not provide credit card details. Momentum is not allowed to record your credit card details)

Name of account holder	<input type="text"/>														
Name of bank	<input type="text"/>														
Account number	<input type="text"/>														
Account type	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission												
Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Branch name	<input type="text"/>						

Section 5: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay for the HealthSaver. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified.

If an **individual's** account is to be debited:

If a third party's account details are used, please provide a copy of their ID.

Signature of account holder	<input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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If a **company** account is to be debited:

- I/we warrant that the principal member referred to in this application is an employee of our organisation.
- Momentum may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

Name	<input type="text"/>
Position in company	<input type="text"/>

Signature of account holder/ Authorised signatory	<input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company stamp	<input type="text"/>	

Section 6: Terms and conditions

For protection of personal information

MMI comprises a group of companies that provide the following products and services:

- financial planning services, healthcare administration, insurance products, investment products, managed care services and retirement benefits.

MMI and its subsidiaries will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. We request your consent to process your personal information and to obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement to enable MMI and its subsidiaries to offer you the products set out above and to administer the products.

1. I confirm that I am authorised to provide consent in this section on behalf of my dependants.
2. I authorise and give consent to MMI to process, further process and share my personal information, including health information, and that of my dependants, for purposes of any products and services with the subsidiaries of MMI.
3. I understand that the personal information will be shared to provide for the following purposes:
 - To interact with, and view all the products and services I have with the MMI group of companies on its websites;
 - To provide me and my dependants' personal and health information to any other entity within the MMI Group, where I and/or my dependants already have a relationship or where I and/or my dependants have applied for a product or benefit, for the administration, underwriting and risk profile analysis of my and/or my dependants' products or benefits.
4. I understand that 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.
5. I understand that 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.
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 MMI and its subsidiaries will not be able to offer me the products or to administer them. My personal information will be processed in terms of the Medical Schemes Act 131 of 1998, the Financial Intelligence Centre Act 38 of 2001, the Financial Advisory and Intermediary Act 37 of 2002, the Long-Term Insurance Act 52 of 1998, and the Pension Funds Act 24 of 1956.
7. I understand that I have the right to request my personal information which is under the control of MMI and its subsidiaries provided that I furnish adequate identity and that a fee may be charged for this service.
8. I understand that I have the right to request MMI and its subsidiaries where necessary, to correct, or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
9. If I have a complaint relating to the processing of my personal information, I understand that I should first refer it to MMI to resolve it in terms of their internal complaints process. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator who can be contacted on 012 406 4818 or via email at inforreg@justice.gov.za.

Signature of principal member	<input type="text"/>	Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Section 6: Terms and conditions (continued)

For HealthSaver

1. I am deemed to have read and understood the Rules and Conditions that apply to HealthSaver, which can be accessed via the website at momentum.co.za/healthsaver, and consider myself bound by these Rules and Conditions. I further agree to refer to momentum.co.za/healthsaver annually to take note of the terms and conditions.
2. I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the Rules and Conditions.
3. I acknowledge that:
 - i. In doing so, Momentum acts as my agent.
 - ii. I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
 - iii. I will direct all enquiries in respect of the HealthSaver to Momentum.

I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.

Credit granting for applications

1. I confirm that the above information is true and complete.
2. I understand that the information provided under the Credit Assessment Inventory will yield a net income figure and that this will determine whether credit will be granted.
3. I understand that the maximum credit I can qualify for is R36 000.
4. I agree that ad-hoc contributions and rebates will not affect the credit advanced to me.
5. I agree that my application is subject to verification, processing and screening and that Momentum may decline an application based on these checks. In addition I give consent that upon acceptance my application will still be subject to continuous screening which may lead to the termination of my application or a reduction in the amount advanced to me when necessary.
6. Momentum reserves the right to share my payment behaviour with various credit bureaus and I understand that this will have an impact on my credit worthiness.
7. Momentum will send the pre-agreement once the application has been processed. I acknowledge that when I receive the pre-agreement, I am obligated to respond to the confirmation email containing the Schedule of the HealthSaver. My response will indicate my approval for Momentum to activate the HealthSaver account. I acknowledge that if my response is not received within the required time specified in the communication, my HealthSaver will be activated without credit.
8. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, offset any debt owing by me to Momentum Health or any Momentum product from funds available in the HealthSaver;
9. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, hand over my unpaid accounts in respect of the HealthSaver for collection and listing on the credit bureaus.
10. I understand that credit granted will be subject to a variable interest rate.

For Multiply Visa® Card

Please read the statements below and sign your acceptance thereof.

1. If you apply for the Multiply Visa® Card and thereafter decline delivery, charges may apply.
2. By applying for the Multiply Visa® Card, I am deemed to have read and understood the Terms and Conditions for Use of the card which can be accessed via the website at www.multiply.co.za/visacard, and consider myself bound by these Terms and Conditions of Use. If I do not agree with the Terms and Conditions, my application for the card cannot be processed.
3. If I am a Multiply Starter member, a monthly fee of R11 is payable for the card and this fee will be debited from my HealthSaver account.
4. Multiply will verify my identity and residential address and they may decline to issue or activate a card if I cannot give them satisfactory proof of my identity and residential address as per the FICA (Financial Intelligence Centre Act) requirements.
5. There must be funds available in my HealthSaver Account for a transaction to be authorised.
6. The card can be used at medical service providers, standalone pharmacy front shops (such as Dis-Chem, Clicks and Link pharmacies) and veterinarians within the borders of South Africa.
7. The card cannot be used to withdraw cash at a bank, an ATM or a Merchant, nor can it be used to pay in-store Merchant accounts.
8. I can cancel my card at any time by notifying Multiply in writing and I must then destroy the card by cutting through the magnetic strip and card numbers. I understand that I will be legally responsible for any transactions if the card is not properly destroyed and is used by any unauthorised person.
9. Multiply will treat all my personal information as private and confidential. I agree that they may share my personal information with third party services providers for the operation of this card.

Signed at

Starting date

(The start date cannot be before the Momentum Health start date.)

Signature of investor

Date