

MEDKONSULT

and

(Medical Scheme).....

COMPANY APPLICATION FORM



All details herein pertaining to the Company and the Administrator shall be deemed to be confidential in nature and only used for the purpose hereof

Organisation Code	<input type="text"/>
NEW	<input type="checkbox"/> Complete whole form
CHANGE	<input type="checkbox"/> Complete relevant sections of form

Company Name	<input type="text"/>													
Holding Company Name	<input type="text"/>								Scheme/Plan Name	<input type="text"/>				
Street Address	<input type="text"/>													
Postal Code	<input type="text"/>			Broker Involved	<input type="text"/>									
Telephone Code	<input type="text"/>		<input type="text"/>					Fax	<input type="text"/>		<input type="text"/>			
Membership Contact Person	<input type="text"/>													
Corporate Contact Person	<input type="text"/>													
Designation	<input type="text"/>													
e-mail Address	<input type="text"/>													
Total Employees	<input type="text"/>			Proposed Membership Count	<input type="text"/>			Continuation Members	<input type="text"/>					
Effective 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"/>	Employer Reference Code	<input type="text"/>	
Previous Medical Scheme	<input type="text"/>													

Industry Type (Please Indicate)	Agriculture	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	State	<input type="checkbox"/>
	Bank & Financial Services	<input type="checkbox"/>	Electronics	<input type="checkbox"/>	Media	<input type="checkbox"/>	Steel & Allied	<input type="checkbox"/>
	Chemical	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Textiles	<input type="checkbox"/>
	Clothing & Footwear	<input type="checkbox"/>	Food & Beverage	<input type="checkbox"/>	Motor	<input type="checkbox"/>	Tourism	<input type="checkbox"/>
	Community Organizations	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Oil & Petroleum	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
	Computer	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Paper & Packaging	<input type="checkbox"/>	Other(Specify)	<input type="checkbox"/>
	Construction	<input type="checkbox"/>	Investment Trust	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>		
	Educational	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Publishing	<input type="checkbox"/>		

CONTRIBUTIONS

Monthly Contributions Yes No

Please indicate specific Requirements (e.g. which specific options will be made available to your employees):

<input type="text"/>
<input type="text"/>
<input type="text"/>

Payroll Close Date

Weekly Contributions Yes No

If weekly paid, which day of the week is payroll cut-of day:

Monday Tuesday Wednesday Thursday Friday Saturday

Contributions Raised Advance Arrears

Direct Paying Members: Yes No

CONTRIBUTION SUBSIDY BY EMPLOYER:

1. Employees and their families

Employer pays Or or or

2. Special Dependants (I.e. father, Mother, etc.)

Employer pays Or or or

3. Other Subsidies

4. Collection

We understand that it is Omnihealth's policy to accept by Electronic Fund Transfer (EFT) for security reasons

We will Pay contributions by: Cheque EFT

5. Other Comments

SECTION 2.

CONDITIONS OF PARTICIPATION IN THE SCHEME/PLAN

To be completed by the company

We hereby apply for admission to the (Name of Scheme/Plan) as an employer group in terms of the rules of the scheme/plan. If our application is successful, we shall be obliged and hereby undertake the following:

- a) i) To pay over the total monthly contributions (employer & employee share) payable to the Scheme /Plan in respect of any members to the Scheme/Plan by not later than the date stipulated in Annexure A of the Scheme/Plan Rules.
- ii) To pay over the total contribution (employer & employee share) payable to the Scheme/Plan in respect of any members when such member has left our employ and on whose behalf the Scheme/Plan has paid claims after such resignation date, due to our failure to notify the Scheme/Plan in writing of such resignation within 7 days of the resignation/termination date
- iii) To bank the monthly contribution into the Scheme/Plan account nod to provide the Administrator with a copy of the deposit slip. Alternatively to issue a cheque to the Administrator on which is stated the Scheme/Plan name and bank account number of the organization name and membership numbers
- iv) If it is not a condition of employment, applications should exercise their option to join within three month of the date of the paypoint joining the Scheme/Plan may not be prepared to enroll members on a selective basis when major medical expenses could be imminent
- v) To notify the Scheme/Plan of salary, marital, or any other changes which may affect member or dependant records within 30 days of such change, and per prescribed procedures and forms.
- vi) Scheme/Plan, in which event the membership of all members, including continuation and direct paying members, shall terminate concurrently
- vii) In the event of weekly contributions being paid, we understand that a contribution representing a full week (I.e. 7 days) in terms of Section 1., must be paid for new employees joining during the week and also in the case of employees terminating employment during the week. Membership will commence/terminate at the beginning or end of the week respectively
- viii) a) We agree to collect Members Portions (I.e. members excess on claims) from our employees and to pay these over within days of deduction

Yes	No
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 We understand that as the employee is personally responsible for paying his own member portion (I.e.) member excess on claims) the Administrator has full authority to suspend or terminate membership and/or hand over any "bad debts" for collection. Further more, we understand that if members portions are raised as a result of late notification of termination, transfer of employment, death or retirement then we will be responsible for paying the debt if not collected within 30 after notification

Yes	No
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- ix) We understand that if any guarantee of benefits is given by the Administrator for a member who has left the employment or transferred and where such notice has not been given to the Administrator following prescribed procedures, as set forth in (ii) above, that we will be responsible to the Scheme/Plan for reimbursement of guaranteed benefits.
- b) We understand and agree that all risk and liability in respect of monies submitted to the Scheme/Plan (whether by way of cheque or otherwise), shall remain with us until such time that we can conclusively prove receipt thereof by the Scheme/Plan.
- c) We warrant that, in the event that we are still registered as an employer group in terms of the rules of the Scheme/Plan, subsequent to the commencement of the year 2000, all our systems shall be year 2000 compliant.

SECTIONS 3:

DECLARATION

I acknowledge that signing this form merely defines the Scheme/Plan administrative procedures and does not imply on to the Scheme/Plan.

NAME

SIGNATURE

DESIGNATION

COMPANY STAMP

DATE

FOR SCHEME/PLAN OFFICE USE ONLY	
Application Successful:	_____
Signed	_____
Date:	_____

SECTIONS 4:

CONDITIONS OF PARTICIPATION

To be completed and signed by Administrator

	Yes	No
Benefits to be pro-rated	<input type="checkbox"/>	<input type="checkbox"/>
Over Aged Dependants		
1.) Initial acceptance with annual review	<input type="checkbox"/>	<input type="checkbox"/>
2.) Acceptance in accordance with the Rules	<input type="checkbox"/>	<input type="checkbox"/>
Medical History Evaluations		
1.) Blanket Acceptance of health conditions	<input type="checkbox"/>	<input type="checkbox"/>
2.) Exclude from benefit any previously excluded conditions	<input type="checkbox"/>	<input type="checkbox"/>
Administration of Pensioner/Widow Contribution		
1.) Direct paying members with company subsidy	<input type="checkbox"/>	<input type="checkbox"/>
2.) Direct paying members without company subsidy	<input type="checkbox"/>	<input type="checkbox"/>
3.) Contributions to be included with employer payment	<input type="checkbox"/>	<input type="checkbox"/>
Mailing of cards after initial issue		
1.) Mail direct to member	<input type="checkbox"/>	<input type="checkbox"/>
2.) Mail to employer	<input type="checkbox"/>	<input type="checkbox"/>
3.) Mail to Broker	<input type="checkbox"/>	<input type="checkbox"/>
4.) Collect from Administrator	<input type="checkbox"/>	<input type="checkbox"/>
Contributions billing schedule sort sequence		
1.) Alpha	<input type="checkbox"/>	<input type="checkbox"/>
2.) Payroll	<input type="checkbox"/>	<input type="checkbox"/>
3.) Membership Number	<input type="checkbox"/>	<input type="checkbox"/>
Collection of Members' Portions		
1.) Scheme/Plan to deduct from employees refund cheques and/or collect from member	<input type="checkbox"/>	<input type="checkbox"/>
2.) Employer to deduct from salary (preferable)	<input type="checkbox"/>	<input type="checkbox"/>
Collection of Members' Portions Continuation Members		
1.) Scheme/Plan to deduct from members refund cheque	<input type="checkbox"/>	<input type="checkbox"/>
2.) Scheme/Plan to collect directly from Member	<input type="checkbox"/>	<input type="checkbox"/>

Please specify the applicable contribution tables: _____

Please highlight any specifics or deviations from the Rules: _____

Completed by Sales Consultant

Completed and/or approved by Fund Manager/ Principal Officer

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

SECTIONS 5:**EXECUTIVE VIP MEMBERS**

SCHEME _____ NAME OF COMPANY _____

ADDRESS _____ TELEPHONE NO: _____

Designation	
Title	
Initials	
First Names	
Language Preference	
Telephone No.	
Hobbies	

Designation	
Title	
Initials	
First Names	
Language Preference	
Telephone No.	
Hobbies	

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Hobbies	

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