

Company

Application and Amendment Form

**FEDHEALTH** **Sanlam** healthcare partner

PLEASE MAIL COMPLETED FORM TO:
Fedhealth Medical Scheme
Private Bag X3045
Randburg
2125

E-MAIL TO:
update@fedhealth.co.za

Broker House: Aon South Africa (Pty) Ltd
Tel No: 0860 100 404
Broker Code: AON001M16

SECTION 1: INTERMEDIARY

This section to be signed by the broker / agent

Broker code FSCA number
Name of broker/agent/adviser
Telephone (W) Cell
Email address
Broker's/ agent's/ adviser's signature Date

SECTION 2: EMPLOYER DETAILS

Company name
Legal entity
Company registration number
Contact person
Title Initials First name
Surname
ID number Gender
Business postal address
 Postal
Business street address
 Postal
Telephone (W) Fax
E-mail address
Position in company
Type of business
COIDA (workmen's compensation) registration number / /
Additional contact person
Title Initials First name
Surname
ID number Gender
Telephone (W) Fax
E-mail address
Position in company

SECTION 3: CHOICE OF SCHEME OPTION*Submit a completed enrolment form for each member that indicates the option they have selected*

Starting date for the company

d	d	m	m	y	y	y	y
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Do you require your contribution (excluding Fedhealth Savings instalments) billing to reflect the subsidy amounts?

Yes	No
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If yes, please provide information below

Principal member subsidised?

Yes	No
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If yes, value of subsidy

R

Dependants subsidised?

Yes	No
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If yes, value of subsidy

R

☐ Contribution collection in ADVANCE

Total number of subsidised dependants

R

☐ Contribution collection in ARREARS

Total number of non-subsidised dependants

R

SECTION 4: BANKING DETAILS FOR CONTRIBUTION PAYMENTS

I hereby instruct Fedhealth to electronically collect contributions and to deposit refunds, using information provided below. Should a collection date fall on a public holiday, the Scheme reserves the right to collect prior or after the holiday. I understand that transfers cannot be done to and from credit card accounts. I hereby authorise Fedhealth to reverse any erroneous transactions and/ or rectify any EFT errors without prior notice.

Electronically collect contributions via

Debit Order

OR the company to pay via

EFT

The company bank details are as follows:

Name of account holder

--

Name of financial institution

--

Branch code

--

Branch name

--

Account number

--

Account type

Current

Savings

Transmission

Please attach a copy of a letter of confirmation from your bank or a bank statement.

OFFICIAL BANK ACCOUNT SIGNATORIES

Name and Surname

--

Designation

--

Name and Surname

--

Designation

--

Authorised signatory/ies

--

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Dates

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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SECTION 5: BANKING DETAIL FOR FEDHEALTH SAVINGS INSTALMENT PAYMENTS (APPLICABLE TO FLEXIFED MEMBERS)*Fedhealth Savings refers to the innovative MediVault and Wallet facility for day-to-day expenses*

Repayment of Fedhealth Savings Instalments are made by the member under a separate debit order.

Yes	No
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Please refer to the terms and conditions detail on the Fedhealth Savings application form to access the interest free loan for your employees. Any amounts transferred from the Fedhealth Savings to the members Fedhealth Savings account need to be paid within a 12 month period unless otherwise specified. Members will be ultimately responsible for the repayment of the Fedhealth Savings debt when they leave the company.

A Participating Paypoint is willing to facilitate the payroll deduction and/or contribute 100% towards their employees Fedhealth Savings instalment.

We agree to facilitate payroll deduction and/or contribute 100% towards the employees Fedhealth Savings instalment

Yes	No
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We hereby instruct Fedhealth Medical Scheme to electronically collect the monthly contribution and/or Fedhealth Savings instalment (where applicable) from the company bank account.

Debit Order

OR

We will make payment Via (EFT) and understand that the Fedhealth Savings Instalment collection or EFT payment must indicate "VAULT" before our current Paypoint number to differentiate the allocation of our payment as per the required remittance advice (detail member listing of individual deductions balancing to overall payment made).

EFT

Please complete the Fedhealth Savings Paypoint form to define any additional requirements for the Participating Paypoint.

SECTION 5: BANKING DETAIL FOR FEDHEALTH SAVINGS INSTALMENT PAYMENTS (APPLICABLE TO FLEXIFED MEMBERS) *(continued)**Fedhealth Savings refers to the innovative MediVault and Wallet facility for day-to-day expenses*

The company bank details are as follows:

Name of account holder			
Name of financial institution			
Branch code		Branch name	
Account number		Account type	<input type="button" value="Current"/> <input type="button" value="Savings"/> <input type="button" value="Transmission"/>

Please attach a copy of a letter of confirmation from your bank or a bank statement.

OFFICIAL BANK ACCOUNT SIGNATORIES

Name and Surname																		
Designation																		
Name and Surname																		
Designation																		
Authorised signatory/ies																		
Dates	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

SECTION 6: COMPANY'S PREVIOUS AND CURRENT MEDICAL SCHEME INFORMATION

Name of current medical scheme																		
Date joined	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	Date to be terminated <table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											
Name of previous medical scheme																		
Date joined	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	Date terminated <table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y											
d	d	m	m	y	y	y	y											

SECTION 7: YOUR EMPLOYEE BASE

Number of employees that your company employs	
Number of employees that Fedhealth Medical Scheme will cover	
Is membership of a medical fund compulsory for all employees in the company within a specific group?	<input type="button" value="Yes"/> <input type="button" value="No"/>
If yes, define the group	
Will the company offer any other scheme membership to employees?	<input type="button" value="Yes"/> <input type="button" value="No"/>
If yes, name of scheme	

SECTION 8: FEDHEALTH SAVINGS DAY-TO-DAY SELECTION

We choose the following option for our employees:

Fedhealth Savings Plan

This will transfer the Scheme's pre-determined Fedhealth Savings Benefit to the members Fedhealth Savings account on the 1 January annually. The pre-determined amount will be pro-rated for new members. To select any other day-to-day plan during a renewal period, the Fedhealth Savings Plan must be ended before by the 31 December. The instalments are collected in arrears and the final instalment is payable in January of the new benefit year.

☐**Fedhealth Backup Savings Plan**

This will allow the member to activate Fedhealth Savings funds as and when needed for payment of day-to-day claims. The Fedhealth Savings instalment will change with each activation of funds and the repayment period may extend to the new benefit year.

☐**Paypoint defined rule for Fedhealth Savings Benefit** *(Fedhealth Savings Structure Options form to be completed)*☐**SECTION 9: TERMS AND CONDITIONS**

1. The Rules of Fedhealth Medical Scheme (referred to as Fedhealth), as amended from time to time shall bind Fedhealth, the employer and the employee (the member).
2. The person signing this application on behalf of the employer warrants that he/ she is duly authorised to do so and acknowledges that he/ she has received a set of Fedhealth and Fedhealth Savings rules and that he/ she has read them prior to signing this application.

SECTION 9: TERMS AND CONDITIONS *(continued)*

3. Please note the following:

- 3.1 If membership is compulsory, then all eligible employees must join.
 - 3.2 The employer will submit application forms for all eligible employees and their dependants to become members.
 - 3.3 If the employer does not pay the monthly contribution, instalment and any other amounts due to Fedhealth in respect of any member, Fedhealth shall have the right to suspend/ terminate the member's membership within its sole discretion.
 - 3.4 The employer/ member will receive monthly statements and/ or billings for outstanding balances.
 - 3.5 The employer agrees to facilitate the payment of contributions and any other amounts due to the Scheme by either debit order or electronic fund transfer and to pay by no later than the third day of the month in which the amount is due.
 - 3.6 Fedhealth shall not be liable for the payment of any benefits should:
 - 3.6.1 The employer/ member fail to comply with any of the employer/ member's obligations.
 - 3.6.2 Any contribution, part of a contribution, or any other amount be in arrears.
 - 3.7 The employer is the agent of the member in respect of all obligations arising from the agreement.
 - 3.8 The employer shall notify Fedhealth within 30 (thirty) days of any change of address or material change in a member's circumstances. Fedhealth shall not be held liable should the employer fail to give notice and should a member be prejudiced in any way. The employer indemnifies and holds Fedhealth harmless against any loss or damage that may be suffered by a member in this regard.
4. The employer warrants that it has an agreement with all the members granting the employer the right to receive and pay over all amounts due to Fedhealth from such member's remuneration.
5. The employer shall have the right to terminate the employer's group membership of Fedhealth by giving no less than 3 (three) calendar months' prior written notice of termination to Fedhealth.
6. A binding agreement shall only come into being once an authorised Fedhealth signatory has signed the company enrolment form.
7. The employer bears the responsibility to ensure that all contributions are collected and paid over to Fedhealth in respect of retired employees who are members. Furthermore, the employer agrees to pay over all amounts owing by ex-employees or retired employees in respect of any outstanding contributions, or amounts paid to service providers (where amounts were advanced by Fedhealth). On termination of the employer's group membership of Fedhealth, the employer shall ensure that the membership of all employees, ex-employees and retired employees of the employer's group scheme are terminated simultaneously. The employer shall indemnify and hold Fedhealth harmless against any loss or damage which Fedhealth may suffer as a result of the employer failing to notify or comply in this regard.
8. Participating Paypoint for Fedhealth Savings: - The employer agrees to facilitate or collect and pay Fedhealth Savings instalments over to the Scheme on behalf of their employee.

Signed for and on behalf of the employer/ individual: I/ we warrant that I am/ we are properly authorised to bind the employer.

Name and Surname

Designation

Name and Surname

Designation

Authorised signatory/ies

Dates

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d	d	m	m	y	y	y	y
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Benefits of appointing Aon South Africa Healthcare as your intermediary

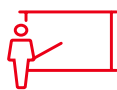
Across Aon, we are united in our passion to provide you with the insights and support to make Better Decisions around all aspects of your holistic wellbeing, medical scheme, gap cover and primary care insurance. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to the following:
 - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
 - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
 - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Client Assistance Programme**
 - We are delighted to offer you access to a range of essential services at absolutely no charge. The Aon Client Wellbeing Programme is a telephonic, online, and structured e-mail support program (excluding in-person or video sessions). The following services are available through our third- party service provider, LifeAssist:
 - Structured Telephonic Counselling
 - Telephonic Trauma Support
 - Financial Wellbeing Coaching
 - Legal Advisory Services
 - Health and Wellness Services (professional advice from a dietician and a biokineticist)
- **General Updates:**
 - Ad-hoc updates pertaining to Medical schemes industry and providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is no additional fee charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products, we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

For more information, contact Aon South Africa:

0860 100 404 | arc@aon.co.za | www.aon.co.za

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

<http://www.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at <http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

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Disclaimer:

The Benefits and contributions are subject to approval by the council for medical schemes. Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.



Contact us on: 0860 100 404, P.O. Box 78367, Sandton, 2146, www.aon.co.za
FSP number: 20555; CMS number: ORG895
Follow our [website link](#) for further information on Aon's processing of your personal information

Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my medical scheme membership.

My ID: _____ and membership number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme. This monthly commission is 3% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus Value Added Tax (VAT).

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Membership number: _____ ID or passport number: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed financial advisor as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
<ul style="list-style-type: none">* Name and Surname* Membership number* Date of birth* ID number* Postal Address* Physical address* E-mail Address* Telephone numbers* Cellular Number* Number of dependents	<ul style="list-style-type: none">* Plan type* Medical Savings Account (MSA)* Balance Medical Scheme benefits* Spent for the year Accumulated* Medical scheme Savings Account* Medical Savings Carry over from previous year* MSA reimbursement, Scheme Rate or cost* Self-payment Gap* Above Threshold Benefit* Waiting period details* Late joiner penalty indicator* Wellness benefits	<ul style="list-style-type: none">* Total Contribution* Contribution breakdown	<ul style="list-style-type: none">* Chronic Indicator/confirmation (Yes/No)* In Hospital Indicator/confirmation (Yes/No)* Confirmation of claims paid and from what benefit* Claims transaction history* Procedures done in doctor's rooms paid from Hospital Benefit



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____ on yy/mm/dd: _____

Signature: _____