



### EMPLOYER GROUP APPLICATION FORM

**DOCUMENTS REQUIRED**

- Main member's copy of ID
- Bank account holder's copy of ID
- Dependant's copy of ID
- Birth certificate of child (where ID is not available)
- Documentary proof if dependant is adopted/foster child/student/disability status/adult dependant
- Affidavit when registering a common law spouse or partner confirming co-habitation (where applicable)
- Membership certificate from previous medical aid (where applicable)
- Proof of banking detail (a bank statement or a bank-stamped letter, or a cancelled cheque)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Broker Stamp
Broker House: Aon South Africa (Pty) Ltd
Tel No: 0860 100 404
Broker Code: 1009

PLEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULL

### SECTION A: MEMBER DETAILS

Title: Mr/Mrs/Miss	Initials	First name			
Surname		Identity no.			
Tel. no. (h)	(w)	(Cell)			
Email					
Residential address					
				Postal code	
Postal address					
				Postal code	
Race (please tick)	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian/Asian	<input type="checkbox"/> White	
Preferred method of communication (please tick)			Email <input type="checkbox"/>	SMS <input type="checkbox"/>	Post <input type="checkbox"/>

### SECTION B: SIZWE HOSMED MEMBERSHIP DETAILS

Option: Titanium Executive  Plus  Platinum Enhanced  Platinum Enhanced EDO  Value Option  Value Core Option  Gold Ascend  Gold Ascend EDO  Access Saver (25%) Option  Access Saver (15%) Option  Silver Hospital  Essential Copper Option

Employer name	Payroll no.	
Join date	Total contribution R	Gross monthly salary R

### SECTION C: PARTICULARS OF DEPENDANTS

	Dependant 1	Dependant 2	Dependant 3	Dependant 4	Dependant 5
Name and Surname of dependant					
ID number (compulsory)					
Relationship to member (spouse, partner, daughter etc.)					
Sex (M/F)					
Race (African, Coloured, Indian/Asian, White)					
Address, if different from member					
Cell no.					

Note: Full 13 digit ID numbers are required in full in order to have the dependant considered for processing

### SECTION D: MEDICAL CONDITIONS

Kindly supply the Scheme with any current medical and chronic conditions.


Please remember to register your chronic medication at our ChroniLine. Also register on our Chronic Disease Management Programme to qualify for additional benefits.

## SECTION E: EMPLOYER DETAILS

Company										
Region										
	Date of employment									

\_\_\_\_\_  
 Name Employer signature Designation Date

## SECTION F: BANKING DETAILS FOR DEDUCTION OF MONTHLY CONTRIBUTIONS (BY DEBIT ORDER)

Account holder											
Account number						Account type (please mark appropriate)	Current	Transmission	Savings		
Name of bank											
Branch											
Branch code											
Debit order run date											

I authorise Sizwe Hosmed to draw from my bank account (wherever it may be), the contribution and members portion of claims due in terms of the Rules of Sizwe Hosmed, without prejudice to the rights of Sizwe Hosmed. I further authorise Sizwe Hosmed to increase the amounts due, in terms of the rules, and authorise my bank to effect payment of such increased amounts upon receipt of a written notice from Sizwe Hosmed stating the increased amount and the date from which it is payable. This authorisation is to remain in effect until I cancel it by giving written notice to Sizwe Hosmed. I agree that I am not entitled to recover any amount drawn from my account by means of this debit order and that should my bank repay such amount to me, I will refund it immediately to Sizwe Hosmed. I undertake to notify Sizwe Hosmed immediately of any change in respect of my details. I acknowledge that Sizwe Hosmed may not cede or assign any of their right to any third party without my prior consent and that I may not delegate any of my obligations in terms of the contract to any third party without prior written consent of the authorised party. Sizwe Hosmed is hereby authorised to debit by bank account with my portion of accounts paid on my behalf by Sizwe Hosmed.

\_\_\_\_\_  
 Name Signature Date

## SECTION G: BANK DETAILS (FOR CLAIMS REFUND)

Account holder											
Account number						Account type (please mark appropriate)	Current	Transmission	Savings		
Name of bank						Branch code					

## SECTION H: UNDERTAKING BY MAIN MEMBER

I acknowledge that:

- (a) I am aware that, once I have decided to move to another medical aid scheme – for which provision is made by my employer – I will not be allowed to move to another scheme during the next 12 months.
- (b) The onus rests with me to ensure that my application is submitted to my Support Services Division.
- (c) The onus rests with me to provide cancellation to my current Medical Aid before the deduction for Sizwe Hosmed Medical Scheme can be implemented
- (d) I must register my chronic medication with Sizwe Hosmed.
- (e) I agree to access [www.sizwehosmed.co.za](http://www.sizwehosmed.co.za) to access full conditions and undertakings of the Scheme as a member of Sizwe Hosmed Medical Scheme.
- (f) Where applicable: Member Savings Account allocations will be pro-rated depending on when joining the option.
- (g) The Scheme has the sole right to collect negative balances owed to the Scheme by the member even when member has terminated from the Scheme.

\_\_\_\_\_  
 Signature of member Employer Name Employer Signature Effective date of first deduction Date

Membership Number											Employer stamp
Department											
Depot											
Tel											
Municipality name											
	Broker										

### Fund Declaration

As Sizwe Hosmed Medical Scheme we are strongly committed to protecting your personal data. We are required by POPIA to explain why and how we collect, use, and disclose your personal information, which may include health and financial information. Sizwe Hosmed Medical Scheme and its administrator (3Sixty Health (Pty) Ltd) will keep your information supplied to us in this application confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for the following purposes:

- a. Administration of your health care option;
- b. Provision of managed care services to you;
- c. Providing relevant information to a contracted third party;

- d. To profile and analyse risk;
- e. For research purposes and;
- f. To comply with legislation.

Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relationship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time, please check our website to inform yourself of any changes.



### 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:

I have also been informed that the commission due to Aon, payable by the medical scheme as part of my monthly contribution, 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).

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

Signature:

### Permission to make certain information available to Aon South Africa (Pty) Ltd

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
Name and Surname Membership number Date of birth ID number Postal Address Physical address E-mail Address Telephone numbers Cellular Number Number of dependents	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	Total contribution Contribution breakdown	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

When you sign this document, you confirm that you have read and understood the contents of this document as well as the benefits of appointing Aon document. This letter of appointment will be valid for the duration of the active membership or when you send a specific instruction in writing to terminate the appointment.

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

Signature:



# Benefits of appointing Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. 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 renewal, 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 member letters providing updates on the following:
  - Flash 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.
- **Ad-Hoc Alerts:**
  - Ad-hoc updates pertaining to Medical schemes industry or 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.

## 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.aon.co.za)

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

[http://twitter.com/Aon\\_SouthAfrica](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.