Broker House: Aon South Africa (Pty) Ltd Tel No: 0860 100 404
Broker Code: 4160

CORPORATE MEMBER BENEFIT OPTION CHANGE FORM

bestMed

1. APPLICANT (PRINCIPAL MEMBER)

Membership number

Surname

Initials

ID number

Current employer

Employee number

2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER)

Email address

Telephone number (w)

Cell phone number

Physical address

Postal code

3. BENEFIT OPTION

Benefit option (indicate with 'X')

Beat1	
Beat2	
Beat3	
Beat3 Plus	
Beat4	

Beat1N (Network) †	
Beat2N (Network) †	
Beat3N (Network) †	

Pace1	
Pace2	
Pace3	
Pace4	

Rhythm1 * ‡	

Income bracket if you are joining on the Rhythm1 Option

R 0 - R 9 000 monthly	R 9 001 - R 14 000 monthly	R 14 001 and above monthly

Rhythm2 * ‡	

Income bracket if you are joining on the Rhythm2 Option

R 0 - R 5 500 monthly	> R 5 501 monthly

* Provide **proof of income** (3 months' payslips or bank statements - not older than 3 months).
Please note that you will be registered on the highest bracket, pending proof of income.

†

Members on any of the BeatN options enjoy an efficiency discount. By selecting one of the BeatN options you acknowledge and agree to the following conditions:
1. I am limited to a hospital network and designated service providers as determined by the Scheme.
2. I am aware of the location of the nearest above-mentioned network hospital providers.
3. If I willingly do not make use of the aforesaid network providers, I am aware and agree that I will be held liable for a co-payment in terms of the Scheme Rules.
4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year.

‡

Members on a Rhythm option are restricted to the contracted Rhythm designated service provider network. By selecting a Rhythm option you acknowledge and agree that your option is subject to the following:
1. GP network
2. Specialist network (Referral required from network GP)
3. Hospital network

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Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP no. 44058)

4. POPIA PROVISIONS FOR APPLICANT

Personal Information Processing Notice and Member Acknowledgement

1. Bestmed Medical Scheme processes personal information to verify, assess and action this benefit option change request; maintain accurate membership records; administer contributions, claims and benefits; communicate with you about your membership; comply with applicable legal, regulatory and Scheme requirements; and prevent unauthorised changes, fraud, abuse or irregular activity.
2. The information processed may include your membership number, identity and contact details, selected benefit option, income or supporting information where required, contribution and benefit information, and records of instructions or communications received from you.
3. Bestmed does not rely on consent as the sole basis for processing personal information required to process and administer this request. Depending on the purpose, processing may be necessary to action your instruction, administer the membership relationship, comply with legal obligations, protect your or your dependants' legitimate interests, and support Bestmed's legitimate interests in proper Scheme administration, verification, fraud prevention and regulatory compliance.
4. The information requested in this form is generally required. Failure to provide complete and accurate information may result in Bestmed being unable to process the request, update your membership profile, apply the correct benefit option, or administer contributions, claims and benefits correctly.
5. Bestmed may verify the information provided and may share personal information with administrators, managed care providers, brokers where applicable, banks or payment service providers, IT and data service providers, auditors, regulators, statutory bodies, fraud-prevention bodies and other contracted service providers where necessary for the purposes described above.
6. Further information about how Bestmed processes and protects personal information, including retention, cross-border processing and data subject rights, is available in Bestmed's Data Protection and Privacy Policy, available on Bestmed's website or on request.
7. By signing this form, I acknowledge that I have been notified of the processing of personal information for the purposes described above and in Bestmed's Data Protection and Privacy Policy.

D	D	M	M	Y	Y	Y	Y

Signature of applicant

5. APPLICATION AND DECLARATION

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December.
I understand the benefits of my new option choice and accept the option change on my membership profile.

Signed by me _____ on this ____ day of month YYYY

Signature of principal member

* The Scheme Rules will determine admission and the applicable rates.

6. STATEMENT BY EMPLOYER

Personal Information Processing Notice: Corporate Membership and Participating Employer
Bestmed Medical Scheme processes personal information relating to a corporate member / participating employer, and requires the employer to provide personal information relating to its employees and their registered dependants, in order to establish, register, continue, administer and manage corporate membership and to give effect to individual membership and dependant registration under this application.

This notice explains why Bestmed collects and uses personal information in the corporate membership context, the lawful grounds relied on, and where further information can be found.

1. **Information we process**

   Bestmed may process personal information relating to the employer, including corporate, contact, HR, banking and billing information, and personal information relating to the employer's employees and their spouses, partners, children and other dependants provided in connection with this application, including identity, contact, employment, benefit option and contribution information.

2. **Why we process the information**

   Bestmed processes this information for lawful Scheme purposes, including to assess and conclude the corporate membership / participating employer relationship; register employees and their dependants as members and dependants of the Scheme; determine and administer benefit options, contributions, billing and premiums; communicate with the employer, its HR and payroll representatives, and members regarding the corporate account; comply with the Medical Schemes Act, tax, financial, regulatory, audit and record-keeping obligations; and prevent, detect and investigate fraud, non-disclosure or irregular activity.

3. **Lawful basis for processing**

   Bestmed does not rely on consent as the sole basis for processing personal information required to establish and administer corporate membership. Depending on the purpose, Bestmed processes personal information where necessary to conclude and perform the corporate membership agreement; to comply with obligations imposed by law; and to pursue Bestmed's legitimate interests, or those of the employer or its employees, in the proper administration of corporate membership. Where POPIA or another law requires consent for a specific activity, Bestmed will request it separately or include it clearly in the relevant form.

4. **Employer's warranty regarding employee and dependant information**

   Where the employer provides Bestmed with the personal information of its employees, or of employees' spouses, children or other dependants, the employer warrants that it has lawful authority to disclose that information to Bestmed for the purposes described in this notice and in Bestmed's Data Protection and Privacy Policy, and that it is a "competent person" as contemplated in POPIA in respect of any such third-party information, where applicable. The employer remains responsible for taking reasonable steps to inform its employees that their personal information is being provided to Bestmed for these purposes.

5. **Mandatory information**

   The information requested in this application is generally mandatory where it is required to assess, conclude and administer corporate membership and to register employees and dependants. Failure to provide required information may result in Bestmed being unable to process the application or administer the corporate membership.

6. **Sharing, cross-border processing and retention**

Bestmed may share personal information with administrators, managed care providers, banks and payment service providers, auditors, regulators and other contracted service providers where necessary for the purposes described above, and may transfer or store information outside South Africa where necessary for Scheme administration, subject in each case to appropriate safeguards. Bestmed will retain personal information for as long as reasonably required for the purposes described above and for legal, regulatory and record-keeping purposes.

7. **Privacy Policy and rights**

Further details, including the employer's and data subjects' rights under POPIA, are available in Bestmed's Data Protection and Privacy Policy, available on Bestmed's website or on request.

8. **Employer acknowledgement**

By signing this form, the employer acknowledges that it has been notified of the processing of personal information described above and in Bestmed's Data Protection and Privacy Policy, and the representative signing on the employer's behalf warrants that they are duly authorised to do so and to bind the employer to this application.

Employer name

Signature of employer

D D M M Y Y Y Y

7. HR PRACTITIONER DETAILS

Employee number

Surname

Full names

Email

Telephone number

Remarks

Signature of HR practitioner

Date D D M M Y Y Y Y

Name stamp of employer