

1. APPLICANT (PRINCIPAL MEMBER) / AANSOEKER (HOOFID)

| | | | | | | | | | | | | |
|---|----------------------|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------------|-------------------------|----------------------|
| Title Titel | <input type="text"/> | Bestmed Join date Bestmed aanvangsdatum | <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"/> | |
| First name Eerste naam | <input type="text"/> | | | | | | | | | | | |
| Middle name Middel naam | <input type="text"/> | | | | | | | | | | Initials Voorletters | <input type="text"/> |
| Surname Van | <input type="text"/> | | | | | | | | | | | |
| Gender Geslag | <input type="text"/> | <input type="text"/> | ID number ID-nommer | <input type="text"/> | | | | | | | | |
| Passport number Paspoortnommer | <input type="text"/> | | | | | | | | | | | |
| Preferred language Taalvoorkeur | <input type="text"/> | <input type="text"/> | Date of birth Geboortedatum | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Marital status Huwelikstatus | <input type="text"/> | <input type="text"/> | Date of marriage/divorce Datum van huwelik/egskeiding | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Date of employment Aanstellingsdatum | <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"/> | Employee number Werknemernommer | <input type="text"/> | |

2. BENEFIT OPTION / VOORDEELOPSIE

Benefit option (indicate with 'X') / Voordeeloopsie (dui aan met 'X')

| | | | | | | | |
|-------|--------------------------|--------------------|--------------------------|-------|--------------------------|------------|--------------------------|
| Beat1 | <input type="checkbox"/> | Beat1N (Network) † | <input type="checkbox"/> | Pace1 | <input type="checkbox"/> | Pulse1 * ‡ | <input type="checkbox"/> |
| Beat2 | <input type="checkbox"/> | Beat2N (Network) † | <input type="checkbox"/> | Pace2 | <input type="checkbox"/> | Pulse2 ‡ | <input type="checkbox"/> |
| Beat3 | <input type="checkbox"/> | Beat3N (Network) † | <input type="checkbox"/> | Pace3 | <input type="checkbox"/> | | |
| Beat4 | <input type="checkbox"/> | | | Pace4 | <input type="checkbox"/> | | |

Income bracket if you are joining on the Pulse1 Option/ Inkomste kategorie as u aansluit op die Pulse1 opsie:

| | | | |
|---|---|--|--|
| R 0 - R 5 500 monthly/ maandeliks | R 5 501 - R 8 500 monthly/ maandeliks | R 8 501 and above /bo monthly/ maandeliks | * Please note that you will be registered on the highest interval, pending confirmation from your HR. * Let wel dat u op die hoogste interval geregistreer sal word, tot bevestiging van u Personeelkantoor ontvang word. |
|---|---|--|--|

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|---|---------------------|
| † Take note: If any of the BeatN options are selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following: Let wel: Indien enige van die BeatN opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die doeltreffendheidsafslag wat op die BeatN opsies van toepassing is, neem ek kennis en stem toe tot die volgende: | Initial Parafeer |
| 1. I am limited to a hospital network and designated service providers as determined by the Scheme. 1. Ek is beperk tot 'n hospitaalnetwerk en aangewese diens verskaffers soos deur die Skema bepaal. | |
| 2. I am aware of the location of the nearest above-mentioned network hospital providers. 2. Ek is bewus van die naaste bovermelde hospitaal netwerkverskaffers se ligging. | |
| 3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules. 3. As ek uit vrye keuse nie van die voormelde netwerkverskaffers gebruik maak nie, is ek bewus daarvan en stem ek toe dat ek verantwoordelik gehou sal word vir 'n bybetaling in gevolg die Skemareëls. | |
| 4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year. 4. Ek is bewus dat hierdie 'n unieke voordeeloopsie is en dat ek nie gedurende die jaar van 'n BeatN-opsie na 'n standaard Beat-opsie, in gevolg van die Skemareëls, mag skuif nie. | |

| | |
|---|---------------------|
| ‡ Take note: If any of the Pulse options are selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following: Let wel: Indien enige Pulse opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die gekontrakteerde aangewese diensverskaffersnetwerk wat betrekking het tot die Pulse opsies, neem ek kennis en stem toe dat my gekose unieke voordeeloopsie onderhewig is aan die volgende: | Initial Parafeer |
| 1. Primary care service provider network 1. Primêresorg diensverskaffersnetwerk | |
| 2. Specialist network 2. Spesialisnetwerk | |
| 3. Hospital network 3. Hospitaalnetwerk | |

| | |
|--|----------------------|
| Initial of applicant: Paraaf van aansoeker: | <input type="text"/> |
|--|----------------------|

3. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER) / ADRES EN KONTAKBESONDERHEDE (HOOFID)

Email address
E-pos adres

Telephone number (w)
Telefoonnommer (w)

Cell phone number
Selfoonnommer

Fax number
Faksnommer

Is your home address the same as your postal address?
Is u woonadres dieselfde as u posadres?

Yes / Ja No / Nee

Please take note that all future hard-copy correspondence will be sent to the postal address provided below.
Let wel dat alle toekomstige hardekopie korrespondensie gestuur sal word na die posadres soos onder verskaf.

Home address details/ Woonadres besonderhede

Address
Adres

Street
Straat

Suburb
Voorstad

Town/ City
Dorp/ Stad

Postal code
Poskode

Postal address details/ Posadres besonderhede (Domicilium citandi et executandi)

Address
Adres

Street
Straat

Suburb
Voorstad

Town/ City
Dorp/ Stad

Postal code
Poskode

Until receiving your membership card/s via post, you are able to download your e-card via the Bestmed app.
Tot tyd en wyl u lidmaatskap kaart/e u bereik, kan u gerus u e-kaart aflaai via die Bestmed-app.

4. DEPENDANTS / AFHANKLIKES

| Name Naam | Surname (if different from principal member) Van (indien verskil van hoofid) | Gender Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY) ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
|--------------|---|------------------|---|
| 1. | | M F | |

Relationship/Verwantskap

Spouse Partner/fiancé/common law spouse (complete declaration)
Gade Lewensmaat/verloofde/gemeenregtelike gade (voltooi verklaring) Child (if difference in surname, complete declaration)
Kind (indien verskil in van, voltooi verklaring)

Other please specify: (affidavit/legal documents and proof of income required)
Ander: Spesifiseer asseblief: (beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)

Dependant contact number
Afhanklike kontak nommer

| Name Naam | Surname (if different from principal member) Van (indien verskil van hoofid) | Gender Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY) ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
|--------------|---|------------------|---|
| 2. | | M F | |

Relationship/Verwantskap

Spouse Partner/fiancé/common law spouse (complete declaration)
Gade Lewensmaat/verloofde/gemeenregtelike gade (voltooi verklaring) Child (if difference in surname, complete declaration)
Kind (indien verskil in van, voltooi verklaring)

Other please specify: (affidavit/legal documents and proof of income required)
Ander: Spesifiseer asseblief: (beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis)

Dependant contact number
Afhanklike kontak nommer

| | | | |
|--------------|--|------------------|---|
| Name Naam | Surname (if different from principal member) Van (indien verskil van hooflid) | Gender Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY) ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 3. | | M F | |

Relationship/Verwantskap

Spouse Partner/fiancé/common law spouse (complete declaration) Child (if difference in surname, complete declaration)
 Gade Lewensmaat/verloofde/gemeenregtelike gade (voltooi verklaring) Kind (indien verskil in van, voltooi verklaring)

Other please specify: (affidavit/legal documents and proof of income required) Dependant contact number
 Ander: Spesifiseer asseblief: (beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis) Afhanklike kontak nommer

| | | | |
|--------------|--|------------------|---|
| Name Naam | Surname (if different from principal member) Van (indien verskil van hooflid) | Gender Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY) ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 4. | | M F | |

Relationship/Verwantskap

Spouse Partner/fiancé/common law spouse (complete declaration) Child (if difference in surname, complete declaration)
 Gade Lewensmaat/verloofde/gemeenregtelike gade (voltooi verklaring) Kind (indien verskil in van, voltooi verklaring)

Other please specify: (affidavit/legal documents and proof of income required) Dependant contact number
 Ander: Spesifiseer asseblief: (beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis) Afhanklike kontak nommer

| | | | |
|--------------|--|------------------|---|
| Name Naam | Surname (if different from principal member) Van (indien verskil van hooflid) | Gender Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY) ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 5. | | M F | |

Relationship/Verwantskap

Spouse Partner/fiancé/common law spouse (complete declaration) Child (if difference in surname, complete declaration)
 Gade Lewensmaat/verloofde/gemeenregtelike gade (voltooi verklaring) Kind (indien verskil in van, voltooi verklaring)

Other please specify: (affidavit/legal documents and proof of income required) Dependant contact number
 Ander: Spesifiseer asseblief: (beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis) Afhanklike kontak nommer

| | | | |
|--------------|--|------------------|---|
| Name Naam | Surname (if different from principal member) Van (indien verskil van hooflid) | Gender Geslag | ID number (date of birth for non-SA citizens: DDMMYYYY) ID-nommer (geboortedatum vir nie-SA burgers: DDMMJJJJ) |
| 6. | | M F | |

Relationship/Verwantskap

Spouse Partner/fiancé/common law spouse (complete declaration) Child (if difference in surname, complete declaration)
 Gade Lewensmaat/verloofde/gemeenregtelike gade (voltooi verklaring) Kind (indien verskil in van, voltooi verklaring)

Other please specify: (affidavit/legal documents and proof of income required) Dependant contact number
 Ander: Spesifiseer asseblief: (beëdigde verklaring/wetlike dokumente en bewys van inkomste vereis) Afhanklike kontak nommer

5. PARTNERSHIP DECLARATION / VENNOOTSKAP VERKLARING

Only to be completed if you are registering a Partner/ fiancé/ common-law spouse
Voltooi slegs as u 'n lewensmaat/ verloofde/ gemeenregtelike gade registreer

I/Ek

(principal member name and surname) declare that I have established a partnership with/(hooflid naam en van) verklaar dat ek 'n vennootskap

gevestig het met

(your partner/fiancé/common-law spouse name and surname) and that we have been living together since
 (u lewensmaat/verloofde/gemeenregtelike gade naam en van) en dat ons reeds saam woon sedert

| | |
|--|--|
| I declare that we intend to continue living together indefinitely, and I undertake to inform Bestmed within 30 days in the event of termination of this partnership. | Ek verklaar dat ons van plan is om vir 'n onbepaalde tydperk saam te woon. Ek onderneem om Bestmed in te lig, binne 30 dae, van beëindiging van hierdie vennootskap. |
|--|--|

Signed by me on this day of month/maand
 Onderteken deur my op die dag van

Signature of principal member/
 Handtekening van hooflid

* The rules of the Scheme will determine admission and the applicable rates. * Die Skemareëls sal die toelating en die toepaslike tariewe bepaal.

Initial of applicant:
 Paraaf van aansoeker:

9. PREVIOUS MEMBERSHIP STATUS / VORIGE LIDMAATSKAPSTATUS

Please supply previous membership certificates, from a South African registered medical scheme, as relevant proof of previous medical aid cover. This submission of previous medical aid certificates will ensure correct and relevant underwriting is applied on your new profile.

Verskaf asseblief vorige lidmaatskap sertifikate, van 'n Suid-Afrikaanse geregistreerde mediese skema, as bykomende bewyse van vorige mediese fonds dekking. Hierdie voorlegging van vorige mediese sertifikate sal verseker dat korrekte en toepaslike onderskrywing op jou nuwe profiel toegepas word.

Have you and/ or your spouse/ partner and/ or dependant(s) been a member(s) or dependant(s) of a medical scheme(s)?
Was u en/ of u gade/ metgesel en/ of afhanklike(s) 'n lid/afhanklike van 'n mediese skema(s)?

Yes / Ja

No / Nee

If "yes" attach termination certificate

Indien "ja" heg beëindigingstifikaat aan

| Name of scheme Naam van skema | Member number Lidmaatskapnommer | Principal member Hooflid | Dependant Afhanklike | Date from Datum vanaf | Date to Datum tot |
|----------------------------------|------------------------------------|-----------------------------|-------------------------|--------------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

10. UNDERWRITING THAT MIGHT APPLY / ONDERSKRYWING WAT TOEGEPAS KAN WORD

It is important to note that proof of previous membership may prevent possible waiting periods being imposed:

Bestmed will do NO risk underwriting in respect of staff of participating employers who apply for registration as principle members within 90 (ninety) days of the date of permanent appointment, marriage or divorce.

The Scheme may impose upon a person in respect of whom an application is made for membership or admission as a Dependant, and who was not a beneficiary of a medical scheme for a period of at least 90 (ninety) days preceding the date of application:

- A general waiting period of up to 3 (three) months;
- A condition-specific waiting period of up to 12 (twelve) months.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of up to 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application:

- A condition-specific waiting period of up to 12 (twelve) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits; or
- In respect of any person contemplated in this sub-rule, where the previous medical scheme had imposed a general or condition-specific waiting period, and such waiting period had not expired at the time of termination, a general or condition-specific waiting period for the unexpired duration of such waiting period imposed by the former medical scheme.

The Scheme may impose upon any person in respect of whom an application is made for membership or admission as a Dependant, and who was previously a beneficiary of a medical scheme for a continuous period of more than 24 (twenty-four) months, terminating less than 90 (ninety) days immediately prior to the date of application.

- A general waiting period of up to 3 (three) months, except in respect of any treatment or diagnostic procedures covered within the prescribed minimum benefits.

Bestmed will implement waiting periods and evaluate and/or investigate information and membership in all cases where adverse selection is exercised to obtain specific benefits.

Late Joiner Penalty (in terms of Regulation 131 of the Medical Schemes Act (Act 131 of 1998))

Late joiner penalties can be imposed on beneficiaries over the age of 35. Depending on the number of years the beneficiary did not belong to a medical scheme, a late joiner penalty will be added to the members monthly risk contribution. The penalty is calculated on a sliding scale as shown in the table below, based on the total number of years from age 35 being effective 1 April 2001, where a beneficiary did not belong to a medical scheme

It is important to note that proof of previous membership may prevent possible waiting periods being imposed:

Bestmed sal GEEN risiko onderskrywing doen ten opsigte van personeel van deelnemende werkgewers wat binne 90 (negentig) dae vanaf die datum van permanente aanstelling, huwelik of egskedding aansoek doen om registrasie as begunstigde.

Die Skema kan die volgende beperkings afdwing ten opsigte van 'n persoon wat aansoek doen vir lidmaatskap of toelating as afhanklike, wat nie 'n begunstigde van 'n mediese skema was vir 90 dae voor die aansoekdatum nie:

- 'n Algemene wagperiode van tot drie (3) maande;
- 'n Kondisie-spesifieke wagperiode vir 'n periode van tot 12 (twaalf) maande.

Die Skema kan die volgende beperkings afdwing ten opsigte van 'n persoon wat aansoek doen vir lidmaatskap of toelating as afhanklike, wat voorheen 'n begunstigde van 'n mediese skema was vir 'n aaneenlopende periode tot en met 24 maande, maar wat minder as 90 dae direk voor die aansoek om lidmaatskap, lidmaatskap beëindig het:

- 'n Kondisie-spesifieke wagperiode van tot 12 (twaalf) maande, behalwe ten opsigte van enige behandeling of diagnostiese prosedures wat binne die voorgeskrewe minimum voordele gedek word; of
- Ten opsigte van enige persoon in hierdie subreël waar die vorige mediese skema 'n algemene of kondisiespesifieke wagtydperk opgelê het, en so 'n wagtydperk nie op die tyd van beëindiging van lidmaatskap by die vorige skema verstryk het nie, sal 'n algemene of kondisie-spesifieke wagtydperk vir die onverstreke duur van die sodanige wagtydperk geld.

Die Skema kan die volgende beperkings afdwing ten opsigte van 'n persoon wat aansoek doen vir lidmaatskap of toelating as afhanklike, wat voorheen 'n begunstigde van 'n mediese skema was vir 'n aaneenlopende periode van meer as 24 maande, maar wat minder as 90 dae direk voor die aansoek om lidmaatskap, lidmaatskap beëindig het:

- 'n Algemene wagtydperk van tot drie (3) maande, behalwe ten opsigte van enige behandeling of diagnostiese prosedures wat binne die voorgeskrewe minimum voordele gedek word.

Wagperiodes sal geïmplementeer word deur Bestmed asook ondersoek in stel en/of inligting en lidmaatskap evalueer in alle gevalle waar nadelige seleksie uitgeoefen word om spesifieke voordele te verkry.

Laataansluitingsboete (in gevolge Regulasie 131 van die Wet op Mediese Skemas (Wet 131 van 1998))

Laataansluitingsboetes kan op begunstigdes wat ouer as 35 jaar is geëf word. Afhangende van die aantal jare waartydens die begunstigde nie aan 'n mediese skema behoort het nie, sal 'n laataansluitingsboete by die maandelikse risikobydrae gevoeg word. Die boete word bereken op 'n glykskaal soos uiteengesit in die onderstaande tabel en word gebaseer op die totale aantal jare ná die ouderdom van 35 effektief 1 April 2001, waartydens die begunstigde nie aan 'n mediese skema behoort het nie.

| Number of years since age 35 where applicant was not a member of a medical scheme Aantal jare sedert ouderdom 35 waartydens die aansoeker nie 'n lid van 'n mediese skema was nie | Penalty Boete |
|--|---|
| 1 - 4 years/jaar | 0.05 x risk contribution / risikobydrae |
| 5 - 14 years/jaar | 0.25 x risk contribution / risikobydrae |
| 15 - 24 years/jaar | 0.50 x risk contribution / risikobydrae |
| 25+ years/jaar | 0.75 x risk contribution / risikobydrae |

11. THE FOLLOWING DOCUMENTS ARE COMPULSORY / DIE VOLGENDE DOKUMENTE IS 'N VEREISTE

| | |
|--|---|
| If a child is older than 21, proof of registration at a tertiary institution (up to the age of 26) is required in order to qualify as a child dependant. If a child is older than 21 and unemployed, a declaration statement is required and adult rates will apply. | As 'n kind ouer as 21 is, word 'n bewys van registrasie by 'n tersiêre instelling (tot op ouderdom van 26) verlang om as kinderafhanklike te kwalifiseer. Indien 'n kinderafhanklike ouer as 21 jaar en werkloos is, word 'n verklaring tot die effek benodig. Volwasse-afhanklike tariewe sal van toepassing wees. |
| In the case of extended family (parent, brother or sister only) - affidavit of dependant(s) with regards to dependency on principal member. | In die geval van uitgebreide familie (slegs ouer, broer of suster) - beëdigde verklaring van afhanklike(s) met betrekking tot afhanklikheid van hooflid. |
| Proof of previous medical scheme membership must be provided; this applies to members and all dependants (NB: Not a membership card). The aforesaid proof must contain the period and type of cover. | Bewys van Lidmaatskap van vorige mediese skemas; dit geld vir lede sowel as alle afhanklikes (LW: Nie 'n lidmaatskapkaart nie). Die bogenoemde bewys moet die soort en tydperk van dekking insluit. |
| In the case of a handicapped child dependant, a report from a medical practitioner. | In die geval van 'n gestremde kinderafhanklike, 'n verslag van 'n mediese praktisyn. |

12. YOUR BANKING DETAILS / U BANKBESONDERHEDE

CLAIMS REFUND BANKING DETAILS / EISE TERUGBETALINGS BANKBESONDERHEDE

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|----------------------------------|----------------------|--|--|--|--|--|--|---|----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Bank Bank | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Tak | <input type="text"/> | | | | | | | | | | | | Branch code Takkode | <input type="text"/> | | | | | | | | | | | |
| Type of account Tipe rekening | <input type="checkbox"/> Cheque/current Tjek/lopende | | <input type="checkbox"/> Savings Spaar | | Account number Rekeningnommer | <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| Name of the account holder Naam van rekeninghouer | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| If account holder differs to principal member, please confirm account holder's ID number Indien die rekeninghouer verskil van die hooflid, bevestig asseblief rekening houer se ID-nommer | | | | | | <input type="text"/> | | | | | | | | | | | | | | | | | | | |
| Signature of applicant/ Handtekening van aansoeker | <input type="text"/> | | | | | | | | | | | | Signature of account holder (if different from applicant)/ Handtekening van rekeninghouer (indien verskillend van aansoeker) | <input type="text"/> | | | | | | | | | | | |

13. MEDICAL QUESTIONNAIRE / MEDIESE VRAELYS

Please note: Where the answer is YES, please give full details of the person concerned in the space provided. If you or any of your dependant(s) are suffering from a chronic condition, a medical report is required setting out details of the condition. If the space provided is insufficient, write the details on a separate page and attach it to this questionnaire. *The examples listed under each condition below is not intended as a full list of conditions, disorders or symptoms, but only serve as examples.*

Let wel: In die geval van 'n JA, moet die volle besonderhede van die betrokke persoon voorsien word in die beskikbare spasie. Indien u of enige van u afhanklikes aan 'n chroniese siektetoestand lei, word 'n mediese verslag benodig wat die besonderhede uiteensit. Indien die spasie wat voorsien word nie voldoende is nie, verskaf asseblief besonderhede op 'n afsonderlike bladsy en heg dit by hierdie vraelys aan. *Die voorbeelde wat onder by die toestande gelys is nie 'n volledige lys van toestande, versteurings of simptome nie, maar dien slegs as voorbeelde.*

| Have you or any of your proposed beneficiary-(ies) received any medical advice, diagnosis, care or was recommended for treatment for the following, within the 12 month period ending on the date on which you are applying for membership. Please clearly specify the diagnosed conditions in relevant tables. Het u of enige van u begunstigde(s) mediese advies, diagnose, versorging of behandeling vir die volgende ontvang gedurende die 12 maande tydperk wat geëindig het op die datum waarop u aansoek om lidmaatskap gedoen het? Dui asseblief duidelik die gediagnoseerde toestande aan in die verwante tabelle. | Indicate with an "X" (compulsory) Dui aan met "n" "X" (verplichtend) | | Name of patient Naam van pasiënt | Date diagnosed Datum gediagnoseer | Last treatment date Laaste datum van behandeling | Level/stage of illness, condition, nature of treatment, medicine, dosage and hospitalisation Graad/stadium van siekte toestand, aard van behandeling, medisyne, dosis en hospitalisasie |
|--|---|----------|---|--|---|--|
| 1. Congenital physical deviations e.g. bat ears, valvular heart disease Kongenitale fisiese afwykings bv. bakore, hartklepsiektes | Yes / Ja | No / Nee | | | | |
| 2. Abnormality of skin (including allergies) e.g. eczema, psoriasis, acne Velabnormaliteit (insluitende allergieë) bv. ekseem, psoriase, aknee | Yes / Ja | No / Nee | | | | |
| 3. Deviations and problems in skeleton, joints and muscles e.g. arthritis, back problems Skelet-, gewrigs- en spierafwykings en probleme bv. artritis, rugprobleme | Yes / Ja | No / Nee | | | | |
| 4. Sensory organs: sight, hearing, speech, also state spectacles and/or contact lenses Sintuie: sig, gehoor, spraak, meld brille en/of kontaklense | Yes / Ja | No / Nee | | | | |
| 5. Respiratory system e.g. asthma, COPD Siektes van die lugweë bv. asma, KOLS | Yes / Ja | No / Nee | | | | |
| 6. Cardio-vascular systems e.g. hypertension, high cholesterol, heart failure, thrombosis Siektes van die kardiiovaskulêre stelsel bv. hipertensie, hoë cholesterol, hartversaking, trombose | Yes / Ja | No / Nee | | | | |
| 7. Digestive system e.g. hiatus hernia, stomach ulcer, spastic colon, gallstones Spysverteringstelselsiektes bv. hiatus hernia, maagseer, spastiese kolon, galstene | Yes / Ja | No / Nee | | | | |
| 8. Urinary system, e.g. kidney problems (infections, failure, dialysis, stones) or bladder problems (infection, incontinence) Urienwagsisteem, bv. nierprobleme (infeksies, versaking, dialise en stene) of blaasprobleme (infeksie, inkontinensie) | Yes / Ja | No / Nee | | | | |
| 9. For Males only / Alleenlik op Manlike begunstigdes | | | | | | |
| 9a. Male reproductive system, e.g. prostate and testes problems Manlike reprodktiewe sisteem, bv. prostaat- en testesprobleme | Yes / Ja | No / Nee | | | | |
| 9b. Hormone system e.g. hormone replacement therapy Hormoonstelsel bv. hormoonvervangingsterapie | Yes / Ja | No / Nee | | | | |
| 10. For Females only / Alleenlik op vroulike begunstigdes | | | | | | |
| 10a. Pregnancy or suspected pregnancy Swanger of vermoede van swangerskap | Yes / Ja | No / Nee | | | | |
| 10b. Female reproductive system, e.g. endometriosis, menstrual problems and infertility Vroulike reprodktiewe sisteem, bv. endometriose, menstruele probleme en onvrugbaarheid | Yes / Ja | No / Nee | | | | |

| | | | | | | |
|---|----------|----------|--|--|--|--|
| 11. Metabolic diseases e.g. obesity, diabetes, porphyria, thyroid problems Metabiese siektes bv. vetsug, diabetes, porfirie, skildklierprobleme | Yes / Ja | No / Nee | | | | |
| 12. Psychiatric or psychological treatment e.g. depression, anxiety, sleeping disorders, counselling Psigiatriese of sielkundige behandeling bv. depressie, angs, slaapversteurings, berading | Yes / Ja | No / Nee | | | | |
| 13. Nervous system e.g. paralysis, epilepsy, Parkinson's disease, headaches, stroke Senuweestelselsiektes bv. Verlamming, epilepsie, Parkinson se siekte, hoofpyne, beroerte | Yes / Ja | No / Nee | | | | |
| 14. Substance dependence e.g. alcohol, drugs, rehabilitation Middelafhanklikheid bv. alkohol, dwelms, rehabilitasie | Yes / Ja | No / Nee | | | | |
| 15. Have you ever been diagnosed with cancer, a growth or tumour of any kind? Please state type and date. Is kanker, 'n vergroeiende of gewas van enige soort ooit voorheen by u gediagnoseer? Spesifiseer tipe en datum. | Yes / Ja | No / Nee | | | | |
| 16. Dental treatment Tandheekkundige behandeling | Yes / Ja | No / Nee | | | | |
| 17. Ear, Nose and throat related treatment, e.g. grommets, nasal surgery, tonsils Oor, neus en keel behandeling, bv. oorpypies, neus chirurgie, mangels | Yes / Ja | No / Nee | | | | |
| 18. Operations undergone. Please state type and date. Operasies ondergaan. Spesifiseer tipe en datum. | Yes / Ja | No / Nee | | | | |
| 19. Are you and/or your dependant(s) currently being treated for a medical condition or symptoms not stipulated above? Word u en/of u afhanklike(s) tans vir 'n mediese toestand of simptome behandel wat nie bo vermeld word nie? | Yes / Ja | No / Nee | | | | |
| 20. Current medication used, not yet stated above Huidige medisyne wat gebruik word en nog nie hier bo gemeld is nie | Yes / Ja | No / Nee | | | | |
| 21. Contagious diseases e.g. positive for HIV/AIDS*, hepatitis B, tuberculosis Oordraagbare / aansteeklike siektes bv. positief vir MIV/VIGS*, hepatitis B, tuberkulose | Yes / Ja | No / Nee | | | | |

* If you and/or any of your dependants are HIV positive or have AIDS and would prefer not to disclose your and/or their HIV status on this form due to confidentiality, then you must call 012 472 6249 or send an e-mail to mhc@bestmed.co.za in order to notify Bestmed of your and/or your dependant(s) that you and/or your dependants are living with HIV/Aids. This information must be disclosed to Bestmed within seven (7) working days from the application date of your and/or your dependant(s) membership. On receipt of this request Bestmed will determine whether underwriting conditions will be applied, and if this is the case, you will receive an amended proof of membership document.

* Indien u en/of enige van u afhanklikes MIV-positief is, of VIGS het en verkies om nie u en/of hul MIV-status op hierdie vorm te meld nie, weens vertroulikheid, moet u 012 472 6249 skakel of 'n e-pos stuur na mhc@bestmed.co.za om Bestmed in kennis te stel van u en/of u afhanklike(s) dat u en/of u afhanklikes met MIV/Vigs saamleef. Hierdie inligting moet binne sewe (7) werksdae vanaf die datum van u aansoek vir u en/of u afhanklike(s) se lidmaatskap aan Bestmed gemeld word. By ontvangs van die versoek sal Bestmed bepaal of onderskrywingstoestande toegepas sal word, en indien dit die geval is, sal u 'n dokument met 'n gewysigde bewys van lidmaatskap ontvang.

| | | | | | | |
|---|----------|----------|--|--|--|--|
| 22. A condition for which you and/or your dependant(s) received a payment and/or medical treatment of whatever nature e.g. third party claim 'n Toestand waarvoor u en/of u afhanklike(s) 'n uitbetaling en/of gewaarborgde mediese behandeling van welke aard ookal ontvang het, bv. derdeparty eis | Yes / Ja | No / Nee | | | | |
| 23. Any other medical condition not mentioned above, even though you or your dependant(s) did not receive treatment or advice, or consult a doctor in the past 12 months? Enige ander mediese aangeleentheid wat nie hierbo gemeld is nie, selfs al het u of u afhanklike(s) nie behandeling of advies ontvang, of 'n dokter gekonsulteer in die laaste 12 maande nie? | Yes / Ja | No / Nee | | | | |

15. STATEMENT BY EMPLOYER / VERKLARING DEUR WERKGEWER

To be completed by Employer **(ALL FIELDS COMPULSORY)** / Moet deur werkgewer voltooi word **(ALLE VELDE VERPLIGTEND)**

Employer name
Naam van werkgewer

HR practitioner details Menslikehulpbronne-praktisyn besonderhede

Surname
Van

Full names
Volle name

E-mail
E-pos

Telephone number
Telefoonnommer

State that the applicant/Verklaar dat die aansoeker:

a. Has been **permanently** employed by us since/ Is **permanent** in ons diens is vanaf

b. Bestmed membership to start/ Bestmed lidmaatskap aanvangsdatum

c. Department/ Departement

d. Employee number/ Werknemernommer

e. Total monthly contribution to be paid to Bestmed/

Totale maandelikse bydrae wat aan Bestmed betaal moet word

R

Remarks/ Kommentaar

Signature of HR practitioner/ Handtekening van MH-praktisyn

Date
Datum

Name stamp of employer/ Naamstempel van werkgewer