



Continuation form

Application to change a main member

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578. This is a non-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.

How to complete this application form

- 1. Please use one letter per block, complete in black ink and print clearly.
2. This form must be completed by the person applying to be registered as the main member.
3. To avoid administration delays, please ensure this application is completed in full.

To be completed and returned to TFG Synergy (synergy@tfg.co.za).

1. About your employer

Employer name, Date of employment, Employee number, Branch name, Branch number

2. About the new main member

Effective date of the new main member, Membership number, Tax number, Job title, Title, Initials, Surname, First name/s, Gender, Date of birth, Marital status, Preferred language, Previous or maiden name, ID or passport number, Telephone (H), Cellphone, Physical address, Postal address

Email

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

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

Title Initials

Surname

First name/s (as per identity document)

Gender M F Date of birth

Marital status Married Single Divorced Widowed Preferred language English Afrikaans

ID or passport number

Telephone (H) (W)

Cellphone Fax

Email

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 account holder ID – Bank statement/letter of confirmation from the bank.

Bank name

Branch name Branch code

Account number Type of account Cheque Savings

Name of account holder

Account holder's Physical Address

(Own/Third Party/Company/Trust)

 Code

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 debit 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.tfgmedicalaidsscheme.co.za

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

Signature of account holder

Please do not sign an incomplete application form.

Signature of new main member

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 account holder 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 No

Bank Name	<input type="text"/>		
Branch Name	<input type="text"/>	Branch code	<input type="text"/>
Account Number	<input type="text"/>	Type of Account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Name of account holder	<input type="text"/>		

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 for TFG Medical Aid Scheme administered by Discovery Health (Pty) Ltd

Privacy Statement

When you engage with TFG Medical Aid Scheme, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependants and beneficiaries, where applicable. To view and read our Privacy Statement, please follow this link:

<https://www.tfgmedicalaidScheme.co.za/wcm/medical-schemes/tfg/assets/legal/privacy-statement.pdf>

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. Terms and conditions applicable to TFG Medical Aid Scheme ("TFGMAS")

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. Scheme terms and conditions 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 terms and conditions and you agree that you and those you apply for will be bound by these and scheme rules.

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 financially dependent on you as defined in the TFGMAS terms and conditions. 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 to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers). 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 CLAWBK will be used.

Signature of new 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. Debit order mandate

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

I/We, the undersigned:

- 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 number: System generated reference number

Abbreviated name

This Agreement reference numbers are TFG CONT, TFG CLAWBK

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment start date: as per signed contract

Signature of bank account holder

Please only sign if you have read and understand this statement

Date

D	D	M	M	Y	Y	Y	Y
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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 new member

Please only sign if you have read and understand this statement