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Checked and verified by your employer
Employer's signature

For MHG office use only		
Membership No.		
Ref.	Date	Type

Membership Application

Part A To be completed by Employer

Company | Branch No.

Branch name | Employee No. | Sex M F

Marital status M S D W | Tel No. | Previously employed as a Flexi-timer Y N

Date of commencement of employment D D M M Y Y | Effective date of change D D M M Y Y

Part B To be completed by Employee

Option Selection

☐ **Core** — Your Core GP | Practice No.
Your Core Dentist | Practice No.

☐ **Plus**

☐ **Extended**

Employee Details

Surname | First names

ID number | Join date D D M M Y Y

Work Tel No. | E-mail

Cellphone No. 0

Previous Medical Schemes **(To be completed if you are, or were, a member or dependant of another medical scheme)**

Name of your last medical scheme | Membership No.

Please indicate if you were a member or dependant of that medical scheme by ticking the appropriate box.

Member ☐ Dependant ☐ Date cover under that scheme ceased D D M M Y Y

Period you were covered by that medical scheme Years + months

Name of prior medical scheme Years + months

Dependant Details **Please tick box * if dependant was registered on your previous medical scheme.**

Initials	First name	Surname	ID number or date of birth	Relationship	Sex	*	Adult	Child

Please note that if any dependant is over 21, proof will be required that the person is not self-supporting.

Important points: • **Fill in your personal information** • **Choose the correct Option**
• **Complete the medical history for yourself and your dependants**
• **Sign and date the form** • **Seal it and return it to your manager**
• **Affidavits are available from your HR representative.**

Terms and Conditions

A. General

Membership of the Wooltru Healthcare Fund (Healthcare) is a compulsory condition of employment unless you belong to your spouse's medical fund.

New employees have 30 days from the date they become eligible within which to apply for membership of Healthcare for themselves and their dependants, failing which the waiting periods will apply.

B. Dependants

In terms of the Fund's rules, the following persons may be included as your dependants, provided that they are not a member or a registered dependant of any other medical aid:

1. Your spouse

Please note that your marriage must be legally recognised by South African law or customary law.

2. Your common-law partner

A common-law partner is someone with whom you have a serious long-term relationship and with whom you have lived on a daily basis for two years. You will need to provide the Fund with an affidavit to this effect.

3. Your children

- Your natural child (under the age of 21) who is dependent on you.
- Your stepchild (under the age of 21) who is dependent on you.
- A child (under the age of 21) who has been placed in your, or your spouse's legal custody and who is dependent on you. You will need to provide the Fund with the legal papers.
- Your legally adopted child (under the age of 21) who is dependent on you. You will need to provide the Fund with the adoption documents.
- A child who is 21 years or older and who is dependent on you due to mental or physical disability. You will need to provide the Fund with the applicable medical records.

4. Additional adult

• An unemployed child who is 21 years or older and dependent on you for financial care and support. You will need to provide the Fund with an affidavit to this effect.

• Please note that you pay child rates for children under the age of 21 and adult rates for children over the age of 21, unless they are mentally or physically disabled.

5. The parents of the principal member only

You may register your mother and father, if they are legally dependent on you for financial care and support and earn less than the maximum of a social pension per month. You will need to provide the Fund with an affidavit to this effect.

6. Your ex-spouse

Your ex-spouse may be registered as an additional adult dependent under the following circumstances:

• There must be a legal obligation on you in terms of the divorce settlement to provide your ex-spouse with medical aid benefits, and

• your ex-spouse must remain unmarried.

• Upon the death of the principal member, rule 6.3.6 refers.

C. Frequently asked questions

1. Where can I obtain the relevant affidavit mentioned previously?

The relevant affidavits may be obtained from your HR representative or printed from Imbizo.

2. When do my benefits commence?

Your benefits commence on your first day of employment unless waiting periods have been imposed.

3. How are my contributions collected?

Your contributions are deducted from your salary/ pension each month and paid to the Fund.

4. What should I do if I need another membership card?

Contact the Fund's Client Services Call Centre on 080 222 8922 or (021) 480 4849 and request another card.

5. What must I do when my personal circumstances change?

You must notify the Fund within 30 days of any change in your membership status, for example:

- you get married
- you get divorced
- one of your dependants dies
- your address or contact details change
- your children no longer qualify for dependent membership in terms of the rules of the Fund
- you go on pension.

IMPORTANT
You need to notify the Fund within 90 days of the birth of your child or the adoption of a child.

WAITING PERIODS

The Medical Schemes Act introduced certain waiting periods and exclusions to protect medical aids from antiselection by its members.

A. Waiting period definitions

The categories of members or employees covered in the waiting period schedule are:

- current employee
- child dependant
- spouse
- additional adult
- parents of the member and
- current pensioner

Please bear in mind that benefits commence from your date of employment unless a waiting period has been applied.

B. When waiting periods are applied

New employee:

No waiting periods are imposed on new employees or their dependants, as long as they are registered within 30 days of joining the company.

Adding a new-born, adopted or fostered child:

No waiting periods are imposed on a new-born child or an adopted child provided they are registered within 90 days of becoming eligible.

Adding a spouse / common-law partner:

No waiting periods are imposed on a spouse or common-law partner, as long as they are registered within 30 days of becoming eligible.

All other additions to membership other than the above:

A three-month waiting period is imposed at all times. However, additional waiting periods will be imposed if the dependant:

- was not a member of another medical aid in the 3 months before applying to join Healthcare;
- was a member of a medical aid for less than 2 years before applying to join Healthcare.

C. Waiting periods

The following waiting periods are allowed in terms of the Act:

1. Three-month general waiting period

You contribute towards the Fund but may not claim for any services during the three-month period. Only emergency hospitalisation will be covered.

2. Nine-month waiting period on existing pregnancies

A condition-specific waiting period of up to nine months may be applied on existing pregnancies in respect of all pregnancy-related services.

3. Twelve-month, condition-specific exclusion

A pre-existing illness is a condition or illness where medical advice, diagnosis, care or treatment was recommended or received within the 12 months prior to applying for membership of the Fund. Treatment for this condition or illness will be excluded for 12 months from the date of application to join the Fund. Only treatments that qualify as Prescribed Minimum Benefits will be covered. If this exclusion is applied, effectively, all elective surgery and chronic medication are excluded for the first twelve months of membership.

CONTRIBUTIONS

General

The number of dependants you register with the Fund determines your contributions. Your contributions are payable monthly in advance, on or before the first day of each month.

• If you join on or before the 15th of a month, your first contribution will be calculated from the start of that month.

• If you join after the 15th of a month, your first contribution will be payable from the first day of the following month.

Your contributions will be deducted from your salary/pension and paid to the Fund.

Pre-existing Medical Conditions

The Fund reserves the right to impose waiting periods as defined in the rules. Should any of these apply to you, you will be notified in writing by the Fund within **one** month of registration. Please supply full details on the enclosed **Medical History of Employee and Dependants** form if you or any of your dependants have had one or more pre-existing medical condition/s during the last 12 months. (Exclude minor ailments.)

Medical History of Employee and Dependants

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Please complete details in the columns provided in respect of yourself and each of your dependants / Answer all questions / Complete all blocks

For additional dependants please use a new form

		Employee 1	Dependant 1	Dependant 2	Dependant 3	Dependant 4
1.	Are you or your dependants undergoing medical treatment for any conditions currently or in the past 12 months?					
2.	Will any of the above require an operation in the near future?					
3.	Please indicate if these persons are currently pregnant and, if so, the expected date of delivery.					
4.	Are there, in respect of you or your dependants, any circumstances relating to any past or present diseases, accidents, operations or other conditions, for which advice has been sought or treatment received or recommended during the past 12 months?					
5.	Details of any chronic illness. Please provide names of medicines.					
	Allergies					
	Arthritis, limb or back problems					
	Asthma or any other respiratory disorder					
	Blood disorders					
	Cancers					
	Dermatitis or other skin disorder					
	Diabetes, thyroid disease					
	Fits / epilepsy					
	Heart conditions					
	High blood pressure					
	HIV / Aids and other immunity problems					
	Kidney and urological disease					
	Menopause					
	Nervous or mood disorders					
	Raised cholesterol					
	Stomach or abdominal complaints					
	Other (details):					

I, the undersigned, hereby make application to be admitted as a member of the Wooltru Healthcare Fund (Healthcare) and, if admitted, agree to abide by the Constitution and Rules of Healthcare. I certify that the above information is true and correct to the best of my knowledge and belief, and declare that any false statement in this application will render my membership null and void. I further agree to the following; (a) That any amounts due by me to Healthcare may be deducted from my salary/ pension; (b) That, in the event of my withdrawal from Healthcare, any amounts due by me to Healthcare, may be deducted from any monies due from the company; (c) That should I, or any of my dependants, require hospitalisation, I agree to provide access to the information required by Healthcare. I acknowledge that medical information will be reviewed by clinical staff employed by Healthcare to assist in managing members and dependants cost-effectively. I am also aware that drugs and expensive procedures will be subject to clinical review and that benefits are based on formularies and protocols.

Signature of member ______________ **Date** ______________