

Fedhealth Savings Structure Options

Fedhealth Savings refers to the innovative MediVault and Wallet facility for day-to-day expenses



FEDHEALTH

Sanlam healthcare partner

Company name:

Company code/s:

Broker House: Aon South Africa (Pty) Ltd

Tel No: 0860 100 404

Broker Code: AON001M16

1. Is there a contribution subsidy in place?

YES

NO

If YES, please provide details below.

2. Are you a participating company* towards Fedhealth Savings payments?

YES

NO

IF PARTICIPATING, PLEASE COMPLETE THE REST OF THE FORM:

3. The Fedhealth Savings instalment is separate from the medical aid contribution and does not form part of medical aid contribution. Would you like to pay both contribution and the Fedhealth Savings instalment by debit order or Electronic Payment Transfer (EFT). For any payments made into the Scheme bank account please provide a detailed member remittance advise for allocation.

ACB

EFT

4. By selecting the Fedhealth Savings plan, the Scheme's pre-determined amounts will be activated the 1 January annually, these amounts will be pro-rated for new members that choose this option. The instalments are collected in arrears and the final instalment is payable in January of the new benefit year. This option has two savings levels - a fixed minimum and a fixed maximum level.

Fixed Minimum Level

☐

YES

NO

Fixed Maximum Level

☐

Note: flexiFED^{Savvy} is a fixed family limit.

5. By selecting the Fedhealth Backup Savings plan for your employees, you acknowledge that the monthly billing will vary monthly based on the timing of the usage. Considering the repayment period of up to 12 months this instalment billing can continue into the new benefit year.

YES

NO

6. Do you require the benefit to be capped at a certain amount? For example: P + A + C on flexiFED 2 has a benefit of R18 336 available, and you want the member to have access to R10 000 for the year.

Note: This capped structure must be reviewed annually before the 15 December, if not the current rule will prevail. flexiFED^{Savvy} is a fixed family limit.

YES

NO

Please complete below:

flexiFED 1		flexiFED 2		flexiFED 3		flexiFED 4	
	Cap amount		Cap amount		Cap amount		Cap amount
Principal	R	Principal	R	Principal	R	Principal	R
Adult	R	Adult	R	Adult	R	Adult	R
Child	R	Child	R	Child	R	Child	R

Name and Surname

Designation

Authorised signatory/ies

D

D

M

M

Y

Y

Y

Y

* Participating company agrees to facilitate Fedhealth Savings instalment deduction and payment to Fedhealth. If you choose not to be a participating group the member will be liable for the instalment.