

Important notes:

- You may choose to make use of additional products available from Momentum Metropolitan Holdings Limited (Momentum), to seamlessly enhance your medical scheme benefits. Momentum is not a medical scheme, and is a separate entity to your medical scheme. Complementary products are not medical scheme benefits. You may be a member of your medical scheme without taking any of the complementary products.
- Please submit the completed and signed form via fax to **0860 111 788** or email at **healthsaver@momentum.co.za**.
- For any enquiries, please contact us on **0860 467 374**.

Group number	<input type="text"/>
Employer name	<input type="text"/>
Membership number	<input type="text"/>

1: Account holder information

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Previous surname	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>	
ID number	<input type="text"/>	Passport number	<input type="text"/>			
Date of issue	<input type="text"/>	Expiry date	<input type="text"/>			
Country of issue	<input type="text"/>					
Nationality	<input type="text"/>					
Income tax reference number*	<input type="text"/>	*Please provide proof of Income tax reference number.				
Tax residency country	<input type="text"/>					
Home address	<input type="text"/>				Postal code	<input type="text"/>
Postal address (if different)	<input type="text"/>				Postal code	<input type="text"/>
Telephone - home	<input type="text"/>	Telephone - work	<input type="text"/>			
Cellphone number	<input type="text"/>					
Email address	<input type="text"/>					

2: FICA verification

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification before we activate the HealthSaver account. If a third party pays your HealthSaver contribution, FICA verification is required for the third party as well.

We therefore require the following information:

- ID/Passport number of the principal member
If passport number, please confirm country in which passport was issued
- ID/Passport number of the contribution payer, if different to principal member
If passport number, please confirm country in which passport was issued
- Company name and registration number, if a company is the contribution payer (only required where a company application form has not been completed and submitted).
Company name
Company registration number
- If the contribution is paid by a trust by virtue of a testamentary disposition, by virtue of a court order, in respect of persons under curatorship, or by the trustees of a retirement fund in respect of benefits payable to the beneficiaries of that retirement fund, we require:
 - a copy of the trust deed for local trusts, or
 - a letter of authority or other official document from a competent trust-registering authority in the foreign jurisdiction for foreign trusts.

2: FICA verification (continued)

For all other trusts, we require the name and ID/Passport number of each trustee:

Name of trustee	ID/Passport number	If passport number, please confirm country in which passport was issued

Source of funds for payment of contributions

Income (salary, commission and rentals)		Dividend interest and dividend income	
Pension or provident fund, retirement annuity and annuity		Other (please provide details)	

3: Contract details

3.1 Monthly HealthSaver contributions

Tick this box if you want to pay monthly contributions into your HealthSaver account and complete the contribution below. Please also complete sections 4, 5, and 6.

Monthly amount R Minimum of R100 per month

You can choose to contribute any amount in addition to the regular monthly payments. These additional amounts can be paid via electronic fund transfer (EFT).

3.2 Claims payment

In-hospital claims:

Tick this box if you **do not** want any shortfalls in your in-hospital claims to be paid automatically from your available HealthSaver funds.

Day-to-day claims:

You can choose how your day-to-day claims will be paid from your available HealthSaver funds.

Tick this box if you want your claims to be paid in full

Tick this box if you want your claims to be paid at up to a maximum of 200% of the scheme rate

4: Contribution payer information

Please do not provide credit card details. Momentum is not allowed to record your credit card details.

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Account type	Current/Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Branch code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch name	<input type="text"/>
Amount	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Starting date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Please note that the complementary product(s) will only be activated upon successful activation of your medical scheme membership.

- Notes:**
- The deduction date is the first working day of the month.
 - Your bank statement will reflect 'Health Sav', which is the abbreviated name registered with the bank, followed by your membership number.

5: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay for HealthSaver. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified. I accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. I may cancel this mandate and pay via other methods within the 30 days. If I cancel this mandate, I remain responsible to pay any amounts due to Momentum while it was in force.

Signature of account holder	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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6: Terms and conditions

For protection of personal information

Momentum Metropolitan Holdings Limited comprises a group of companies that provide the following products and services:

- financial planning services, healthcare administration, insurance products, investment products, managed care services and retirement benefits.

Momentum Metropolitan Holdings Limited and its subsidiaries will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. We request your consent to process your personal information and to obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement to enable Momentum Metropolitan Holdings Limited and its subsidiaries to offer you the products set out above and to administer the products.

1. I declare that all my personal information and that of my dependants supplied to Momentum Metropolitan Holdings Limited and its subsidiaries is accurate, up to date, not misleading and that it is complete in all respects and will be held and/or stored securely for the purpose for which it was collected and that I will immediately advise Momentum Metropolitan Holdings Limited or its subsidiaries of any changes to my personal information and that of my dependants should any of these details change.
2. I confirm that I am authorised to provide consent in this section on behalf of my dependants, and that I have their permission to share such information with Momentum Metropolitan Holdings Limited and its subsidiaries. Where I give consent for a minor, I confirm that I am a competent person in respect of such minor and I have the authority to give consent for them.
3. I authorise and give consent to Momentum Metropolitan Holdings Limited to process, further process and share my personal information, including health information, and that of my dependants, for purposes of any products and services with the subsidiaries of Momentum Metropolitan Holdings Limited.
4. I understand that the personal information will be shared to provide for the following purposes:
 - To interact with, and view all the products and services I have with Momentum Metropolitan Holdings Limited on its websites including obtaining a single view of my products within Momentum Metropolitan Holdings Limited.
 - To provide my, and my dependants', personal and health information to any other entity within Momentum Metropolitan Holdings Limited, where I and/or my dependants already have a relationship or where I and/or my dependants have applied for a product or benefit, for the administration, underwriting including financial underwriting, credit scoring, client reporting and risk profile analysis of my and/or my dependants' products or benefits.
 - To provide any credit bureau or registered credit provider with my credit information as defined in the National Credit Act, 2005 (credit information includes, for example, my credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgments obtained for outstanding debts).
5. I understand that I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
6. I understand that I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
7. I understand that if I fail to provide the personal information required or if I am not willing to agree to the processing of my personal information, then Momentum Metropolitan Holdings Limited and its subsidiaries will not be able to offer me the products or to administer them. My personal information will be processed in terms of the Medical Schemes Act 131 of 1998, the Financial Intelligence Centre Act 38 of 2001, the Financial Advisory and Intermediary Act 37 of 2002, the Long-Term Insurance Act 52 of 1998, and the Pension Funds Act 24 of 1956.
8. I understand that I have the right to request my personal information which is under the control of Momentum Metropolitan Holdings Limited and its subsidiaries provided that I furnish adequate identity and that a fee may be charged for this service.
9. I understand that I have the right to request Momentum Metropolitan Holdings Limited and its subsidiaries where necessary, to correct, or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
10. If I have a complaint relating to the processing of my personal information, I understand that I should first refer it to Momentum Metropolitan Holdings Limited to resolve it in terms of their internal complaints process. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator, who can be contacted on **010 023 5207** or via email at **POPIAComplaints@inforegulator.org.za**.
11. You can access the full privacy policy at **momentummedicalscheme.co.za/privacy-policy/**

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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For HealthSaver

1. I am deemed to have read and understood the Terms and Conditions that apply to HealthSaver, which can be accessed via the website at **momentum.co.za**, and consider myself bound by these Terms and Conditions. I further agree to refer to the Momentum website (**momentum.co.za**) annually to take note of the Terms and Conditions.
2. I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the Terms and Conditions.
3. I acknowledge that:
 - i. In doing so, Momentum acts as my agent.
 - ii. I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
 - iii. I will direct all enquiries in respect of the HealthSaver to Momentum.
 - iv. I undertake to submit the information required for FICA purposes within 14 (fourteen) days of my application. Failure to submit the FICA information will result in my application for the HealthSaver account being cancelled.I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.
4. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, offset any debt owing by me to my medical aid or any Momentum product from funds available in the HealthSaver.
5. I understand that an annual administration fee of R40 is payable in January of each year.

6: Terms and conditions (continued)

For HealthSaver (continued)

Signed at

Start date

0	1	M	M	Y	Y	Y	Y
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The start date cannot be before the start date of your medical scheme membership.

Signature of account holder

Date

D	D	M	M	Y	Y	Y	Y
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