



Contact details

Tel: 0860 123 007 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Continuation form

Application to change a main member

1. About your employer

Employer name

Date of employment Employee number

Branch name Branch number - -

2. About the new main member

Date membership of new main member starts

Membership number

Tax number Job title

Title Initials Surname

First name/s (as per identity document)

Preferred name Sex M F

Date of birth

Marital status Married Single Divorced Widowed

Preferred language English Afrikaans

Previous or maiden name (where applicable)

ID or passport number

Country of issue

Telephone (H) (W)

Cellphone

Physical address

CODE:

Postal address

CODE:

Email

Preferred means of communicating (where appropriate) Email Post Email type Home Work

In which country do you live?

3. Details about the current main member

If you need to change the main member due to the death of the current main member, please attach a certified copy of the death certificate.

What you must do

Submit the following with this form: – Copy of ID – Bank statement/letter of confirmation from the bank.

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First name/s (as per identity document)	<input type="text"/>					
Preferred name	<input type="text"/>	Sex	F <input type="checkbox"/>	M <input type="checkbox"/>		
Date of birth	<input type="text"/>	Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Preferred language	English <input type="checkbox"/>	Afrikaans <input type="checkbox"/>				
ID or passport number	<input type="text"/>					
Country of issue	<input type="text"/>					
Telephone (H)	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>	
Cellphone	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>					

4. Banking details for the new main member's monthly contribution (if applicable)

What you must do

Submit the following with this form: – Copy of ID – Bank statement/letter of confirmation from the bank.

Bank name	<input type="text"/>								
Branch name	<input type="text"/>	Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Account number	<input type="text"/>								
Name of account holder	<input type="text"/>								
Type of account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>							
Accountholder's Physical Address (Own/Third Party/Company/Trust)	<input type="text"/>								
									Code

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder

Signature of new main member

Please do not sign an incomplete application form.

Please do not sign an incomplete application form.

Please note: If you are using someone else's bank account, the account holder must sign above to confirm this.

5. Banking details for claim refunds

What you must do

Submit the following with this form: – Copy of ID – Bank statement/letter of confirmation from the bank.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account.

Same as section 4?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Bank Name	<input type="text"/>				
Branch Name	<input type="text"/>	Branch code	<input type="text"/>		
Account Number	<input type="text"/>				
Name of account holder	<input type="text"/>				
Type of Account	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>			

I agree to inform the Scheme in writing of any changes that may occur.

Signature of new main member

Please do not sign an incomplete application form.

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

6. Privacy Statement The purpose of this Privacy Statement is to set out how We collect, use, share and otherwise Process Your Personal Information, in line with the Protection of Personal Information Act 4 of 2013.

Definitions

Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for TFG Medical Aid Scheme and a subsidiary of the Discovery Group.

Competent Person means anyone who is legally competent to consent to any action or decision being taken on any matter concerning a member or dependant, for example a parent or legal guardian.

Discovery Group refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the group as defined in the Companies Act, 2008.

Personal Information refers to personal information about You. It can include information about Your title and name, health, financial status and/or banking information, marital status, gender, age, ethnic group, nationality, language, contact numbers or email addresses and postal and/or street addresses or any other form of personal information as defined in the Protection of Personal Information Act 4 of 2013, which TFGMAS or the Administrator may reasonably require to offer or render its services/products to You (to the extent that TFGMAS or the Administrator is permitted in law to do so and where You have not objected thereto).

Process(ing) refers to the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting Personal Information.

The Scheme or TFGMAS refers to TFG Medical Aid Scheme, registration number 1578, registered with the Council for Medical Schemes.

Us, We or Our refers to the Scheme and the Administrator jointly.

You, Yourself and Your refers to you, the TFGMAS member, and includes Your registered spouse and/or dependants (if any) on Your TFGMAS plan.

1. When You apply to become a member of TFGMAS and when You engage with Us from time to time, You choose to provide Us with Personal Information. We are committed to taking all reasonable steps to protect Your right to privacy and Your Personal Information that You provide to Us.
2. You have the right to object to the Processing of Your Personal Information and You have a choice whether or not to accept the terms and conditions contained in this Privacy Statement, however, it is important to note that We require your acceptance of these terms and conditions in order to activate and/or service your TFGMAS membership.
3. We will take all reasonable steps to keep Your Personal Information confidential. We have physical, technological and procedural security safeguards in place and will use Our best endeavours to protect Your Personal Information.
4. You may have given us this information Yourself, or We may have collected it from other sources ("Sources") with whom You have shared Your Personal Information. You indemnify Us against any losses You may sustain as a result of Sources not protecting Your Personal Information.
5. You understand that when You include Your spouse and/or dependents on your application, We will Process their Personal Information in accordance with this Privacy Statement. You warrant that when You give Us Personal Information about Your spouse and/or dependants, You have received their permission to share their Personal Information with Us for the purposes set out in this Privacy Statement.
6. If You are giving consent for a person under 18 (a "Minor"), You confirm that You are a Competent Person in relation to said Minor.
7. You agree that We may Process Your Personal Information for the following purposes:
 - for the administration of Your TFGMAS health plan;
 - to provide You with managed care services on Your TFGMAS health plan;
 - to share Your Personal Information with external health specialists to enable them to assess or evaluate certain clinical information in the event that You are subject to such a clinical assessment under Your TFGMAS health plan; and
 - any other reasonably required purpose relating to Your chosen TFGMAS health plan and/or Your application to join TFGMAS.
 - We will ensure that anyone with whom We share Your Personal Information on the terms included in this Privacy Statement agrees to treat Your Personal Information with the same level of protection as We are obliged to.
 - we may process Your Personal Information, to comply with South African statutory reporting obligations;
 - We may share Your Personal Information with a third party contracted to Us who requires Your Personal Information in order to provide a healthcare service to You in terms of Your TFGMAS health plan.

Examples of the above purposes may include, but are not limited to:

- Obtaining information from, and sharing information with, Your employer that is relevant to Your application for membership with due regard for considerations of confidentiality in respect of Your health status;
 - Communicating with You about any changes in Your TFGMAS health plan, including changes to Your contributions or changes to the benefits You are entitled to on the TFGMAS health plan You have chosen; and
 - Transferring Your Personal Information outside the borders of the Republic of South Africa in order to give effect to Your TFGMAS health plan, or if You provide an email address which is hosted outside the borders of the Republic of South Africa.
8. We will only share Your Personal Information with a third party if:
 - You have given Your consent for the disclosure of Your Personal Information to that third party; or

- We have a legal or contractual duty to give Your Personal Information to that third party, or
 - We need to share it with them for risk analysis or fraud detection, prevention or recovery purposes.
9. We may provide Your Personal Information to any other entity within the Discovery Group with which You have applied for a product, service or benefit and where such application includes Your express consent for said entity within the Discovery Group to request Your Personal Information from Us, and for Us to release Your Personal Information to said entity.
 10. We may share Your Personal Information with third parties which whom We have contracted, such as academics and researchers, whose research is required to evaluate Our service to You. We will ensure that all Personal Information about You that is shared with such third parties will be made anonymous to the extent possible. If We publish the results of any academic research, You will not be identified by name in any such publication.
 11. By accepting this Privacy Statement, You authorise Us to obtain and share Personal Information about Your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes Personal Information about credit history, financial history, judgments, and default history. It also includes sharing of Personal Information for purposes of risk analysis and tracing.
 12. You agree that We may communicate with You electronically about any changes to Your TFGMAS health plan, including changes to Your contributions or changes to the benefits You are entitled to on the TFGMAS health plan You have chosen.
 13. We may process Your information using automated means (without human intervention in the decision making process) to make a decision about You or Your application for any product or service. You may query the decision made about You. Concerns regarding this privacy statement can be addressed by lodging such queries to the Privacy@discovery.co.za mailbox for assistance.
 14. The Scheme has a duty to keep You updated about any offers relevant to You that are made available from time to time. You agree that the Scheme may communicate with You in this regard.
 15. You may inform the Administrator if You wish to receive any direct telephonic marketing about the Administrator's products and services.
 16. You have the right to know what Personal Information We hold about You. If You wish to receive copies of documents containing Your Personal Information, please complete an 'Access Request Form', attached to the PAIA manual, on tfgmedicalaidscheme.co.za. We are entitled to charge a reasonable fee for this service and We will let You know what the fee is at the time of Your request. We can refuse to disclose certain information to You or refuse to provide You with documents in terms of the Promotion of Access to Information Act of 2002.
 17. You agree that We may keep Your Personal Information until You ask Us to delete and/or destroy it, unless the law requires Us to keep it. You have the right to ask Us to update or amend Your Personal Information

Where the Scheme and Administrator are required by law to collect and keep Personal Information, We shall do so.

18. If the Scheme or Administrator becomes involved in a proposed or actual amalgamation or merger, acquisition or any form of sale of any assets, We may share Your Personal Information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to Your Personal Information. The terms of this Privacy Statement will continue to apply.
19. We may change this Privacy Statement from time to time. The current version is available on tfgmedicalaidscheme.co.za
20. If You believe that the Scheme or Administrator have used Your Personal Information contrary to this Privacy Statement, We request that You first follow Our internal complaints procedure to resolve the complaint. We explain the complaints and disputes process on the website www.tfgmedicalaidscheme.co.za. If You are not satisfied with the outcome of Your complaint, You have the right to lodge Your complaint with the Information Regulator, under the Protection of Personal Information Act 4 of 2013.

Contact details for the Information Regulator are:

The Information Regulator (South Africa)
 SALU Building
 316 Thabo Sehume Street
 PRETORIA
 Tel: 012 406 4818
 Fax: 086 500 3351
infoereg@justice.gov.za

Signature of Main Member

By signing this Privacy Statement, You acknowledge that You have read, understood and accepted all the terms and conditions contained in this Privacy Statement.

7. TFG Medical Aid Scheme ("TFGMAS") rules for membership

1. **Who "we" are**
 TFGMAS, registration no 1578, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for TFGMAS, and an authorised financial services provider.
2. **Rules for membership**
 The rules of TFGMAS record your rights and responsibilities for your membership of TFGMAS. They may change from time to time. You may ask us for a copy at any time. When you sign this application, you confirm that you have read and understood the rules and you agree that you and those you apply for will be bound by them.
3. **Who you are applying for**
 You may apply to join TFGMAS on your own or together with other people – your spouse, your partner and people who are

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financially dependent on you as defined in the TFGMAS rules. For anyone to be treated as financially dependent for this application, you must have a legal responsibility to provide financially for that dependant. We might ask you to give us proof of financial or legal responsibility. You may be called the principal member or main member in our future communications to you.

4. Acting for others

You confirm you have the right to act for others By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application;
- you have received permission from your spouse and any dependant/s over 18 to act for them in any matter relating to this application.

5. Giving and getting information

You must give true, correct and complete information

To consider your application for membership, TFGMAS must learn more about you and those you apply for. Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for more information about themselves.

Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

TFGMAS and Discovery Health (Pty) Ltd may record telephone calls

We may record telephone conversations with you and with those you apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

TFGMAS and Discovery Health (Pty) Ltd may get information about you from other relevant sources

To consider your application for membership, conduct underwriting to consider a claim for medical expenses, you agree that we can get information about you and those you apply for from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give on this application and in respect of any matter pertaining to or that arose during your membership of TFGMAS, is true, correct and complete. You give your permission that we may get any information that is relevant to your application from your employer.

Tell TFGMAS or Discovery Health (Pty) Ltd immediately if your information changes

You or your employer must tell us in writing if any of the information you gave, in your application for membership, changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as back dated changes may not be accepted.

When TFGMAS may cancel your membership/s

TFGMAS may cancel any memberships immediately, if you and those you apply for:

- do not give us information that later turns out to be relevant to this application;
- give us any information that is not true, correct and complete;
- do not tell us about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

6. About becoming a member

TFGMAS might not pay for certain expenses immediately after you become a member

TFGMAS may have waiting periods that apply in certain circumstances. This means there may be a set time period before the TFGMAS starts paying claims for any general or specific medical conditions. Please speak to us to find out if waiting periods apply to your membership and the memberships of those you apply for.

Resign from current medical schemes when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from TFGMAS by letter, email or SMS telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time

As the main member of TFGMAS, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits. TFGMAS has the right to amend monthly contributions and benefits from time to time. If you pay your own contributions, you will be able to identify the debit order for your monthly contributions on your bank statement, the reference number TFG CONT will be used.

7. Repaying money owed to TFGMAS

TFGMAS has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you if there is any amount that you owe to TFGMAS.

By signing this form, you agree that any money you owe to TFGMAS may be deducted from any future claim payment amounts that are due to be paid to you. You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number TFG CLWBK will be used.

Signature of main member

Date

D	D	M	M	Y	Y	Y	Y
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The main member must sign and date any changes

Please do not sign an incomplete application form

I confirm the information is accurate and complete

8. Terms and Conditions

This signed mandate refers to the debit order application on the signed date ("the agreement")

I/We, the undersigned:

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- warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this mandate is true and correct;
- authorise TFG Medical Aid Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by TFG Medical Aid Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the which shall commence on the date that the banking details are effective and shall continue until this mandate is terminated by me by giving TFG Medical Aid Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this mandate.
- confirm that that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection, and there is an amount outstanding, TFG Medical Aid Scheme can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- authorise TFG Medical Aid Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this agreement
- acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this agreement to TFG Medical Aid Scheme as if each payment instruction came from me personally as the account holder.
- undertake to advise TFG Medical Aid Scheme in writing of any changes to my account details and acknowledge that TFG Medical Aid Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein, or if the bank account is in the name of another person or entity, or as a result of my failure to notify TFG Medical Aid Scheme of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks.
- know and understand the details of each withdrawal from my bank account will be printed on my bank statement and will show the reference number inserted in the agreement so as to enable me to identify this deduction;
- acknowledge that although this mandate may be terminated by me, such termination does not necessarily terminate this agreement. In the event of such termination, I am not entitled to any refund of any contributions or amounts due that was withdrawn by TFG Medical Aid Scheme whilst this mandate was in force, if such contributions or amounts were legally owing to TFG Medical Aid Scheme in terms of the agreement;
- acknowledge that by signing this mandate I am bound by the payment terms applicable to this agreement.

Reference number

This Agreement reference numbers are TFG CONT, TFG CLAWBK

Signature of bank account holder

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if you have read and understand this statement

In addition to the above terms, the member must agree to the following:

1. I confirm that I have the right to give TFG Medical Aid Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by TFG Medical Aid Scheme to the account as listed above, should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorize TFG Medical Aid Scheme to verify the banking details as provided above for the purpose of setting up a debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a contribution collection date, I authorize that TFG Medical Aid Scheme may deduct a double debit of my contributions the following month.

I, (Full name(s) and surname according to your identity document),

as the member, give TFG Medical Aid Scheme and its administrator, in their relevant capacities, permission to change my banking details.

Signed at (town or city) on

D	D	M	M	Y	Y	Y	Y
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Signature of member

Please only sign if you have read and understand this statement