

Instructions

- Complete this application form in black ink
- Print clearly using capital letters
- Mark with an X where necessary
- This form is for group take-ons and must be completed after reading through the Bonitas Product Brochure.

Please note: We cannot process your application if it is incomplete, incorrect or you have not attached the correct documents to it.

Section 1: Choosing your option

Please select one option only.

BonComprehensive BonClassic BonComplete BonSave BonFit Standard Standard Select
 Primary BonEssential BonCap

BonCap contributions are income based. Please select the income band that applies to your gross monthly salary.

R0 to R7 009 R7 010 to R11 396 R11 397 to R15 569 R15 570+

If you have selected BonCap you will also need to send us proof of your earnings and complete the BonCap Income Check Form. This includes:

- A copy of your payslip or bank statement
- A pension slip or bank statement (if you are on a government pension)
- A recent bank statement or a pension confirmation letter with IT34 (if you are on a non-government pension)
- An affidavit (if you are sponsored)
- If you do not send through proof of income you will be defaulted to the highest income band

Please note: BonCap: Subject to a BonCap GP and BonCap Network hospital. **Standard Select:** Subject to nomination of a Network GP and Standard Select Hospital Network. **BonFit:** Subject to a GP network and BonFit Hospital Network.

Section 2: Intermediary details

This section must be completed by the broker or agent.

Name of broker/agent:	John Eagles
Broker code:	EBS004M
Name of brokerage:	EB Solutions (Pty) Ltd
Telephone (w):	021 465 0071
Cellphone:	082 411 6165
Email:	john@ebsolutions.za.com

Brokerage/agency stamp

Section 3: Employee information

Please complete this section. You must submit the completed application form to your HR Department.

Name of employer:																				
Department/Division:																				
Employee number:						Employment date:														
Medical scheme start date:																				
Number of adult dependants:																				

Section 4: Employer information

This section must be completed by your employer. This form will not be processed if it does not have your employer's stamp on it.

Name of company representative:																				
Title of company representative:																				
Telephone:																				
Email:																				
Bonitas pay-point code:																				

Employer stamp

We, the Employer confirm that the applicant is employed by us and began employment on the employment date stated in **section 3**. Contributions will be deducted according to the Scheme Rules and option chosen.

Signature of employer representative _____

Date: _____



Dependant 3

Adult Child

Relationship to main member:

Title: Surname:

First names:

Identity number:

Date of birth: Tax number:

Marital status: Gender: M F

Ethnic group: Black Coloured Indian White Asian

Cellphone: Telephone (h):

Telephone (w):

Email:

Dependant 4

Adult Child

Relationship to main member:

Title: Surname:

First names:

Identity number:

Date of birth: Tax number:

Marital status: Gender: M F

Ethnic group: Black Coloured Indian White Asian

Cellphone: Telephone (h):

Telephone (w):

Email:

Section 7: GP nomination

If you choose the Standard Select option you must nominate a GP from the Bonitas GP network for each beneficiary.

Main member

Name and surname:

Doctor's name:

Practice number: Doctor's contact number:

Dependant 1

Name and surname:

Doctor's name:

Practice number: Doctor's contact number:

Dependant 2

Name and surname:

Doctor's name:

Practice number: Doctor's contact number:

Dependant 3

Name and surname:

Doctor's name:

Practice number: Doctor's contact number:

Dependant 4

Name and surname:

Doctor's name:

Practice number: Doctor's contact number:

Section 8: Banking details for contributions

Please attach a copy of the following to the form:

- The account holder's identity document, and
- A bank statement, cancelled cheque or letter from the bank confirming the account holder's details.

If the account holder's details differ from the main member, an affidavit is required.

Use this account for contribution collections and refunds

Bank name:	<input type="text"/>
Branch code:	<input type="text"/>
Branch name:	<input type="text"/>
Name of account holder:	<input type="text"/>
Account number:	<input type="text"/>
Account type:	<input type="text"/>

Use this account for refunds only

Bank name:	<input type="text"/>
Branch code:	<input type="text"/>
Branch name:	<input type="text"/>
Name of account holder:	<input type="text"/>
Account number:	<input type="text"/>
Account type:	<input type="text"/>

I instruct Bonitas to collect my contributions by debit order using the information above. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Bonitas to adjust any incorrect transactions and/or correct any electronic transfer or funds errors without prior notice. I, further, instruct Bonitas to deposit claims and savings refunds into my account using the details above.

Accountholder's signature: _____

Section 9: Protection of your information

1. We will keep your information and your dependants' information confidential. We and our administrator have data security measures in place to do this. Personal information refers to information that identifies you or relates specifically to you or your dependants, such as an identity number, name or email address.
2. We have data security measures in place to protect you and your dependants' personal information. This may include access control to restrict the disclosure of personal information to only authorised individuals, confidentiality agreements with service providers and staff members.
3. We will only use your information for the following purposes:
 - Underwriting
 - Assessing and processing medical services claims
 - Fraud prevention and detection
 - Statistical analysis
 - Audit and record-keeping purposes
 - Compliance with legal and regulatory requirements
 - Verifying your identity
4. We may share your information with the service providers for the purpose of processing it and rendering services to you.
5. You may access the personal information we hold and request us to correct any errors or delete it.

Section 10: Acknowledgement and declaration

1. I, the undersigned, apply to be admitted as a member of Bonitas Medical Fund. If accepted, I agree to follow the rules of Bonitas Medical Fund. I know that the rules are available at www.bonitas.co.za and will be provided to me upon my request to Bonitas.
2. I declare that the information contained in this application form, is correct. I also declare that I have the permission of my dependants to disclose personal information about them to Bonitas and will provide written proof of this, if asked.
3. I declare that any false information in this application form or the non-disclosure of any material information will result in my membership being declared null and void.
4. I accept that Bonitas has the right to claim damages in respect of any loss or damages it may suffer due to my non-disclosure or misrepresentation or fraudulent behaviour. If any of my or my dependants' circumstances changes after the date of signing this application or the acceptance of my membership, I will promptly notify Bonitas of the changes. I understand that failure to do so may lead to the termination or amendment of the terms and conditions of my membership and Bonitas shall also be entitled to reclaim any amounts, it may have erroneously paid to any service provider on behalf of me or my dependants, from me.
5. I instruct and allow my employer to deduct and pay over amounts (that may become owing or due on my behalf) to Bonitas from time to time. I also authorise any persons, bodies or institutions that may hold retirement funds for my benefit, to deduct and pay to Bonitas all amounts that may become due and owing to Bonitas.
6. I agree that should Bonitas incur any legal costs or expenses to recover any contributions owed by me or any other amount due by me to Bonitas, for any reason; I shall be responsible for such costs and expenses on the attorney/client scale. I consent to my details being listed with a credit bureau should I default in the payment of my monthly contributions or in respect of any money owed to Bonitas.
7. I understand that it is my responsibility to ensure that the monthly contributions are received by Bonitas. I also understand that if any contributions are unpaid, it may result in my dependants and I being terminated from Bonitas until all arrear contributions have been settled. I also understand that should my membership be suspended or terminated, I will not be entitled to any benefits arising from my membership whatsoever.
8. I will inform Bonitas of any changes to my or my dependants' health or personal status within 30 days of the change as required by Scheme Rules.
9. I authorise my and my dependants' healthcare providers to disclose information to Bonitas and its contracted service providers and partners, provided that the information is treated as confidential.
10. I agree to provide Bonitas with any medical or historical information and grant Bonitas access to medical information reasonably required relating to a specific ailment, disease, disorder, condition or disability.
11. I agree that should I be accepted as a member of Bonitas, I shall provide Bonitas with all information including medical information that Bonitas may reasonably require for the purpose of carrying out its obligations in terms of the Medical Schemes Act 131 of 1998 and the Scheme Rules.
12. I also agree and understand that I may be required to attend an examination by Bonitas' medical assessors from time to time.
13. I declare that my dependants and I are not registered on another registered medical scheme.
14. I understand that the following underwriting conditions, may be applicable to my membership as prescribed by the Medical Schemes Act 131 of 1998:
 - i. A 3-month general waiting period in respect of all benefits
 - ii. A 12-month exclusion in respect of a pre-existing condition
 - iii. A late-joiner contribution penalty

15. I understand that the underwriting conditions will affect my and my dependants' rights to benefits if applied.
16. I allow Bonitas to take all reasonable steps to verify information provided by me in this application form and agree to submit proof of identification to Bonitas on demand.
17. I consent to my telephone conversations with the Bonitas call centre being recorded and forming part of Bonitas' records. I also agree that such records will remain the sole property of Bonitas.
18. I declare that the information provided in this document is true and accurate and if accepted will form the basis of my agreement with Bonitas.
19. I acknowledge that I have read and understood the content of this application form. I confirm that the content of this application form and the implications thereof have been read and explained to me if necessary.
20. I hereby confirm that as the main member on the Scheme I have received permission from my dependants to access and view their healthcare claims made on my membership and deal with all matters relating to the claims on my membership.
21. I hereby authorise the Scheme to share my and my dependants' personal and healthcare information with the Scheme healthcare management facility, the Scheme's administrator or the relevant government authorities for administrative and statistical purposes, provided such information shall be treated as confidential at all times. I agree that my and my dependants' personal healthcare data may be shared with third parties for the purpose of our membership trend analysis (e.g. employer). I have read and understood this statements and my permission and the permission of my dependants are given voluntarily. My signature below confirms that I give permission.

Signature of main member: _____

Date: _____

Please note:

Late-joiner penalties and waiting periods may apply to your membership. This is a requirement of the Medical Schemes Act 131 of 1998.

A late-joiner penalty applies to members over 35 years of age or older, who have had a break in medical aid membership for more than 3 months from 1 April 2001. Late-joiner penalties will result in your premium being increased. This is based on a specific calculation considering the number of years you have not been a member of a medical aid.

A general waiting period lasts 3 months. During this period you and your dependants are not entitled to claim any benefits, except, in some circumstances, Prescribed Minimum Benefits.

A condition-specific waiting period lasts 12 months. During this period you and your dependants are not entitled to claim benefits related to a specific condition.