

Company application form

2022

Important notes:

- Please do not resign from your current medical scheme until you have received written notification of acceptance from Momentum Medical Scheme.
- Complete the application for membership (HEALTH001 or HEALTH003) for each employee's individual option. Each principal member must have started employment by the date that the company joins Momentum Medical Scheme, in order to qualify for membership.
- Please email the completed and signed form to us at healthnewbusiness@momentumhealth.co.za.

1: Employer information

Company name	<input type="text"/>																			
Legal entity	<input type="text"/>																			
Registration 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"/>	Registration date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nature of industry	<input type="text"/>																			
COID (workmen's compensation) registration 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Contact person

Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First name	<input type="text"/>																									
Surname	<input type="text"/>																																			
ID 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<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"/>
Telephone - work	<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"/>																	
Email address *	<input type="text"/>																																			
Business physical address	<input type="text"/>																																			
	<input type="text"/>																Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Business postal address (if different)	<input type="text"/>																																			
	<input type="text"/>																Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Position in company	<input type="text"/>																																			

* Please note that the email address you provide will be used when the Scheme communicates with you.

Additional contact person

Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First name	<input type="text"/>																					
Surname	<input type="text"/>																															
ID 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	<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"/>
Position in company	<input type="text"/>																															
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Email address	<input type="text"/>																															

2: Financial adviser (where applicable)

Name	Financial adviser's code	Broker house code	Commission ref no																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Exclusive group	<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 of financial adviser	<input type="text"/>										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"/>

3: Company's current and previous medical scheme information

Name of current medical scheme																			
Date joined	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date to be terminated	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
Name of current medical scheme																			
Date joined	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date to be terminated	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

4: Details of your company's employee base

Number of staff your company employs	<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						Number of principal members that Momentum Medical Scheme will cover	<table><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Will Momentum Medical Scheme be compulsory for all employees in the company within a specific group?	Yes <table><tr><td></td><td></td></tr></table>				No <table><tr><td></td><td></td></tr></table>								
If Yes, define the group													
Will Momentum Medical Scheme be compulsory for all future employees who join the company?	Yes <table><tr><td></td><td></td></tr></table>				No <table><tr><td></td><td></td></tr></table>								
Will the company offer any other scheme to employees?	Yes <table><tr><td></td><td></td></tr></table>				No <table><tr><td></td><td></td></tr></table>								
If Yes, name of scheme													

5: Company payment details

(Please do not provide credit card details. Momentum Medical Scheme is not allowed to record your credit card details)

Payment method	EFT <table><tr><td></td><td></td></tr></table> (subject to Scheme approval)			Debit order <table><tr><td></td><td></td></tr></table> (compulsory for employers with 15 or less principal members)																			
Payment in arrears (subject to Scheme approval)	Yes <table><tr><td></td><td></td></tr></table>				No <table><tr><td></td><td></td></tr></table>																		
Name of account holder																							
Name of bank																							
Account number	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
Account type	Current/Cheque <table><tr><td></td><td></td></tr></table>			Savings <table><tr><td></td><td></td></tr></table>			Transmission <table><tr><td></td><td></td></tr></table>																
Branch code	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Branch name											

Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement, is MomMedSch followed by your group number. Your group number will be issued upon activation of your group.

Momentum Medical Scheme may debit the above account with the amount due under the contract in accordance with the Momentum Medical Scheme debit order system. Momentum Medical Scheme will debit the bank account for contributions on the 1st working day of every month. We understand that Momentum Medical Scheme bills for contributions in advance and dependent on our commencement and activation dates there may be more than a single contribution payable to the Scheme. We may cancel this mandate and pay via other methods within the 30 days. If we cancel this mandate, we remain responsible to pay any amounts due to Momentum Medical Scheme while it was in force.

Name and surname	
Designation	
Name and surname	
Designation	

Authorised signatories																		
Dates	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y											
D	D	M	M	Y	Y	Y	Y											
Company stamp																		

6: Terms and conditions

1. We hereby apply for group membership (as specified in section 4) of Momentum Medical Scheme (the Scheme) administered by Momentum Health Solutions (Pty) Ltd (Administrator).
2. We hereby agree to participate in the benefit options as per the terms and conditions of the Scheme.
3. We agree that the Rules of the Scheme, as amended from time to time, shall be binding on us. We undertake to observe and carry out (in so far as is applicable to us) our obligations in terms of the agreement with the Scheme.
4. The contract will not bind the Scheme until written acceptance is received from the Scheme.
5. We agree that no statements, promises or information made or given to us by any other persons shall be binding on the Scheme or affect its rights in any way whatsoever, unless such statements, promises and information is incorporated in writing and accepted by the Scheme.
6. We declare and warrant that the answers to the foregoing questions are complete and true, and agree that this application shall form the basis of the agreement with the Scheme and that, if any statements are untrue, membership may be terminated, all benefits reversed and contributions shall be forfeited.
7. We confirm that where group membership is compulsory, it will be a condition of employment for all new employees falling into the nominated categories, other than those registered as dependants under another medical scheme, to belong to the Scheme.
8. We confirm that no member qualifying for compulsory group membership may terminate his/her membership while in the employment of this company, except for becoming a dependant of his/her partner's medical scheme.
9. We acknowledge that the Scheme does not accept liability for any employee until a notice of acceptance is given by the Scheme.
10. We undertake to notify the Scheme immediately if any changes, which affect the answers to the application, occur before the Scheme grants written acceptance. This will enable the Scheme to reconsider the terms of acceptance.
11. We agree that contributions will be paid monthly and will be submitted to reach the Scheme by no later than the 3rd day of the month for which the amounts are due.
12. We accept that if contributions are not paid by its due date for a member, the Scheme will suspend benefits with immediate effect. If the contributions are not paid within 30 days from the suspension date, that employee's membership will be terminated.
13. We confirm that we have an arrangement in place with every member according to which we will recover amounts due to the Scheme from such member's income.
14. We undertake to give one month's calendar notice to terminate the membership of any employee who leaves the employment of this company.
15. We shall give the Scheme three months' written notice of our intention to withdraw our participation in the Scheme. We acknowledge that failure to give proper notice will result in the full three months' contributions becoming immediately due and payable.
16. When the employer's membership of the Scheme terminates, the employer will ensure that the membership of all pensioners linked to that employer's membership of the Scheme is terminated, even though we no longer employ such pensioners. The employer will be responsible for, and hereby indemnifies the Scheme against, any loss or damage, including but not limited to any underwriting loss, which the Scheme may suffer as a result of such pensioners continuing as members of the Scheme.

Starting date

0	1	M	M	Y	Y	Y	Y
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Name and surname

Designation

Name and surname

Designation

Authorised signatories

Dates

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Application for complementary products

2022

Important notes:

- You may choose to make use of additional products available from Momentum Metropolitan Holdings Limited (Momentum), to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. The complementary products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the complementary products.
- If you choose to take any of these products, please complete the contract details for each product you require.

1: AdviceFee (where applicable)

Mandatory AdviceFee: If your company has chosen the Mandatory AdviceFee, please choose the AdviceFee amount per option in Section 1.1, or the total negotiated AdviceFee amount in Section 1.2.

1.1 AdviceFee amount per option

Please choose only one AdviceFee amount per option below. The amount chosen will apply to all employees in your company who are on the specific option. If the standard monthly amount of R51, R95, R126, R150 is chosen, the amount will be reviewed annually.

Ingwe Option

R51 R95 R126 R150 or Negotiated amount per member R or Not applicable

Evolve Option

R51 R95 R126 R150 or Negotiated amount per member R or Not applicable

Custom Option

R51 R95 R126 R150 or Negotiated amount per member R or Not applicable

Incentive Option

R51 R95 R126 R150 or Negotiated amount per member R or Not applicable

Extender Option

R51 R95 R126 R150 or Negotiated amount per member R or Not applicable

Summit Option

R51 R95 R126 R150 or Negotiated amount per member R or Not applicable

1.2 Negotiated AdviceFee

This is the total negotiated amount that will be paid monthly for all employees on Momentum Medical Scheme.

Monthly negotiated amount payable: R

1.3 Conditional AdviceFee: (Negotiated amount not applicable)

Please complete this section if your company has chosen the Conditional AdviceFee.

Please select an amount below and note that all employees who are members of Momentum Medical Scheme will need to complete the AdviceFee section on their individual application for membership form, or submit a completed Application for Conditional AdviceFee form.

R51 R95 R126 R150

2: Company payment details (if the company is paying for any of the complementary products)

Please indicate which complementary products the company will pay for:

AdviceFee Yes No
HealthSaver Yes No

If yes, does the company subsidise your employees full HealthSaver contribution? Yes No

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification on all companies paying for HealthSaver contributions.

Please provide the company registration number

If your employees have a Multiply Money Card, does the company allow them to use it for:

Medical and non-medical merchants, e.g. veterinarians Only medical merchants

2: Company payment details (if the company is paying for any of the complementary products) (continued)

Multiply	Yes		No		
HealthWaiver	Yes		No		
Payment method	EFT		(if granted on Momentum Medical Scheme)	Debit order	

If the company selects to be the contribution payer this will apply to all employees loaded onto the group. If the company does not select to be the contribution payer the member needs to complete the contribution payer information and authorisation for the contribution collection on their application for membership.

(Please do not provide credit card details. Momentum is not allowed to record your credit card details.)

Name of account holder												
Name of bank												
Account number												
Account type	Current/Cheque						Savings				Transmission	
Branch code							Branch name					
Starting date	D	D	M	M	Y	Y	Y	Y				

Please note that the complementary product(s) will only be activated upon successful activation of your Momentum Medical Scheme membership.

Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement, is:
 - HealthSaver: Health Sav followed by your group number
 - AdviceFee: Advice Fee followed by your group number
 - Multiply: Momentum followed by your group number

Momentum may debit the above accounts with the amounts due under the specific contracts in accordance with the Momentum debit order system. We agree to inform Momentum in writing of any changes that take place. We authorise Momentum to verify such bank details with our bank. We accept that Momentum may debit our account on a date other than specified. We accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. We may cancel this mandate and pay via other methods within the 30 days. If we cancel this mandate, we remain responsible to pay any amounts due to Momentum while it was in force.

Name and surname										
Designation										
Name and surname										
Designation										

Authorised signatories																				
	D D M M Y Y Y Y										D D M M Y Y Y Y									
Company stamp																				

3: Terms and conditions

- We understand that Multiply is offered by Momentum Multiply (Pty) Ltd, which is a separate entity from Momentum Medical Scheme. Consequently, any Multiply contributions do not form part of the contributions paid to Momentum Medical Scheme.
- We understand that HealthSaver, HealthWaiver and AdviceFee are offered by Momentum which is a separate entity from Momentum Medical Scheme. Consequently, any HealthSaver, HealthWaiver and AdviceFee amounts do not form part of the contributions paid to Momentum Medical Scheme.

Name and surname										
Designation										
Name and surname										
Designation										

Authorised signatories																				
	D D M M Y Y Y Y										D D M M Y Y Y Y									

GapCover

Take care of medical practitioner shortfalls and co-payments for in-hospital procedures through Momentum GapCover. Momentum GapCover is underwritten by Guardrisk Insurance Company Limited, a wholly owned subsidiary of Momentum Metropolitan Holdings Limited. To apply, please speak to your financial adviser
