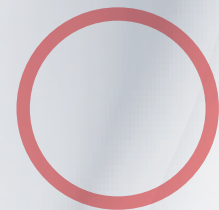




BRINGING  
**MEDICAL**  
**COVER**  
TO YOU



# YOUR LA HEALTH MEDICAL SCHEME APPLICATION FORM 2021

You need to complete this form in full when you apply to join LA Health Medical Scheme. Please tear off this section and keep it until you get further communication from us about your application

## Thank you for applying to join LA Health Medical Scheme

Thank you for choosing LA Health Medical Scheme to look after your healthcare needs.

### Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is the medical scheme that you are applying to become a member of. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

### What happens next with your application?

Once you submit your application to us, the following will happen:

- We capture and check your details.
- If there is any information missing, we will call you or write to you.
- To finalise your membership, we may also speak to your broker about any other requirements.

### We only send information via email or SMS

In the interest of the environment, and to ensure efficiency, we no longer print and post some information. Please provide your personal email address and a valid cellphone number.

## When we have accepted your application, we will communicate with you

- We will SMS your membership number to you when we activate your membership.
- We will also send you a new member welcome pack that includes the following:
  - A welcome letter, which confirms the Benefit Option you have chosen and all other relevant details about your membership
  - Your LA Health Medical Scheme membership card
  - Car stickers with our contact details in case of an emergency
  - A Benefit Brochure, which outlines your benefits.

Once you get written notification from LA Health Medical Scheme that your application is successful, please cancel your current medical scheme membership, as it is illegal to belong to two medical schemes at the same time. If you have not heard from us seven days after submitting your application, please contact your broker.

### Chronic Illness Benefit

If you want to access cover from the Chronic Illness Benefit, you must apply for it when you have received your new LA Health membership number. You and your doctor must complete a Chronic Illness Benefit application form and submit it for review. Your doctor can apply for cover online, if he uses HealthID, provided you give your consent.

You need to meet the benefit entry criteria for your condition to be registered on the Chronic Illness Benefit. You or your doctor may need to provide certain test results or extra information to finalise your application. Please ensure that these documents are submitted with your application to avoid any delays in the process.

You can find the application form on the website [www.lahealth.co.za](http://www.lahealth.co.za)



Before you send us the application form portion of this document, please make sure your employer has stamped it to show they are aware that you want to join LA Health Medical Scheme.

Broker name: ..... Accreditation number: .....

Telephone number: ..... FAIS number: .....

For office use only			
Option:	Risk	MSA	Total
Employer			
Member			
<b>Total contribution</b>			

Employer stamp

## LA HEALTH MEDICAL SCHEME MEMBER APPLICATION FORM

### How to complete this application

Please complete sections A – J as applicable.  
Please use one letter per block, complete with black ink and print clearly.  
To avoid administration delays, please make sure this application is completed in full.  
This form must be completed for each person who wants to join LA Health Medical Scheme.

Please attach a copy of each applicant's ID to this application form.  
LA Health Medical Scheme accepts valid passports and birth certificates for children.  
You must give this form to your employer if you are still working.  
If you are a pensioner, please give it to your pension fund administrator.  
To follow up on this application, please call 0860 100 345  
or email nb\_inhouse\_queries@discovery.co.za

### A. About your employer

Municipality/Employer

Date of permanent employment  Depot name

Staff number  Employer no.  Pension number

### B. About yourself (main member). Please attach a copy of your ID/passport

When do you want your cover to start?  Are you in active employment  Are you retired from employment

Title  Surname  Tax number

First name(s)  Sex  Date of birth

ID or passport number  Marital status

Gross yearly salary R  Cellphone

Telephone (H)  (W)

Email  Home  Work

\* Communication will be sent to either this email address or via SMS to your cellphone. Please supply a valid personal email address and cellphone number

Physical address  Postal address

Code

### C. About your spouse/partner (if applying for cover). Please attach a copy of your spouse's/partner's ID/passport and complete the partnership declaration if not legally married

Title  Surname

First name(s)  Sex  Date of birth

ID number  Cellphone

Telephone (H)  (W)

#### Partnership declaration

If you are not legally married and unable to produce a marriage certificate, we require that you complete the section below.

We hereby declare that we are in a long-term, committed relationship that is like a marriage and that we reside together at the same residence. We understand that by signing this declaration we agree to inform the Scheme of any change in the status of our relationship or any change in our living arrangements, such as separation. We further understand that should the information provided regarding our relationship or residency be false in any way, the Scheme reserves the right to terminate both our memberships.

How long have you and your partner been in this relationship that is like a marriage?

Signature of main member  Original hand signature required  
Date

Signature of spouse/partner  Original hand signature required  
Date

Should the above section not be signed by both parties, the application process will be halted until such time as the section has been duly signed by both parties.

### D. About your dependant/s (if applying for cover). How many dependants are you applying for?

Please attach a copy of all your dependants' ID/passport/birth certificates

	1		2	
	Child (up to 27 years)	<input style="width: 40px;" type="text"/>	or adult	<input style="width: 40px;" type="text"/>
		Sex	<input type="text" value="M"/> <input type="text" value="F"/>	
Title	<input style="width: 50px;" type="text"/>	Initials	<input style="width: 50px;" type="text"/>	
Surname	<input style="width: 100%; height: 20px;" type="text"/>			
First name(s)	<input style="width: 100%; height: 20px;" type="text"/>			
Relationship to main member	<input style="width: 100%; height: 20px;" type="text"/>			
Date of birth	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>		<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>	
ID or passport number	<input style="width: 100%; height: 20px;" type="text"/>			

**Please sign Section J on reverse side.**

<b>3</b> Child (up to 27 years) <input type="checkbox"/> or adult <input type="checkbox"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F Title <input type="text"/> Surname <input type="text"/> First name(s) <input type="text"/> Relationship to main member <input type="text"/> Date of birth <input type="text"/> ID or passport number <input type="text"/>	<b>4</b> Child (up to 27 years) <input type="checkbox"/> or adult <input type="checkbox"/> Sex <input type="checkbox"/> M <input type="checkbox"/> F Initials <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y M M D D <input type="text"/> <input type="text"/>
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**E. Previous medical scheme details. (Please supply proof of current membership, if applicable)**

Have you ever belonged to a medical scheme before? Yes  No

Name of scheme  Membership number

Date of joining  to  or currently a member

**F. Option selection**

1. LA KeyPlus  LA Focus  LA Active  LA Comprehensive  LA Core

Pay Medical Savings Account claims at LA Health Rate  or at Cost  (if applicable) Note: not available to LA KeyPlus members.

**Please complete if you have selected the LA KeyPlus Option.**

	Name	General Practitioner (GP)	Practice number	Second GP name	Practice number
Main applicant					
Spouse/partner					
Dependant*					
Dependant*					
Dependant*					

Please make sure the dependant information supplied above is the same as the dependant information in Section D of this form. If you live far away from where you work or you often need to work in different towns or provinces, you may need a second GP. Please complete the relevant section if you need a second GP allocated to you.  
 Please note: you can only access day-to-day cover and chronic benefits through the KeyCare network GPs you chose above.

**G. Banking details (for claims reimbursement and/or contributions)**

Bank name  Branch

Account type  Branch code

Name of accountholder

Account number  Signature of accountholder

Account holder's physical address (own/3rd party/company/trust)

Account holder contact number

Account holder email address

Original hand signature required

As part of Payment association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders residential address, email address and contact number. Please note that the details you supply will only be used for the PASA order mandate requirement and will not be used to update the contact details we have on system, If you wish to update any contact details please visit [www.discovery.co.za](http://www.discovery.co.za)

We will debit your account on the first working day of the month. If your membership is not activated in time for the debit order collection, your first premium will be collected with the next debit order unless it has been paid in the interim or you have granted us with permission to debit your account for the outstanding premium. After we have received your first debit order and you are paying in advance, you may change your debit order date to a variable debit order date by contacting us on 0860 99 88 77

Can we use this account to refund claims to you? Yes  No

**H. Your broker details (if you are appointing a broker to act on your behalf)**

Do you have a broker? Yes  No

If yes, your financial adviser must complete the details below.

Name of broker

Name of broker house

Signature of broker

Broker code

Broker's stamp

I \_\_\_\_\_ hereby confirm that I appoint the broker indicated above to act on my behalf.

Signature  Your broker is not employed by LA Health Medical Scheme, but is appointed by you and acts as your representative. Date

# CONFIRMATION OF JOINING LA HEALTH MEDICAL SCHEME

## How to complete this form

1. Please use one letter per block, fill in with black ink and print clearly.
2. To avoid administration delays, please make sure you complete this form in full.
3. Please give this form to your employer when you give them your new member application form.

## Member details

I,  hereby declare my intention to withdraw from  my current medical scheme and join LA Health Medical Scheme.

I request that all future medical scheme contributions be paid to LA Health Medical Scheme in respect of my membership.

Name of employer  Staff number

The date I will be joining LA Health Medical Scheme is

My Option choice on LA Health Medical Scheme is:

(Please mark with an X)

LA KeyPlus  LA Focus\*  LA Active\*  LA Core\*  LA Comprehensive\*

\* These Benefit Options have Medical Savings Accounts. When my LA Health Medical Scheme membership is confirmed, any balance of my current Medical Savings Account (with my current medical scheme) must be transferred to LA Health Medical Scheme (in terms of the Medical Schemes Act and its regulations).

My membership will include the following number of dependant/s:

Spouse  Adult dependant(s)  Children

Signed at  on

Signature of main member  **Original hand signature required**

I confirm the information is accurate and complete

Broker  Code

Broker house  Code

Broker stamp

I confirm that I have appointed the above broker to act on my behalf.

Signature of main member  **Original hand signature required**

## I. LA Health Medical Scheme Privacy Statement

### Definitions

**The Scheme** refers to LA Health Medical Scheme, registration number 1145, registered with the Council for Medical Schemes.

**Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

**Discovery Group** refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the Group. Subsidiaries in the Group are authorised financial services providers.

**You and your** refer to the member and his/her dependants who are registered as beneficiaries of the Scheme.

**Your personal information** refers to personal information about you, your spouse, your dependants, your beneficiaries, and your employees (as relevant). It includes information about health, financial status, gender, age, contact numbers and addresses.

**Process(ing) (of) information** means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.

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

1. When you engage with the Scheme and Administrator, you trust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy.

The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information.

2. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note the Scheme and Administrator require your acceptance of these terms and conditions, otherwise we cannot activate and service your medical scheme membership.
3. The Scheme and Administrator will keep your personal information confidential. You may have given us this information yourself, or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable).
4. You understand that when you include your spouse and/or dependents on your application, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate interest. We will furthermore process their information for the purposes set out in this Privacy Statement.
5. If you are an employer, you agree to indemnify the Scheme and Administrator against any loss or damage, direct or indirect, that an employee suffers because of any unauthorized use of your employees' personal information.
6. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person and that you have authority to give their consent for them.
7. You agree that the Scheme and Administrator may process your personal information for the following purposes:
  - for the administration of your benefit option
  - for the provision of managed care services to you on your benefit option;
  - for the provision of relevant information to a contracted third party who requires this information to provide a healthcare service to you on your benefit option;
  - to analyse risks, trends and profiles;
  - to share your personal information with external healthcare providers for the purposes of evaluating certain clinical information, in the event that you require medical treatment.

Examples of this include:

- i. Sharing your personal information with your chosen financial adviser during the membership application process to enable the Administrator to process your membership application;
  - ii. Obtaining and sharing your personal information with other relevant sources, including medical practitioners, contracted service providers, health information exchanges, financial advisers, credit bureaus, entities that are part of Discovery Group or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to assess and value a claim for medical expenses. We may (at any time, and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
  - iii. If you have joined as a member of an employer group, getting 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 state of health;
  - iv. Communicating with you about any changes to your benefit option, including changes to your contributions or the benefits you are entitled to on the benefit option you have chosen.
8. If a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
- you have already given your consent for the disclosure of this information to that third party; or
  - we have a legal or contractual duty to give the information to that third party, or
  - we need to share it with them for risk analytical or fraud detection, prevention or recovery purposes

You consent and agree that:

- we may process your information, including personal and special personal information, to adhere to South African Legislative reporting obligations and to perform transaction monitoring activities;
  - we may communicate such personal information to local Regulatory Bodies as well as to other entities in the Discovery Group if any Legislative reportable matters are identified..
9. The Scheme and the Administrator may provide your personal information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship or where you or your dependant/s have applied for a product, service or benefit from such entity. This information will be provided for the administration of your, or your dependant/s products or benefits with other entities within the Discovery Group, and for fraud detection, prevention or recovery purposes.
  10. The Scheme and Administrator may share and combine all your personal information for any one or more of the following purposes:
    - market, statistical and academic research; and
    - to customise our benefits and services to meet your needs.

Information about you may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that all data about you that is shared with such third parties will be made anonymous to the extent possible and where appropriate. Note also that personal information will be made available to such third party only if that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of any academic research, you will not be identified by name.

If we want to share your personal information for any other reason, we will do so only with your permission.

11. By accepting this privacy statement, you authorise the Scheme and Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, and default history. It also includes sharing of information for purposes of risk analysis, tracing and any related purposes

12. The Scheme and Administrator have the right to communicate with you electronically about any changes to your benefit option, including changes to your contributions or changes to the benefits you are entitled to on the benefit option 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.
14. The Scheme and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time. The Scheme, Administrator, any entity within the Discovery Group, and contracted third-party service providers, may communicate with you about these.
15. Please let the Administrator know if you do not wish to receive any direct telephonic marketing.
16. You have the right to know what personal information the Scheme and Administrator holds about you. If you wish to receive this information please complete an 'Access Request Form', attached to the PAIA manual, on [www.lahealth.co.za](http://www.lahealth.co.za), and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information.

We are entitled to charge a fee for this service and will let you know what it is at the time of your request.

17. You agree that the Scheme and Administrator may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
18. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so. We are required to collect and keep personal information in terms of the following laws:
  - Medical Schemes Act, 1998
  - The Consumer Protection Act, 2008
  - The Protection of Personal Information Act, 2013
  - Electronic Communications and Transactions Act, 2002
  - Promotion of Access to Information Act, 2002

Legislation specific to Discovery Health (Pty) Ltd only:

- Financial Advisory and Intermediary Services Act, 2002
- Companies Act, 2008

19. You agree that the Scheme and Administrator may transfer your personal information outside South Africa:

- if you give us an email address that is hosted outside South Africa; or
- for processing, storage or academic research, or
- to administer certain services, for example, cloud services.

When we share your information with a person (or company) outside South Africa, we will require of such person (or company) to treat your information in a manner that complies with the requirements of that country and at least with the same level of protection as we are obliged to do in South Africa. Unless you specifically give us consent to share your personal information with such person (or company).

20. 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 have the right to 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.
21. The Scheme or Administrator may change this Privacy Statement at any time. The current version is available on [www.lahealth.co.za](http://www.lahealth.co.za).
22. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website at [www.lahealth.co.za](http://www.lahealth.co.za). If you are not satisfied after this process, you have the right to lodge a complaint with the Information Regulator, under POPIA. We explain the complaints and disputes process on the website [www.discovery.co.za](http://www.discovery.co.za).

Contact details for the Information Regulator are:

The Information Regulator (South Africa)  
 33 Hoofd Street  
 Forum III, 3rd Floor Braampark  
 P.O Box 31533  
 Braamfontein  
 Johannesburg  
 2017

Mr Marks Thibela  
 Chief Executive Officer  
 Tel: +27 (0) 10 023 5207  
 Cell: +27 (0) 82 746 4173  
[infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)

Signature of Main Member

Original hand signature required

The main applicant must sign and date any changes.

## J. LA Health Medical Scheme rules for membership

The Rules of LA Health Medical Scheme record your rights and responsibilities for your membership of the Scheme. 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. Where applicable you also acknowledge and confirm that the broker you or your employer appointed, may communicate with us on this application and your membership of LA Health Medical Scheme.

### 1. Who you are applying for

You may apply to join LA Health Medical Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the LA Health Medical Scheme Rules. For anyone to be treated as financially dependent for this application, you must have a legal responsibility to provide financially for those dependant/s. 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.

### 2. 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.

### 3. Giving and getting information

#### You must give true, correct and complete information

To consider your application for membership, LA Health Medical Scheme 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 LA Health Medical Scheme and Discovery Health (Pty) Ltd. It is important that you tell LA Health Medical Scheme and Discovery Health (Pty) Ltd 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 information and this will be treated as if LA Health Medical Scheme had asked you in your role as main member.

#### 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.

#### Discovery Health (Pty) Ltd and LA Health Medical Scheme may record telephone calls

Discovery Health (Pty) Ltd and LA Health Medical Scheme 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.

#### Tell LA Health Medical Scheme or Discovery Health (Pty) Ltd immediately if your information changes

You, your employer or your broker must tell LA Health Medical Scheme or Discovery Health (Pty) Ltd 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 backdated changes may not be accepted.

### When LA Health Medical Scheme may cancel your membership/s

LA Health Medical Scheme may cancel any memberships immediately, if you and those you apply for:

- do not give LA Health Medical Scheme and Discovery Health (Pty) Ltd information that later turns out to be relevant to this application;
- Give LA Health Medical Scheme and Discovery Health (Pty) Ltd any information that is not true, correct and complete;
- do not tell LA Health Medical Scheme and Discovery Health (Pty) Ltd 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.

### 4. About becoming a member

LA Health Medical Scheme might not pay for certain expenses immediately after you become a member.

Waiting periods may apply in certain circumstances to your membership. This means there may be a set time period before LA Health Medical Scheme starts paying for any general or specific medical conditions. Please speak to your broker or Discovery Health (Pty) Ltd 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 scheme(s) when you receive notice from LA Health Medical Scheme by letter, email or SMS telling you that you and those you apply for have been accepted as members.

#### You must ensure contributions are paid on time

As the main member of LA Health Medical Scheme, 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. The Scheme has the right to amend monthly contributions and benefits from time to time. If you are paying your contributions, the reference number LAH CONT will be used on your bank statement in order to identify the debit order.

### 5. Repaying money owed to the Scheme

LA Health Medical Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you of any amount that you must pay to the Scheme.

#### You must repay any medical savings owing if you leave LA Health Medical Scheme.

When you become a member, depending on the benefit option you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the 'Medical Savings Account'. If you leave LA Health Medical Scheme before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to LA Health Medical Scheme during the specific year.

By signing this form, you agree that any money you owe to the Scheme 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 LAH CLAW will be used.

I hereby acknowledge that I have read and understood the terms and conditions as set out in sections I and J of this application form.

Date 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature of member

Original hand signature required

Please do not sign an incomplete application form.