

D BANKING DETAILS

Banking Details of Applicant (for direct payment of monies DUE to members)

Name of Account Holder

Name of Bank

Branch Name Branch Code

Account Number

Account Type Current Savings Transmission

Date _____ Signature _____

Banking Details of Applicant (for collection of contributions/premiums)

Name of Account Holder

Name of Bank

Branch Name Branch Code

Account Number

Account Type Current Savings Transmission

Date _____ Signature _____

E DECLARATION BY APPLICANT

I, the undersigned, apply for the membership as set out in this application for myself (and the registration of my dependants). I acknowledge that I (and my dependants) will not be considered as members of TopMed until I receive written confirmation of membership.

The scheme, or its agents may from time to time do the following in respect of me (and any of my dependants):

- Request and receive any medical and medically relation information that is relevant to consider this application and any claim-related benefits for me (and any of my dependants for whom this application is accepted). Such information may be obtained from any healthcare provider or healthcare facility.
- Communicate any medical and medically related information from any healthcare provider or healthcare facility to the scheme’s contracted healthcare management company. The purpose of this exchange is to ensure that the most cost-effective and high quality medical care benefits are obtained for all members of the scheme.

I further give my permission for:

- The required information to be requested, communicated and received at any time. This may even be after my death (or that of any of my dependants).
- Any failure to comply with a financial duty towards the scheme to be registered with a credit bureau.

I warrant that the information in this application, whether it is my own handwriting or not, is complete and correct. This also applies to information in other documents provided by me, any of my dependants, or healthcare provider or healthcare facility. If any information is not complete or correct the Scheme may cancel my membership in full. The scheme may also cancel my membership in full if the incomplete or incorrect information pertains to any of the dependants. Otherwise the Scheme may cancel the registration of the dependant regarding whom the information was incomplete or incorrect. In either case, I shall forfeit the full contributions already paid to the Scheme, or the contributions for the dependant who has been removed from my membership. If my membership is cancelled in full, I shall also pay back to the Scheme all benefits paid out to me and any of my dependants. If a dependant is removed from my membership, I shall pay back all benefits paid for such a dependant.

I undertake to advise TopMed of any change in my state of health (or that of any of my dependants) which occurs prior to my receiving written acceptance of this application.

If any of the medical details that I have supplied in this application change before my membership starts, the Scheme may reconsider my application. The Scheme, at its own discretion and even after my membership has started, may reconsider the full application, or only that of a certain dependant. If this is the case, the terms as explained in this declaration will apply.

I understand tht the relationship between me (and any of my dependants) and the Scheme is controlled by the rules of the Scheme. I undertake to familiarise myself (and any of my dependants) with the rules of the Scheme, as well as changes that are made to the rules from time to time.

Signature of Applicant: _____ Date Signed

Signature of Employer: _____ Date Signed

Employer Stamp Join Date

Initial here

F DETAILS OF THE INTERMEDIARY

Brokerage Name	<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"/>
Brokerage 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"/>	Telephone 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"/>
Broker Name	<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"/>
Broker Sub 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"/>	<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"/>

Signature

Date

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G THE RULES

1. The Rules of TopMed, as amended from time to time, is binding on the TopMed Individual Member.
2. The person signing the contract on behalf of, or, as the Employer, acknowledges that he has received a set of Rules and that he has read them prior to signing this Contract.
3. Certain Rules are set out in summary hereunder so as to emphasise the Rules which TopMed considers to be particularly important. The failure to draw the Employer's attention to any Rule shall not in any way be regarded as excusing the Employer from the Employer's obligation to thoroughly acquaint himself with the Rules which have been delivered to the Employer. The summary is as follows:

Rule Reference

1. The amounts set out in the Rules are payable by or in respect of Members and each of their Dependants. All such amounts are due monthly in advance, and payable by the fourth business day of every Month. The first such payment is payable from the first day of the Month in which a Beneficiary's Inception Date falls, even if a waiting period applies to a Beneficiary.
2. When a Minor Dependant becomes an Adult Dependant the contribution applicable to an Adult Dependant is payable from the first day of the month following that in which the Minor Dependant becomes an Adult Dependant.
3. When Dependants are deregistered, decreased amounts are payable from the first of the Month after the Month during which the Dependants' deregistration took effect.
4. Beneficiaries who are Late Joiners are subject to the penalties set out in Annexure A of the Scheme Rules. Those penalties also apply to Beneficiaries who were subject to similar penalties at previous medical aid schemes of which they had been members or dependants of members. However, any years of Creditable coverage which can be demonstrated by the Beneficiary is subtracted from that Beneficiary's current age in determining the applicable penalty.
5. Where Contributions or any other debt owing to the Scheme have not been paid within fourteen (14) days of the due date, the Scheme has the right to suspend payments of all Benefits which have accrued to such member irrespective of when the claim for such Benefit arose. The Scheme further has the right to give the Member notice that, if Contributions or such other debts are not paid within fourteen (14) days, membership may be cancelled without further notice.
6. If payments are brought up to date, Benefits must be reinstated without any break in continuity subject to the right of the Scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest at the prime overdraft rate of the Scheme's bankers. If such payments are not brought up to date, no Benefits will be due to the Member from the date of default and any such Benefit paid may be recovered by the Scheme.
7. The Scheme may withhold, suspend or discontinue the provision of a Benefit, or of any right in respect of that Benefit, if the Member attempts to transfer, pledge or hypothecate it.
8. Notwithstanding anything to the contrary contained in the Rules, where the Employer/Individual gives late notification to TopMed of termination, the Employer/Individual shall be liable to pay Contributions payable up to the end of the month during which TopMed receives notification of termination.

H ADDITIONAL TERMS

1. TopMed is not obliged to pay any Benefits where a Member is in breach of any of the Member's obligations in terms of the Rules and in particular where any Contribution or part thereof is in arrears.
2. The Employer is the agent of the Member and not of TopMed in dealings between an Employee and TopMed.
3. The Employer/Member must notify TopMed within 30 days of any change of address and failure to notify will absolve TopMed from any liability should the Employer or Member's rights be prejudiced or forfeited.
4. The Employer/Individual shall only be entitled to terminate the Group's Membership of TopMed consequent upon 3 calendar month's written notice of termination having been given to TopMed.

TopMed Medical Scheme reserves the right to list members who are found guilty of committing unethical behaviour, abuse, collusion or fraud on the Transunion ITC. This information may be viewed by all of the medical schemes that have a contract with the Board of Healthcare Funders Forensic Management Unit.