

6. DEATH OF A MEMBER

Attach a certified copy of the death certificate.

Date of death

7. CANCELLATION OF DEPENDANTS' MEMBERSHIP

Please note: in the case of divorce, legal documentation is required.

Surname of dependant Title Initials

Date of birth Effective date

Reason

Surname of dependant Title Initials

Date of birth Effective date

Reason

Please attach a separate sheet if you want to delete more dependants.

8. RESIGNATION/RETRENCHMENT

Date of resignation/retrenchment

9. DEPENDANT'S INFORMATION

1. Title Initial First Names

Surname Male Female

Adult Child ID Number Relationship (e.g. son)

Contact No. Alternate Contact No.

Email

2. Title Initial First Names

Surname Male Female

Adult Child ID Number Relationship (e.g. son)

Contact No. Alternate Contact No.

Email

3. Title Initial First Names

Surname Male Female

Adult Child ID Number Relationship (e.g. son)

Contact No. Alternate Contact No.

Email

4. Title Initial First Names

Surname Male Female

Adult Child ID Number Relationship (e.g. son)

Contact No. Alternate Contact No.

Email

10. DEPENDANT CLASSIFICATION AND PROOF REQUIRED

DEFINITION OF DEPENDANT	DOCUMENTATION REQUIRED
Spouse	Marriage certificate
Natural child	ID, birth certificate (If > 21 and a student and/or financially dependent, proof of study or affidavit to be submitted)
Natural child with different surname to principal member	ID, birth certificate, affidavit (If > 21 and a student and/or financially dependent, proof of study or affidavit to be submitted)
Stepchild	ID, birth certificate, affidavit (If > 21 and a student and/or financially dependent, proof of study or affidavit to be submitted)
Adopted child	ID, full birth certificate, legal proof of adoption (If > 21 and a student and/or financially dependent, proof of study or affidavit to be submitted)
Traditional/polygamous spouse	ID, affidavit/certificate of customary union
Parents/siblings of principal member	ID, affidavit, proof of income
Common-law partner/same gender partner	ID, affidavit

11. PREVIOUS MEDICAL SCHEME MEMBERSHIP HISTORY (Please attach copies of all previous medical scheme certificates.)

Were you or any of your nominated dependants members of a registered medical scheme/s during the past two years? Y N

If 'YES', a certificate/s of membership (not a membership card) must be attached to this application. Immediate benefits will be granted if your date of employment equals your date of registration with MEDiPOS Medical Scheme. If not, waiting periods and/or exclusions may be imposed on your membership.

CURRENT MEDICAL SCHEME MEMBERSHIP (If more, use separate sheet of paper)

PREVIOUS MEDICAL SCHEME MEMBERSHIP

Name of medical scheme		
Membership number		
Date of commencement		
Date of cessation		

PREVIOUS MEDICAL SCHEME MEMBERSHIP

PREVIOUS MEDICAL SCHEME MEMBERSHIP

Name of medical scheme		
Membership number		
Date of commencement		
Date of cessation		

12. QUESTIONS REGARDING MEDICAL HISTORY AND GENERAL HEALTH

To be completed by each applicant in respect of himself/herself and all his/her dependants. Please complete all required information by inserting a tick in the relevant box. If the answer to any question is 'YES' provide details overleaf.

I understand that if I do not provide full information about all medical conditions known to me at the time of this application or before acceptance of the application, my membership may be declared null and void.

N.B. There is no obligation to disclose your and/or your dependants' HIV/AIDS status on this form.

	YES	NO
1. Have you or any of your dependants ever experienced any of the following?		
1.1 Any disorder/dysfunction of the heart (e.g. heart attack, rheumatic fever, heart murmur, coronary artery disease, chest pain, shortness of breath or palpitations)?	<input type="checkbox"/>	<input type="checkbox"/>
1.2 High blood pressure or disorder/dysfunction of the blood vessels (e.g. raised cholesterol, stroke or circulatory disorder/ dysfunction)?	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Any respiratory or lung disorder/dysfunction (e.g. asthma, bronchitis/persistent cough, tuberculosis)?	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Any disorder/dysfunction of the digestive system, gall bladder or liver (e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion, hiatus hernia, hepatitis B or persistent diarrhoea)?	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Any disorder/dysfunction of the kidneys, bladder or reproductive organs (e.g. albumin in urine, stones, prostatitis, pancreatitis or venereal disease) or gynaecology-related symptoms or conditions (i.e. problems with female organs)?	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Any nervous or mental disorder/dysfunction (e.g. epilepsy, migraine, blackouts, loss of consciousness, paralysis, anxiety disorder/ dysfunction or depression)?	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Any ear, nose or throat disorder/dysfunction (e.g. ear discharge, defective vision, recurrent tonsillitis, swollen glands, persistent mouth sores, cataracts or any hereditary eye disease, functional nose impairment, chronic sinusitis)?	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Any disorder/dysfunction of muscles, bones, joints, limbs, spine (e.g. rheumatism, arthritis, gout, slipped disc or other back trouble)?	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Diabetes, sugar in blood or urine, thyroid or other glandular or blood disorder/dysfunction?	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Any lumps, growths (benign or malignant), types of cancers (including Hodgkins and leukaemia) skin cancers or skin disorders/dysfunctions?	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Any tropical diseases (e.g. bilharzia, malaria, cholera)?	<input type="checkbox"/>	<input type="checkbox"/>
1.12 Any other condition, illness, disease, disorder/dysfunction, disability or accident which required medical, radiological, surgical, pathological or dental investigations during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
1.13 Been tested for or received or expected to receive any medical advice, counselling, treatment or blood test in connection with HIV/AIDS or an AIDS-related condition or any sexually transmitted disease (e.g. hepatitis B, gonorrhoea or syphilis)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have or are you or any of your dependants receiving any surgical, medical, major dental (including implants), chiropractic, optical or gynaecological treatment, procedures, advice or tests?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you or any of your dependants have any physical (including dental) abnormality, deformity, handicap or defect, whether congenital or as a result of an accident, disease or some other cause?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you or any of your dependants currently use medication on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your weight or the weight of your dependants changed by more than 5kg over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you or any of your dependants experience any other ailment or disease at present?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there, in respect of you or your dependants, any other circumstances not mentioned elsewhere in this declaration/ questionnaire relating to past or present diseases, accidents, operations, or other conditions (including pregnancy) for which advice has been sought or treatment has been received or recommended during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you or any of your dependants expecting to undergo any medical procedure, operation, confinement or receive any major dental treatment during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you and/or any of your dependants pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Number of months	<input type="text"/>	
Name of person	<input type="text"/>	
10. Have any exclusions been imposed by any medical scheme on which you and your dependants have been registered?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state the details	<input type="text"/>	

If you answered 'YES' to any of the questions above, please complete details in Section 9 in full.

13. ADDITIONAL MEDICAL INFORMATION

Question number			
Name of person suffering from the illness			
Type of illness/condition (diagnosis)			
Date on which illness began			
Frequency of attacks (hourly/daily/weekly/monthly)			
Date of last occurrence			
If hospitalised, when and for how many days			
Duration of illness or condition			
Treatment and/or type of medication received in the past	Treatment		
	Medication		
Current treatment and/or type of medication received	Treatment		
	Medication		
Approximate monthly cost of treatment/ type of medication	Treatment		
	Medication		
Details of operations previously performed			
Name of attending medical practitioner			

14. CHANGE IN BANK DETAILS FOR CLAIMS PAYMENTS (Please attach a copy of your bank statement).

Account holder's name

Account number Branch

Bank Branch Code

Account type Current/Cheque Savings Transmission

NOTE: If you transfer your bank account at any time, or if your banking details change, please advise MEDiPOS Medical Scheme immediately.

I hereby authorise you to pay any medical scheme benefits that may be due to me to the above-mentioned bank account or any other bank account, which I might change to in future.

Signature Date

15. CHANGE IN BANK DETAILS FOR DEDUCTION OF MONTHLY CONTRIBUTION (Please attach a copy of your bank statement).

Account holder's name

Account number Branch

Bank Branch Code

Account type Current/Cheque Savings Transmission

*First National Bank does not allow debit order deductions from savings accounts.

I/We hereby grant permission to MEDiPOS Medical Scheme to arrange with the above-named bank or any other bank to which I might change my account, to deduct the contribution (current and/or arrears) due by me/us in terms of the rules of the MEDiPOS Medical Scheme (including any amendments that may be made during the term of my/our membership) from the above-mentioned bank account each month.

If personal banking account:

Account holder's signature Date

If joint account: (at least two persons who have signing powers must sign this debit order)

First signature Second Signature Date

Authorised capacity Authorised capacity Date

NOTE: If you transfer your bank account at any time or if your bank details change, please advise MEDiPOS Medical Scheme immediately.

16. REQUEST: DUPLICATE MEMBERSHIP CARDS

Number of membership cards required

NB: Only a maximum of two cards will be accommodated.

17. CONSENT FOR MEDIPOS MEDICAL SCHEME TO PROCESS AND DISCLOSE PERSONAL INFORMATION

We request your consent to process and obtain your personal information from any other person and employer for the purposes set out below.

While your consent is voluntary, it is a requirement for your membership of MEDiPOS Medical Scheme, the Administrator and Employer, that the Scheme will keep your personal information confidential and will adhere to the Protection of Personal Information Act of 2013, when processing your personal information. Your personal information will be processed for the purpose of the Medical Schemes Act 131 of 1998.

If you fail to provide the personal information required or if you are not willing to agree to the processing of your personal information, then the Scheme will not be able to process and complete your membership.

To whom the information may be supplied

Please specify who

Initials and surname			
Relationship		ID No.	

Initials and Surname			
Relationship		ID No.	

Initials and surname			
Relationship		ID No.	

Providers of Service

Yes No

Beneficiaries - registered dependants

Yes No

What information can be disclosed

Please indicate which information may be disclosed to the party/parties referred to above. Please note that any information relating to the categories below will be disclosed.

All	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Financial	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Medical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Biographical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: This consent will be applicable from the commencement date of membership. Should you wish to revoke this consent please contact the Client Services Department on 0860 100 078

Beneficiary Consent

Please indicate if you have the consent of your beneficiaries to access and view their information.

If yes, please indicate which information you have been granted consent to view and access.

Yes No

All	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Financial	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Medical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Biographical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please read the statements below and sign your acceptance thereof.

I, the undersigned, hereby:

- authorise MEDiPOS Medical Scheme and the Administrator to disclose the information to the party/parties as indicated above;
- agree that neither MEDiPOS Medical Scheme nor the Administrator shall be liable for any loss or damage whatsoever, including direct, indirect and consequential, that may arise from the disclosure or any information pursuant to this consent;
- agree that once consent is provided, all information selected may be provided to the party/parties;
- acknowledge that this consent will continue in force until expressly withdrawn by me.

Signed at _____ on this the ____ day of _____ 20 ____

Name of person giving consent

Signature of person giving consent

General Consent Terms and Conditions

MEDIPOS Medical Scheme ("MEDIPOS") wants to empower all of its members to make the best healthcare decisions and assist you with optimising the utilisation of your benefit option. We want to ensure that you always have access to coordinated, cost effective healthcare without compromising quality.

To improve your access to bespoke and coordinated healthcare solutions, MEDIPOS and its contracted third parties require you to disclose your Personal and Health Information.

Your consent, along with that of your dependants, to the disclosure of your and your dependants' Personal and Health Information is protected by the Protection of Personal Information Act, 4 of 2013 (which came into effect on 1 July 2020) and will be governed by that Act, as well as all other Applicable Data Protection Legislation of the Republic of South Africa.

MEDIPOS acknowledges the great importance of your Personal and Health Information and recognises that you and/or your dependants may suffer irreparable harm or loss in the event of such information being disclosed or used otherwise than in accordance with Protection of Personal Information Act, 4 of 2013 and/or any other Applicable Data Protection Legislation.

In the circumstances, MEDIPOS undertakes to continue maintaining the privacy, safety and integrity of your Personal and Health Information, as it has always done. We will not sell, disclose or provide your Personal and Health Information to any unauthorised entities or other third parties for their independent use, without your consent, unless we are by law obliged to do so.

1. Definitions:

- 1.1. "Administration Services" means the services required for the effective and efficient administration of MEDIPOS and includes, but are not necessarily limited to, member record management, contribution management, benefit option management, claims processing and management, management of members' Personal and Health Information, claims and financial information and any other services that are required for the administration of MEDIPOS;
- 1.2. "Administrator" means the entity that is accredited as such by the Council for Medical Schemes and appointed by MEDIPOS to provide Administration Services and the relevant Managed Health Care Services to Members and Dependants;
- 1.3. "AfroCentric Group" means AfroCentric Investment Corporation Limited, a public company incorporated in accordance with the laws of the Republic of South Africa under registration number 1988/000570/06, and its subsidiaries which include but are not limited to Medscheme, and its affiliates, licensees and/or service providers. For the sake of clarity, the AfroCentric Group includes subsidiaries that are authorised financial services;
- 1.4. "Applicable Data Protection Legislation" any of the following, from time to time, to the extent it applies to a Party –
 - 1.4.1. any statute regulation, policy, by-law, directive, notice or subordinate legislation (including treaties, multinational conventions and the like having the force of law);
 - 1.4.2. the common law;
 - 1.4.3. any binding court order, or judgment;
 - 1.4.4. any applicable industry code, policy or standard enforceable by law;
 - 1.4.5. any applicable direction, policy or order that is given by a regulator; or
 - 1.4.6. any scheme rules applicable to medical schemes and/or mandates and approvals.
- 1.5. "Beneficiary" means a registered Member or Dependent of MEDIPOS, entitled to benefits under his or her benefit option;
- 1.6. "Biometrics" means a technique of personal identification that is based on physical, physiological or behavioural characterisation including blood typing, fingerprinting, DNA analysis, retinal scanning and voice recognition;
- 1.7. "Competent Person" means anyone who is legally competent to consent to any action or decision being taken in respect of any matter concerning a Member or Dependant, for example a child's parent or legal guardian;
- 1.8. "Contracted Third Parties" means any appointed providers of services required by MEDIPOS to enable it to fulfil its contractual obligations towards you, relating to your contract of membership, with whom MEDIPOS has concluded legally binding and enforceable agreements which are subject to confidentiality and non-disclosure terms and conditions, which agreements include but are not limited to, MEDIPOS' agreements with its Administrator, Designated Service Providers, providers of Managed Healthcare Services, Health Information Exchange providers, information technology and communications providers, specialist professional advisors and the like;;
- 1.9. "Consent" means your, or your Dependant's (as the context may require) voluntary, specific and informed expression of will in terms of which MEDIPOS is permitted to process your Personal Health Information;
- 1.10. "Dependent" means any person who is recognised as a dependent of a Member under the registered scheme rules of MEDIPOS and is eligible for the benefits of the relevant benefit option selected by the Member of whom he or she is a dependent ;
- 1.11. "Designated Service Provider" means a health care provider or group of providers selected by MEDIPOS as the preferred provider or providers to provide any of its Members the diagnosis, treatment and care in respect of one or more prescribed minimum benefit conditions;
- 1.12. "Effective Date" means the date on which your membership with MEDIPOS commenced;
- 1.13. "Electronic Health Record" or "EHR" means a regularly collated electronic version of a Beneficiary's current and historical medical status, which shall include all diagnosis, treatment and prescriptions of the Beneficiary, and the Beneficiary's medical scheme membership profile, inclusive of benefits and benefit limits. This EHR is maintained by the Beneficiary, the Beneficiary's selected healthcare providers, healthcare facilities and the medical scheme, where the Beneficiary has provided access to the EHR. The EHR will automate access to all information and it will streamline the Beneficiary's medical management, directly or indirectly through various information technology and communications interfaces developed by your medical scheme;
- 1.14. "Emergency" means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy;
- 1.15. "Health-Information Exchange" or "HIE" means the electronic health information exchange established and managed by Contracted Third Parties to facilitate the exchange of clinical data (including Personal and Health Information) by healthcare providers, healthcare professionals and/or medical schemes;
- 1.16. "Managed Health Care Services" means clinical and financial risk assessment and management of health care, with a view to facilitating appropriateness and cost effectiveness of relevant health services within the constraints of what is affordable, through the use of rules-based and clinical management-based programmes;
- 1.17. "Member" means any person who has been enrolled or admitted as a principal member of MEDIPOS or who is defined as Principal Member in terms of the scheme rules;
- 1.18. "Member Portal" means information secured behind an authentication wall which will require a unique username and password combination, and which will grant the User access to customized information pertaining only to the User and those beneficiaries (where applicable) linked to the User;
- 1.19. "Medscheme" means Medscheme Holdings Proprietary Limited with registration number: 1970/015014/07, accredited both as an administrator and managed health care organisation in terms of the Medical Schemes Act, 131 of 1998;
- 1.20. "Personal and Health Information" means information that identifies or relates specifically to you, all your Dependants, and if applicable, your employees. It includes but is not necessarily limited to, any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other particular unique identifiers, biographic information, financial information, physical or mental health or medical information, Biometrics, and benefit option plan information;
- 1.21. "Processing " means any operation or activity or any set of operations, whether or not by automatic means, concerning Personal and Health Information, including:
 - 1.21.1. the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use;
 - 1.21.2. dissemination by means of transmission, distribution or making available in any other form; or
 - 1.21.3. merging, linking as well as blocking, degradation, erasure or destruction of information and "Process" has the same meaning;
- 1.22. "POPIA" means Protection of Personal Information Act, 4 of 2013;
- 1.23. "Permitted Purposes" means the purposes that are more fully described in clause 2 of these Privacy Terms and Conditions;
- 1.24. "Selected Healthcare Providers" means all healthcare providers, with a valid practice number, who have treated you or your dependant in the last 12 (Twelve) months preceding the date of your application for or who are treating you or your dependant during your membership with us;
- 1.25. "Site" means collectively MEDIPOS' website, Administrator's website, mobi-sites and applications, including, without limitation, affiliated websites and the Member portals;
- 1.26. "Users" means you and any of your dependants who access the site and "User" shall have a similar meaning;
- 1.27. "We", "us", "our" means MEDIPOS, its Administrator and Contracted Third Parties;
- 1.28. "You" and "your" means the Member and or your Dependants ;

2. Permitted Purposes

- 2.1. The purposes for which your Personal and Health Information will be processed by MEDIPOS and Contracted Third Parties are as follows:
 - 2.1.1. to assess the risk to be covered by MEDIPOS;
 - 2.1.2. to verify the accuracy, correctness, completeness of any information provided (or not) to MEDIPOS in the course of processing an application for membership or a benefit or processing a claim;
 - 2.1.3. to enable the Administrator to perform Administration Services and the providers of Managed Healthcare Services to provide relevant managed healthcare services, and enforce related contractual rights and obligations flowing from your membership;
 - 2.1.4. to facilitate the recovery of all medical expenses paid by MEDIPOS from third parties that are liable therefore, such as the Road Accident Fund or any other liable person or entity;
 - 2.1.5. to enable you to access and use the Site, including the regular development on the Site;
 - 2.1.6. to market medical scheme products and to activate and prepopulate the Site;
 - 2.1.7. to activate your EHR and enrol you on any managed healthcare programmes and initiatives that will benefit you or your Dependant(s) in managing any healthcare condition and optimise your medical scheme benefits;
 - 2.1.8. to activate your enrolment and participation on the HIE in order to:
 - 2.1.8.1. improve the quality, safety and efficiency of the healthcare that you receive, through an increased administrative and clinical information interchange process, whilst still protecting your privacy; and
 - 2.1.8.2. share your clinical information in a secured way among healthcare professionals and healthcare service providers, to facilitate healthcare system cost savings for your benefit,
 - 2.1.9. to collect all information relating to your diagnosis, treatment and care at any healthcare establishment and by any healthcare service provider;
 - 2.1.10. to establish prevention and risk management initiatives of MEDIPOS to deal with fraud, waste and abuse of your healthcare benefit in accordance with your benefit option plan;
 - 2.1.11. to store your Personal and Health Information in a secure cloud based storage facility; and
 - 2.1.12. to market any value-added services by Contracted Third Parties.
- 2.2. You also authorise and consent to MEDIPOS and the 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, default history and information for purposes of risk analysis, tracing and any related purposes.

3. Consent and Rights regarding Processing of Personal and Health Information

- 3.1. You consent and agree thereto that MEDIPOS, the Administrator and other Contracted Third Parties (in their respective capacities as the responsible party and/or operators under POPIA and the Applicable Data Protection Legislation) may use, and Process your Personal and Health Information for any of the Permitted Purposes.
- 3.2. You acknowledge that you are giving your express consent voluntarily, without being forced, influenced, pressured or harassed to do so.
- 3.3. You are entitled to withhold, withdraw, change or revoke your consent to the use and Processing of your Personal and Health Information for the Permitted Purpose, however you acknowledge that if you do so, we may not be able to provide you with certain services relating to the Permitted Purpose or otherwise. If you wish to withhold, withdraw, change or revoke your consent please contact us at 0860 100 078 or at enquiries@MEDIPOS.co.za.
- 3.4. You have the right to inform us when you do not want to receive any direct-marketing automated information and you may opt out of receiving such information by contacting us at 0860 100 078 or at enquiries@MEDIPOS.co.za.
- 3.5. You can revoke your consent for any specific healthcare provider, or any other person or provider that has access to your Personal and Health Information, at any time by contacting MEDIPOS or by accessing the Site. As soon as this information is captured and updated, your Personal and Health Information will no longer be shared.
- 3.6. You have the right to request details about and access to the Personal and Health Information that we have about you and to raise any queries regarding any issue pertaining to the Processing of such information. Please our Client Service Call Centre and/or access the Site to find out how. You are also entitled to request the identity of the Contracted Third Parties that have received and/or Processed Personal and Health Information for the Permitted Purpose.

4. Disclosure of Personal Information to third parties

- 4.1. You consent to the transfer of your Personal and Health Information to the Contracted Third Parties who will be able to process your Personal and Health Information for the Permitted Purposes.
- 4.2. Contracted Third Parties may be located outside of the Republic of South Africa. Where we transfer your Personal and Health Information outside of the Republic of South Africa, we undertake to comply with all Applicable Data Protection Legislation relating to the international transfer of Personal and Health Information. We will ensure that any Contracted Third Party to which we may transfer your Personal and Health Information is located in a country that provides the same level of protection of your Personal and Health Information as we are obliged to in terms of POPIA and any Applicable Data Protection Legislation.
- 4.3. You further consent to us collecting your Personal and Health Information from other sources in circumstances where it may be reasonably necessary for the Permitted Purpose or with another lawful purpose that relates to a function or activity that MEDIPOS performs.
- 4.4. You understand our undertaking to keep your Personal and Health Information confidential and to not disclose such records to Contracted Third Parties or any other third parties unless –
 - 4.4.1. we are required by law to make such disclosure;
 - 4.4.2. you consent to such disclosure; or
 - 4.4.3. the disclosure is necessary to deal with an Emergency.
- 4.5. MEDIPOS and the Administrator will provide your Personal and Health Information to any Contracted Third Parties 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 Contracted Third Parties. This information will be provided for the administration of your or your Dependents' products or benefits with these parties.
- 4.6. Your Personal and Health Information may be shared with third parties such as academics and researchers, including those outside the Republic of South Africa. We will ensure that the academics and researchers keep your Personal and Health Information confidential and that all data will be made anonymous to the extent possible and where appropriate. No Personal and Health Information will be made available to a third party unless that third party has agreed to be bound by our confidentiality policies. In all instances pertaining to academic research and statistics, you shall not be identifiable.

5. Independent Consent of Dependants

- 5.1. MEDIPOS requires the consent of each Dependent that is registered under the membership of a principal Member.
- 5.2. Each Dependent must furnish us with his or her current contact information, including physical and postal address, telephone or cellular number, and e-mail address, and that Dependent's individual consent. Whenever consent is provided to us by a Dependent, that consent shall be governed by these terms and conditions.
- 5.3. If you are the principal Member providing us with your Dependant/s' Personal and Health Information, you warrant that you have the legally appropriate consent and permission from the Dependant to disclose the Dependant/s' Personal and Health Information to MEDIPOS for the Permitted Purpose. MEDIPOS shall require written proof that you have the authority to give consent as contemplated in this paragraph. To this end, you indemnify and hold MEDIPOS harmless in respect of any claims by any Dependant on whose behalf you have consented as such, against MEDIPOS should they claim that you were not so authorised.
- 5.4. If you are a Competent Person providing consent on behalf of a Dependant please note that we will process the Dependant's Personal and Health Information only in relation to the Permitted Purposes.
- 5.5. In exceptional cases we may be required by law to disclose your and your Dependant/s' Personal and Health Information to third parties.

6. Security measures and storage

- 6.1. We will take appropriate reasonable technical and organisational measures to protect the integrity and security of your Personal and Health Information. This includes taking reasonable steps to protect your Personal and Health Information under our control from misuse, loss, interference, unauthorised access, modification or unauthorised disclosure.
- 6.2. We will retain and archive your Personal and Health Information for as long as is legally required. Where we no longer require the Personal Information, we will destroy or de-identify the information, unless retention is required by law.
- 6.3. Your Personal and Health Information will be stored in our secure internal servers which meet internationally recognised information security standards and duly comply with the security requirements stipulated by POPIA and all Applicable Data Protection Legislation.
- 6.4. We will, however, not be responsible for any improper or unauthorised use of Personal and Health Information that is beyond our reasonable control.

7. Updating Personal and Health Information

- 7.1. You confirm that all Personal and Health Information provided to MEDIPOS at the time of enrolment or activation of your application for medical cover is true and correct.
- 7.2. MEDIPOS endeavours to ensure that the Personal and Health Information it holds is accurate, complete and up to date. However, the accuracy of the information depends to a large extent on the information which you provide to us. Therefore, it is your responsibility to promptly inform us where there is a change to your Personal and Health Information and we will not be liable for any loss or damage that you may suffer as a result of inaccurate or outdated information provided to us, or as a result of your failure to update your Personal and Health Information, or that of any of your Dependants.

8. Changes by MEDIPOS

We may amend these Terms and Conditions at any time without prior written notice to you. We recommend that you regularly check and familiarise yourself with any amended or updated Terms and Conditions. The most recent version of these Terms and Conditions will be always be available at our branches or on the Site.

9. Value Add Products

- 9.1. In an effort to reward Members for their support, MEDIPOS may negotiate benefits with value-add-service-providers for its Members.
- 9.2. You consent is required for MEDIPOS to share and combine all your Personal and Health Information for any one or more of the following purposes:
- marketing, statistical and academic research; and
 - to customise any value add products and services suitable to your needs.
- 9.3. Do you give permission for MEDIPOS, Contracted Third Parties and the Afrocentric Group to provide you and your Dependants with information about insurance and lifestyle rewards and products which have been procured on your behalf by MEDIPOS? Yes/No
- 9.4. Do you give permission to MEDIPOS to share your and your Dependants' Personal Information – but not Health Information, unless separately authorised by yourself or your Dependant/s with the Contracted Third Parties and the AfroCentric Group? Yes/No

10. Communication with you

- 10.1. It is your responsibility to provide MEDIPOS with your updated contact information such as your postal and physical address, e-mail address, telephone or cellular phone number in order for us to keep you informed on any developments of its service obligations to you and the changes of these terms and conditions.
- 10.2. We will use your updated contact information as it appears on our records to:
- send you the latest developments in respect of your benefit option plans, claims, available benefits, tax certificates, and any relevant information which may be of interest to you in relation to your membership;
 - give you access to your Personal and Health Information, in the event that you have requested access;
 - only with your consent, to send you direct marketing material in respect of any value-add services and products;
 - send you notifications on any developments concerning your Personal and Health Information with us.

11. Complaints

- 11.1. If you believe that we have used your Personal and Health Information contrary to these terms and conditions, you must first attempt to resolve any concerns with us.
- 11.2. You will be required to email us your complaint or concern to fundmanagement@MEDIPOS.co.za.

General contact details

Company name MEDIPOS Medical Scheme
Postal address PO Box 921
 Westville
 3629

Physical address 70 Buckingham Terrace, Pharos House, 3rd Floor, Westville, 3620
Telephone number +27 31 267 5000

- 11.3. Should you feel that your concerns are not being addressed you may also contact the office of the Principal Officer at Maria.Masilela@postoffice.co.za.
- 11.4. If you are still not satisfied after this process, you have the right to lodge a complaint with the Information Regulator by completing the Complaints Lodgement Form using the contact details below:

The Information Regulator (South Africa),
SALU Building, 316 Thabo Sehume Street, Pretoria
Ms Mmamoroke Mphelo, Tel: 012 406 4818
Fax: 086 500 3351, infoereg@justice.gov.za

19. DECLARATION AND AUTHORISATION

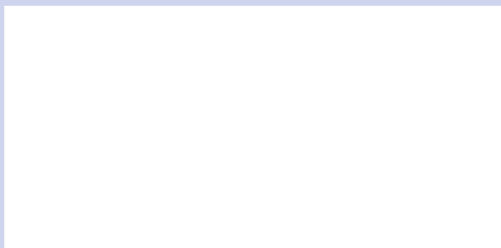
I hereby declare that the information provided on this form is true and correct and agree that any false declaration will render my application null and void.

Signature of applicant _____

Date

D	D	M	M	Y	Y	Y	Y
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OFFICIAL EMPLOYER'S STAMP



This section must be completed by an authorised official after thorough scrutiny, only if the applicant is a permanent staff member.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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