

Section 5 TERMINATION OF DEPENDANT MEMBERSHIP DUE TO DEATH, DIVORCE, OVER AGE CHILD DEPENDANT ETC.

attach certified copy of divorce decree / death certificate

Full name/s as reflected on your fund membership card	Relationship	Date of birth	Termination date
		d d m m y y y y	d d m m y y y y
		d d m m y y y y	d d m m y y y y
		d d m m y y y y	d d m m y y y y
		d d m m y y y y	d d m m y y y y

Reason for termination _____

TO BE COMPLETED BY EMPLOYER (must be completed)

Company name

Scheme code Pay-point code Group Dependant/s subsidised

The above details have been noted and contributions will be adjusted in terms of the Scheme Rules on and include arrears, if applicable.

Total current contribution R

Total new contribution R

Arrears (if applicable) R

COMPANY STAMP

Company representative's signature and designation _____
 _____ Date

Section 6 ACKNOWLEDGEMENT AND DECLARATION

- I warrant that the information I have provided pertaining to me and my dependants is true and correct. Should there be any non-disclosure or material misrepresentation, I understand that my membership may be terminated and that I may forfeit my contributions to Bonitas. Bonitas also has the right to claim damages in respect of any loss or damages it may suffer due to my non-disclosure or misrepresentation.
- Should any of my or my dependants' circumstances alter subsequent to the date of filling in this application, but prior to acceptance of my membership by Bonitas, I shall promptly notify Bonitas of the change. I acknowledge 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 my or my dependants' behalf.
- I warrant that I have been advised that the Rules will be made available on request and I understand that I am responsible to read the Rules and any amendments to the Rules. I agree that I will read the Rules and the amendments to the Rules and be bound by them.
- I authorise and instruct my employer to deduct and pay over any amounts (that may become due and owing on my behalf) to Bonitas from time to time and I also authorise any persons, bodies or institutions who may hold retirement funds for my benefit, to deduct and pay to Bonitas all amounts that may become due and owing to Bonitas from time to time. I agree that should Bonitas incur any legal costs or expense to recover any contributions, I shall be responsible for such costs and expenses on the attorney/client scale.
- Notwithstanding the above, I understand that it is my res-p responsibility as a member to ensure that the monthly contributions are received by Bonitas.
- Should any contribution be unpaid, it may result in me and my dependants being suspended from Bonitas until all arrear contributions have been settled. Should two months' con-tributions be outstanding, Bonitas shall have the right to immediately cancel my Bonitas membership. I also understand that should my membership be suspended or terminated, I shall not be entitled to any benefits arising from my mem-ber ship whatsoever.
- I shall inform the scheme of any changes to my dependants' health or personal status, as required by the scheme rules, within 30 days of the change in circumstances.
- I authorise my healthcare provider to disclose information to the scheme and it's contracted third parties, provided such information is treated as confidential at all times.
- I agree to provide Bonitas with any medical or historical information or grant Bonitas access to medical information reasonably requested pertaining to a particular ailment, disease, disorder, condition or disability.
- 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 No. 131 of 1998 and the Bonitas Rules. I also agree and understand that I may be required to attend an examination by Bonitas' medical assessors from time to time.

- I declare that my dependants are not beneficiaries of another registered medical scheme.
- I understand that the following waiting periods may be applicable as prescribed by the Medical Schemes Act No. 131 of 1998:
 - 12.1 a 3 (three) month general waiting period in respect of all benefits;
 - 12.2 a 12 (twelve) month exclusion in respect of a pre-existing condition;
 - 12.3 a late-joiner contribution penalty.
- I authorise and permit Bonitas to take all reasonable steps to verify information provided by me in this application form.
- I agree to submit proof of identification to Bonitas on demand.
- I consent to my telephone conversations with Bonitas being recorded and forming part of Bonitas' records. I also agree that such records shall remain the sole property of Bonitas.
- 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 monies owing to Bonitas.
- I warrant that the information provided above is true and accurate and should my application be accepted by Bonitas, the contents of this application form shall constitute the basis of my agreement with Bonitas.
- As a government employee, I acknowledge that Bonitas Medical Fund will strictly adhere to Persal policies and procedures.
- As a direct paying member, I acknowledge that monthly contributions are payable in advance in accordance with the Rules of Bonitas Medical Fund.
- I hereby consent that all contact details given in Section 2 of this amendment and any amendments to those contact details, may be used by Bonitas or any appointed agent of Bonitas for sending any information of any nature (confidential or other).

I acknowledge that I have read and understood the content of this application form. If I am illiterate, I confirm that the content of this application form and the implications thereof have been read and explained to me.

All information declared on the amendment form will be kept confidential by the medical scheme.

Principal member's signature _____

Date