RAND WATER

MEDICAL SCHEME CONTINUATION FORM

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Please complete all relevant sections of this form in BLOCK CAPITALS throughout.
Specify your choices by ticking relevant boxes ☑

1. MEMBERSHIP, PERSONAL AND ADDRESS DETAILS OF PRINCIPAL MEMBER

Current Membership/Employee Number ______________

Title Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof ☐ Other (specify) ________

Surname [ ] Initial(s) [ ]

Full Name(s) [ ]

Preferred Name [ ] Gender [ ]
(M = Male; F = Female)

RSA Identity No. [ ]

Marital Status Single ☐ Married ANC ☐ Married COP ☐ Other ________

If Married, indicate: Date [ ]

Home Code [ ] No. [ ] Cell No. [ ]

Work Code [ ] No. [ ] Fax Code [ ] No. [ ]

Rand Water E-Mail Address ______________________

Other E-mail Address (If available) ______________________

Postal Address [ ]
[ ] Postal Code [ ]

Domicilium Address (Physical Address) [ ]
[ ] Postal Code [ ]

2. INTERNAL CHANGE OF EMPLOYMENT DETAILS AND/OR RETIREMENT DETAILS

Date of CHANGE of employment details and/or RETIREMENT DATE:

Previous Physical Site Address Details, if applicable: ______________________________

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Current/New Physical Site Address Details, if applicable: ______________________________

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3. CHANGE OF BANKING DETAILS – **REQUIRED TO PAY REFUNDS DIRECTLY INTO YOUR BANK ACCOUNT**

Name of Bank

Branch Name Branch Code

Account No.

Type of Account Cheque ☐ Savings ☐ Transmission ☐

Note: If these details are not correct, the Scheme will not be able to refund claims electronically.
No credit card details will be accepted.
It should be noted that this is NOT a debit order mandate.
Please Attach: Original cancelled cheque OR Copy of bank statement OR Letter from bank with details of account for verification purposes.
PLEASE NOTE: ABSA BRANCH CODE (632005)

3. DEPENDANTS YOU WISH TO REGISTER/DETAILS OF DEPENDANTS YOU WISH TO CHANGE (•)

FIRST NAMES (State where surname different)	KNOWN AS	DATE OF BIRTH	AGE	SEX	RELATIONSHIP	ID NUMBER	DATE TO ADMIT

- **IF INSUFFICIENT SPACE PROVIDED, PLEASE ATTACH A SEPARATE SHEET**

THE FOLLOWING DOCUMENTS NEED TO BE ATTACHED/RETURNED IN RESPECT OF DEPENDANTS REGISTERED WITH THE SCHEME:

(a) **Certified copies of all main members & dependant's ID documents or birth certificates**
(b) **Motivational form (if applicable)**
(c) **Medical Questionnaire FOR EACH ADDITIONAL DEPENDANT ADDED**
(d) **Letter from the institution where each student dependant is studying**
(e) **Affidavit of guardianship or proof thereof in case of legal dependency**
(f) **Domestic partnership forms (if applicable)**

PLEASE ENSURE THAT THE MEDICAL QUESTIONNAIRE FOR EACH PROSPECTIVE ADDITIONAL DEPENDANT(S) IS INSERTED WITH THIS AMENDMENT FORM

4. PREVIOUS MEDICAL DETAILS (ONLY APPLICABLE IF ADDITIONAL DEPENDANTS REGISTERED)
CERTIFICATE OF MEMBERSHIP OF PREVIOUS MEDICAL AID, COVERING THE LAST 24 MONTHS, MUST BE ATTACHED

Have you or your dependant(s) been a member/dependant of another registered medical scheme in the past?

Yes ☐ No ☐

Name of medical scheme	Member's name	From DD/MM/YYYY	To DD/MM/YYYY	Membership No.

Have you been a member or dependant of the Rand Water Medical Scheme previously?

Yes ☐ No ☐ Status ____________ (P=Principal Member, D=Dependant)

If yes, please state: Previous employee number ________________

Period(s) from? ☐ to ☐

NOTE: Waiting periods and penalties may be imposed, as per the Rules of the Scheme, unless a certificate of membership is attached proving transferability

5. DECLARATION TO BE COMPLETED BY MEMBER

THIS AMENDMENT FORM WILL NOT BE VALID UNLESS EVERY QUESTION HAS BEEN ANSWERED AND THE MEDICAL HISTORY HAS BEEN COMPLETED AND INSERTED.

1. I hereby apply for admission to membership of the Rand Water Medical Scheme in terms of the rules of the Scheme.
2. I acknowledge and agree that:

2.1 I have familiarised myself with the benefits covered by the Scheme under the option available to me;
2.2 If my application for membership is accepted, my membership with the Scheme shall be subject to and in terms of the rules of the Scheme, as amended from time to time;
2.3 If the principal member or the dependants do not have transferability according to the rules of the Scheme, the Scheme may impose waiting periods on such dependants in terms of the Medical Schemes Act 31 of 1998 and the Regulations under this act;
2.4 Rand Water as a collection agent may collect contributions on my behalf but I will ultimately remain liable for any outstanding amounts.

3. I warrant that all information given in this application is true and correct.
4. I hereby agree that:

4.1 all statements in this application form shall be the basis of my proposed membership and that any misstatement in or omission from this form may lead to refusal to admit any claims for treatment given to me, or to my membership being declared null and void ab initio;
4.2 upon termination of my employment with Rand Water, my membership with the Scheme will terminate on the date of such termination, except in respect of Continuation membership as stipulated in the Rules of the Scheme

5. I hereby authorise the Scheme:-

5.1 to obtain any additional information it may require to enable it to consider my application for membership
5.2 during my period of membership to obtain any information it may require concerning my medical history and
5.3 to include and share such information as it might deem necessary from time to time with third parties, as well as Rand Water, provided that such information will not include my personal details.

Date: ☐ Signature of Member ____________________

DEBIT ORDER AUTHORITY

Membership Number [ ]

I/We hereby authorise **RAND WATER MEDICAL SCHEME** to debit my banking Account.

The details of my/our bank account are as follows:

BANK ___________________________

BRANCH NAME AND TOWN ___________________________

BRANCH NUMBER [ ][ ][ ][ ][ ][ ][ ][ ]

ACCOUNTS NUMBER [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

TYPE OF ACCOUNT
Current (Cheque) [ ]
Savings [ ]
Transmission [ ]

I/We authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) "the amount necessary for payment of the monthly amounts due in respect of contributions" on the 1st of each month commencing on _____________ and continuing, while I/We remain member(s) of the Rand Water Medical Scheme. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

The above authority is to remain in force until cancelled by me/us in writing as per the Rules of the Rand Water Medical Scheme at time of cancellation.

DATE: ____________________ **SIGNATURE/S:** ____________________

For office use only:

Member Number _________________________

Principal Member _________________________

Date processed _________________________

Captured by _________________________

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