

Application for HealthSaver

2024

Important notes:

- You may choose to make use of additional products available from Momentum Metropolitan Holdings Limited (Momentum), to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. The complementary products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the complementary products.
- Please email the completed and signed form to us at healthnewbusiness@momentumhealth.co.za.

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

1: Account holder 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="text"/> Male <input type="text"/>	<input type="text"/> Female <input type="text"/>	
ID number	<input type="text"/>	Passport number	<input type="text"/>		
Date of issue	<input type="text"/>	Expiry date	<input type="text"/>		
Country of issue	<input type="text"/>				
Nationality	<input type="text"/>				
Income tax reference number*	<input type="text"/>	* Please provide proof of Income tax reference number.			
Tax residency country	<input type="text"/>				
Home address	<input type="text"/>				Postal code <input type="text"/>
Postal address (if different)	<input type="text"/>				Postal code <input type="text"/>
Telephone - home	<input type="text"/>	Telephone - work	<input type="text"/>		
Cellphone number	<input type="text"/>				
Email address	<input type="text"/>				

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"/>
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3: FICA verification

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification before we activate the HealthSaver account. If a third party pays your HealthSaver contribution, FICA is required for the third party as well.

We therefore require the following information:

- Source of funds for payment of contributions

Income (salary, commission and rentals)		Dividends interest and dividend income	
Pension or provident fund, retirement annuity and annuity		Other (Please provide details)	
- ID/Passport number for the principal member

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 If passport number, please confirm which country the passport was issued in and provide a copy of the passport.

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- ID/Passport number for the contribution payer if different to principal member

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 If passport number, please confirm which country the passport was issued in and provide a copy of the passport.

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- Company name and registration number if a company is the contribution payer (only required where a company application form has not been completed and submitted).

Company name	
Company registration number	
- If the contribution is paid by a trust by virtue of a testamentary disposition, by virtue of a court order, in respect of persons under curatorship, or by the trustees of a retirement fund in respect of benefits payable to the beneficiaries of that retirement fund, we require:
 - a copy of the trust deed for local trusts, or
 - a letter of authority or other official document from a competent trust registering authority in the foreign jurisdiction for foreign trusts.

For all other trusts we require the name and ID/Passport number for each trustee:

Name of trustee	ID/Passport number	If passport number, please confirm which country the passport was issued in and provide a copy of the passport.

4: Contract details

4.1 HealthSaver

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

Your HealthReturns will be paid into your HealthSaver account.

Tick this box if you would like to apply for your HealthSaver account.

4.2 Monthly HealthSaver contributions

Tick this box if you want to pay monthly contributions into your HealthSaver account and complete the contribution below. Please also complete Section 5 and Section 6.

Monthly amount

R							
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 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).

4.3 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. We will use this information to carry out a credit check.

Where required, we will request your written approval in order to make the credit value available to you.

Joint gross monthly household income subtotal	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">R</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	R							
R									
Joint monthly household expenses									
a) Discretionary expenses (e.g. movies, eating out)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">R</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	R							
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b) Contractual expenses (e.g. car repayments, retail accounts)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">R</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	R							
R									
Expenses subtotal	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">R</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	R							
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Net monthly income	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">R</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	R							
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4: Contract details (continued)

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	Momentum Metropolitan Life Limited
Physical Address	268 West Avenue Centurion Gauteng 0157
Contact number	0860 11 78 59 Weekdays 08:00 to 17:00

4.4 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 Medical Scheme rate

4.5 HealthSaver Card

You can apply for a HealthSaver Card if you have a valid South African ID number.

You can apply for a maximum of 2 cards for yourself and your dependants who are registered on your medical aid. If you choose not to apply for the HealthSaver Card for yourself, you may apply for 2 additional cards for your dependants who are registered on your medical aid.

If you apply for a HealthSaver Card, certain card fees will be payable. All card fees will be debited from your HealthSaver account. The fees are subject to change in January each year. You can view the latest fees on momentum.co.za

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

Cardholder (HealthSaver account holder)

Tick this box if you (the account holder) want to apply for a HealthSaver Card

Details for delivery of account holder's HealthSaver Card:

Address	<input type="text"/>	Postal code	<input type="text"/>
Contact person	<input type="text"/>		
Contact number	<input type="text"/>		

Tick this box if you want an additional HealthSaver Card

Additional cardholder

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
ID number	<input type="text"/>	Date of birth	<input type="text"/>
Passport number	<input type="text"/>		
Country in which passport was issued	<input type="text"/>		
Cellphone number*	<input type="text"/>		
Email address	<input type="text"/>		

Details for delivery of additional cardholder's HealthSaver Card:

Address	<input type="text"/>	Postal code	<input type="text"/>
Contact person	<input type="text"/>		
Contact number	<input type="text"/>		

4: Contract details (continued)

4.5 HealthSaver Card (continued)

Tick this box if you want an additional HealthSaver Card

Additional cardholder

Title	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>		
ID number	<input type="text"/>	Date of birth	<input type="text"/>
Passport number	<input type="text"/>		
Country in which passport was issued	<input type="text"/>		
Cellphone number*	<input type="text"/>		
Email address	<input type="text"/>		

Details for delivery of additional cardholder's HealthSaver Card:

Address	<input type="text"/>	Postal code	<input type="text"/>
Contact person	<input type="text"/>		
Contact number	<input type="text"/>		

* We cannot process your application form for HealthSaver Card without a valid cellphone number.

5: 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="text"/>	<input type="text"/>	<input type="text"/>
Branch code	<input type="text"/>	Branch name	<input type="text"/>
Amount	<input type="text"/>		
Starting date	<input type="text"/>		

Please note that the complementary product(s) will only be activated upon successful activation of your Momentum Medical Scheme membership.

Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement is Health Sav followed by your membership number.

6: 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. I accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. I may cancel this mandate and pay via other methods within the 30 days. If I cancel this mandate, I remain responsible to pay any amounts due to Momentum while it was in force

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.

*Consent from third party:

I (name and surname)	<input type="text"/>
ID number	<input type="text"/>

consent to Momentum deducting the contributions due for this member from my bank account.

Signature of principal member or third party (if applicable)

Date

6: Authorisation for contribution collection (continued)

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

Position in company

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"/>
	<input type="text"/>	
Company stamp	<input type="text"/>	

7: Terms and conditions

For protection of personal information

Momentum Metropolitan Holdings Limited comprises a group of companies that provide the following products and services:

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

Momentum Metropolitan Holdings Limited 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 Momentum Metropolitan Holdings Limited and its subsidiaries to offer you the products set out above and to administer the products.

1. I declare that all my personal information and that of my dependants supplied to Momentum Metropolitan Holdings Limited and its subsidiaries is accurate, up to date, not misleading and that it is complete in all respects and will be held and/or stored securely for the purpose for which it was collected and that I will immediately advise Momentum Metropolitan Holdings Limited or its subsidiaries of any changes to my personal information and that of my dependants should any of these details change.
2. I confirm that I am authorised to provide consent in this section on behalf of my dependants, and that I have their permission to share such information with Momentum Metropolitan Holdings Limited and its subsidiaries. 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.
3. I hereby authorise, and give consent to Momentum Metropolitan Holdings Limited and its subsidiaries to share my personal information, including health information, and that of my dependants, with any entity (including an entity forming part of Momentum Metropolitan Holdings and its subsidiaries), with whom I and/or my dependants have a contractual relationship with, 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.
4. 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 Momentum Metropolitan Holdings Limited on its websites including obtaining a single view of my products within Momentum Metropolitan Holdings Limited.
 - To provide me and my dependants' personal and health information to any other entity within Momentum Metropolitan Holdings Limited, 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 including financial underwriting, credit scoring, client reporting and risk profile analysis of my and/or my dependants' products or benefits.
 - For the administration, underwriting, credit scoring, client reporting and risk profile analysis of products and services where I and/or my dependants have a contractual relationship in relation to such products or services or where I and/or my dependants have applied for such products or services.
 - For any other lawful purpose.
5. I acknowledge that my dependants and I must give Momentum Metropolitan Holdings Limited and its subsidiaries, as applicable, all information and evidence that may be required from time to time. I authorise Momentum Metropolitan Holdings Limited and its subsidiaries to obtain from any person, including the medical schemes to which my dependants and I belong and/or its administrator, any information Momentum Metropolitan Holdings Limited and its subsidiaries may require concerning me or any of my dependants in relation to the products or services I and/or my dependants currently have or have applied for. I consent to that person providing, and instruct that person to provide, Momentum Metropolitan Holdings Limited and its subsidiaries with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
6. 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.
7. 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.
8. 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 Metropolitan Holdings Limited 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.
9. I understand that I have the right to request my personal information which is under the control of Momentum Metropolitan Holdings Limited and its subsidiaries provided that I furnish adequate identity and that a fee may be charged for this service.
10. I understand that I have the right to request Momentum Metropolitan Holdings Limited and its subsidiaries where necessary, to correct, or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.

7: Terms and conditions (continued)

For protection of personal information (continued)

11. If I have a complaint relating to the processing of my personal information, I understand that I should first refer it to Momentum Metropolitan Holdings Limited 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 010 023 5207 or via email at POPIAComplaints@info regulator.org.za.
12. You can access Momentum Metropolitan Holding's full privacy policy at <https://www.momentummetropolitan.co.za/en/policy/privacy-notice> and Momentum Multiply's full policy at <https://www.multiply.co.za/engaged/privacy-policy>

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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For HealthSaver

1. I am deemed to have read and understood the Terms and Conditions that apply to HealthSaver, which can be accessed via the website at momentum.co.za, and consider myself bound by these Terms and Conditions. I further agree to refer to the Momentum website (momentum.co.za) annually to take note of the Terms and Conditions.
2. An annual administration fee of R40 is payable in January of each year.
3. 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 Terms and Conditions.
4. 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.
 - iv. I undertake to submit the information required for FICA purposes within 14 (fourteen) days of my application. Failure to submit the FICA information will result in my application for the HealthSaver account being cancelled.

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 creditworthiness.
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 Medical Scheme 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 HealthSaver Card

Please read the statements below and sign your acceptance thereof.

1. By applying for the HealthSaver Card, I am deemed to have read and understood the Terms and Conditions for Use of the card which can be accessed via the Momentum website at momentum.co.za, 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.
2. Card fees are payable for the HealthSaver Card, which will be debited from my HealthSaver account. The fees are subject to change in January each year. The latest fees can be accessed via the Momentum website at momentum.co.za.
3. Momentum will verify my identity and may decline to issue or activate a card if I cannot give them satisfactory proof of my identity as per the FICA (Financial Intelligence Centre Act) requirements.
4. There must be funds available in my HealthSaver account for a transaction to be authorised.
5. 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.
6. 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.
7. I can cancel my card at any time by notifying Momentum 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.

7: Terms and conditions (continued)

For HealthSaver Card (continued)

8. Momentum 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

Start date

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(The start date cannot be before the Momentum Medical Scheme start date.)

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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