

LA Health

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**BRINGING
MEDICAL
COVER
TO YOU**



We're in it for
your health

LAHNB02

YOUR LA HEALTH MEDICAL SCHEME APPLICATION FORM 2023

You need to complete this form in full when you apply to join LA Health Medical Scheme. Please tear off this section and keep it until you get further communication from us about your application

Thank you for applying to join LA Health Medical Scheme

Thank you for choosing LA Health Medical Scheme to look after your healthcare needs.

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is the medical scheme that you are applying to become a member of. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

What happens next with your application?

Once you submit your application to us, the following will happen:

- We capture and check your details.
- If there is any information missing, we will call you or write to you.
- To finalise your membership, we may also speak to your broker about any other requirements.

We only send information via email or SMS

In the interest of the environment, and to ensure efficiency, we no longer print and post some information. Please provide your personal email address and a valid cellphone number.

When we have accepted your application, we will communicate with you

- We will SMS your membership number to you when we activate your membership.
- We will also send you a new member welcome pack that includes the following:
 - A welcome letter, which confirms the Benefit Option you have chosen and all other relevant details about your membership
 - Your LA Health Medical Scheme membership card
 - Car stickers with our contact details in case of an emergency
 - A Benefit Brochure, which outlines your benefits.

Once you get written notification from LA Health Medical Scheme that your application is successful, please cancel your current medical scheme membership, as it is illegal to belong to two medical schemes at the same time. If you have not heard from us seven days after submitting your application, please contact your broker.

Chronic Illness Benefit

If you want to access cover from the Chronic Illness Benefit, you must apply for it once you have received your new LA Health membership number. You and your doctor must complete a Chronic Illness Benefit application form and submit it for review. Your doctor can apply for cover online, if they use HealthID, provided you give your consent.

You need to meet the benefit entry criteria for your condition to be registered on the Chronic Illness Benefit. You or your doctor may need to provide certain test results or extra information to finalise your application. Please ensure that these documents are submitted with your application to avoid any delays in the process.

You can find the application form on the website www.lahealth.co.za



Before you send us the application form portion of this document, please make sure your employer has stamped it to show they are aware that you want to join LA Health Medical Scheme.

Broker name: Accreditation number:

Telephone number: FAIS number:

For office use only			
Option:	Risk	MSA	Total
Employer			
Member			
Total contribution			

Employer stamp

LA HEALTH MEDICAL SCHEME MEMBER APPLICATION FORM

How to complete this application

Please complete sections A – J as applicable.
Please use one letter per block, complete with black ink and print clearly.
To avoid administration delays, please make sure this application is completed in full.
This form must be completed for each person who wants to join LA Health Medical Scheme.

Please attach a copy of each applicant's ID to this application form.
LA Health Medical Scheme accepts valid passports and birth certificates for children.
You must give this form to your employer if you are still working.
If you are a pensioner, please give it to your pension fund administrator.
To follow up on this application, please call 0860 100 345
or email nb_inhouse_queries@discovery.co.za

A. About your employer

Municipality/employer

Date of permanent employment Y Y Y Y M M D D Depot name

Staff number Employer no. Pension number

B. About yourself (main member). Please attach a copy of your ID/passport

When do you want your cover to start? Y Y Y Y M M 0 1 Are you in active employment Y N Are you retired from employment Y N

Title Surname Tax number

First name(s) Sex M F Date of birth Y Y Y Y M M D D

ID or passport number Marital status

Gross yearly salary R Cellphone

Telephone (H) (W)

Email Home Work

* Communication will be sent to either this email address or via SMS to your cellphone. Please supply a valid personal email address and cellphone number

Physical address Postal address

Code

C. About your spouse/partner (if applying for cover). Please attach a copy of your spouse's/partner's ID/passport and complete the partnership declaration if not legally married

Title Surname

First name(s) Sex M F Date of birth Y Y Y Y M M D D

ID number Cellphone

Telephone (H) (W)

Partnership declaration

If you are not legally married and unable to produce a marriage certificate, we require that you complete the section below.

We hereby declare that we are in a long-term, committed relationship that is like a marriage and that we reside together at the same residence. We understand that by signing this declaration we agree to inform the Scheme of any change in the status of our relationship or any change in our living arrangements, such as separation. We further understand that should the information provided regarding our relationship or residency be false in any way, the Scheme reserves the right to terminate both our memberships.

How long have you and your partner been in this relationship that is like a marriage? Y Y M M

Signature of main member Signature of spouse/partner

Date Y Y Y Y M M D D Date Y Y Y Y M M D D

Should the above section not be signed by both parties, the application process will be halted until such time as the section has been duly signed by both parties.

D. About your dependant(s) (if applying for cover). How many dependants are you applying for? Please attach a copy of each of your dependant's ID/passport/birth certificate

Dependant 1

Title Initials Surname

First name(s) (as per identity document)

Preferred name Sex M F Date of birth Y Y Y Y M M D D

ID or passport number Country of issue

Relationship to main member (for example, mother or child. If your child is not your biological child, please give more detail – adopted child or foster child – and provide legal proof.)

Please sign Section J on reverse side.

If your dependant is 21 years or older, are they:

Married? Y N Financially dependent on you? Y N Disabled? Y N A student? Y N
 Does your dependant earn an income? Y N How much does your dependant earn each month? R

Dependant 2

Title Initials Surname
 First name(s) (as per identity document)
 Preferred name Sex M F Date of birth
 ID or passport number Country of issue
 Relationship to main member (for example, mother or child. If your child is not your biological child, please give more detail – adopted child or foster child – and provide legal proof.)

If your dependant is 21 years or older, are they:

Married? Y N Financially dependent on you? Y N Disabled? Y N A student? Y N
 Does your dependant earn an income? Y N How much does your dependant earn each month? R

Dependant 3

Title Initials Surname
 First name(s) (as per identity document)
 Preferred name Sex M F Date of birth
 ID or passport number Country of issue
 Relationship to main member (for example, mother or child. If your child is not your biological child, please give more detail – adopted child or foster child – and provide legal proof.)

If your dependant is 21 years or older, are they:

Married? Y N Financially dependent on you? Y N Disabled? Y N A student? Y N
 Does your dependant earn an income? Y N How much does your dependant earn each month? R

E. Previous medical scheme details (Please supply proof of current membership, if applicable)

Have you ever belonged to a medical scheme before? Yes No
 Name of scheme Membership number
 Date of joining to or currently a member

F. Option selection

LA KeyPlus LA Focus LA Active LA Comprehensive LA Core
 Pay Medical Savings Account claims at LA Health Rate or at Cost (if applicable) Note: not available to LA KeyPlus members.

Please complete if you have selected the LA KeyPlus Option.

	Name	General practitioner (GP)	Practice number	Second GP name	Practice number
Main applicant					
Spouse/partner					
Dependant*					
Dependant*					
Dependant*					

Please make sure the dependant information supplied above is the same as the dependant information in Section D of this form. If you live far away from where you work or you often need to work in different towns or provinces, you may need a second GP. Please complete the relevant section if you need a second GP allocated to you.
 Please note: you can only access day-to-day cover and chronic benefits through the KeyCare network GPs you chose above.

G. Banking details (for claims reimbursement and/or contributions)

Bank name Branch
 Account type Branch code - - -
 Name of accountholder
 Account number Signature of accountholder

Original handwritten signature required

Accountholder's physical address (own/3rd party/company/trust)

Accountholder contact number

Accountholder email address

As part of Payments Association of South Africa (PASA) debit order mandate requirements you are required to supply the accountholder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA order mandate requirement and will not be used to update the contact details we have on system, If you wish to update any contact details, please visit www.discovery.co.za.

We will debit your account on the first working day of the month. If your membership is not activated in time for the debit order collection, your first premium will be collected with the next debit order unless it has been paid in the interim or you have granted us with permission to debit your account for the outstanding premium. After we have received your first debit order and you are paying in advance, you may change your debit order date to a variable debit order date by contacting us on 0860 99 88 77

Can we use this account to refund claims to you? Yes No

H. Your broker details (if you are appointing a broker to act on your behalf)

Do you have a broker? Yes No

If yes, your financial adviser must complete the details below.

Name of broker

Name of broker house

Signature of broker

Broker code

Broker's stamp

I _____ hereby confirm that I appoint the broker indicated above to act on my behalf.

Signature

Your broker is not employed by LA Health Medical Scheme, but is appointed by you and acts as your representative.

Date

You must also sign Sections I and J on the next pages

I. LA Health Medical Scheme Privacy Statement

How we will process and disclose your personal information and communicate with you

Definitions

The Scheme refers to LA Health Medical Scheme, registration number 1145, registered with the Council for Medical Schemes.

Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

Discovery Group refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the Group. Subsidiaries in the Group are authorised financial services providers.

You and your refer to the member and their dependants who are registered as beneficiaries of the Scheme.

Your personal information refers to all personal information the Scheme or the Administrator has on you, or data subjects which are related to you or under your authority ("other data subjects") (as relevant). It includes:

- financial information;
- information about your health, race or ethnic origin, biometrics, criminal behaviour or religion;
- your sex;
- your age;
- unique identifiers such as your identity number or contact numbers; and
- addresses.

Process(ing) (of) information means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.

Competent person means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant, for example a parent or legal guardian.

1. When you engage with the Scheme and Administrator, you trust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information.
 2. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note the Scheme and Administrator require your acceptance of these terms and conditions, otherwise we cannot activate and service your medical scheme membership.
 3. The Scheme and Administrator will keep your personal information confidential. You may have given us this information yourself, or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable).
 4. You understand that when you include your spouse and/or dependants on your application, we will process their personal information for the activation of their membership and to pursue their legitimate interest. We will furthermore process their information for the purposes set out in this Privacy Statement.
 5. If you are an employer, you agree to indemnify the Scheme and Administrator against any loss or damage, direct or indirect, that an employee suffers because of any unauthorised use of your employees' personal information.
 6. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person and that you have authority to give their consent for them.
 7. You agree that the Scheme and Administrator may process your personal information for the following purposes:
 - for the administration of your benefit option;
 - for the provision of managed care services to you on your benefit option;
 - for the provision of relevant information to a contracted third party who requires this information to provide a healthcare service to you on your benefit option;
 - to analyse risks, trends and profiles;
 - to share your personal information with external healthcare providers for the purposes of evaluating certain clinical information, in the event that you require medical treatment.
- Examples of this include:
- i. Sharing your personal information with your chosen financial adviser during the membership application process to enable the Administrator to process your membership application;
 - ii. Obtaining and sharing your personal information with other relevant sources, including medical practitioners, contracted service providers, health information exchanges, financial advisers, credit bureaus, entities that are part of Discovery Group or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to assess and value a claim for medical expenses. We may (at any time, and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
 - iii. If you have joined as a member of an employer group, getting information from and sharing information with your employer that is relevant to your application for membership, with due regard for considerations of confidentiality in respect of your state of health;
 - iv. Communicating with you about any changes to your benefit option, including changes to your contributions or the benefits you are entitled to on the benefit option you have chosen.
8. If a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
 - you have already given your consent for the disclosure of this information to that third party; or
 - we have a legal or contractual duty to give the information to that third party, or
 - we need to share it with them for risk analytical or fraud detection, prevention or recovery purposes
 9. You consent and agree that:
 - we may process your information, including personal information, to adhere to South African Legislative reporting obligations and to perform transaction monitoring activities;
 - we may communicate such personal information to local Regulatory Bodies as well as to other entities in the Discovery Group if any Legislative reportable matters are identified.
 10. The Scheme and the Administrator may provide your personal information to any other entity within the Discovery Group with whom you or your dependant(s) already have a relationship; or where you or your dependant(s) have applied for a product, service or benefit from such entity. This information will be provided for the administration of your or, your dependant(s) products or benefits with other entities within the Discovery Group, and for fraud detection, prevention or recovery purposes.
 11. The Scheme and Administrator may share and combine all your personal information for any one or more of the following purposes:
 - market, statistical and academic research; and
 - to customise our benefits and services to meet your needs.
 12. Information about you may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that all data about you that is shared with such third parties will be made anonymous to the extent possible and where appropriate. Note also that personal information will be made available to such third party only if that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of any academic research, you will not be identified by name.
- If we want to share your personal information for any other reason, we will do so only with your permission.

13. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always try to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third party data sources.
14. By accepting this privacy statement, you authorise the Scheme and Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, and default history. It also includes sharing of information for purposes of risk analysis, tracing and any related purposes.
15. The Scheme and Administrator have the right to communicate with you electronically about any changes to your benefit option, including changes to your contributions or changes to the benefits you are entitled to on the benefit option you have chosen.
16. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
17. The Scheme and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time. The Scheme, Administrator, any entity within the Discovery Group, and contracted third-party service providers, may communicate with you about these.

Please let the Administrator know if you do not wish to receive any direct telephonic marketing.
18. You also confirm that we may share, both within the Discovery Group and with our service providers, and combine all your personal information, including your unique identifiers, for any one or more of the following purposes directly or through a third party:
 - Market, statistical and academic research, including cross-company analytics;
 - To customise and enhance our benefits and services to meet your needs; and
 - To market our services to you.
19. You may opt out of Electronic Marketing by:
 - Logging into your profile on www.discovery.co.za or the Discovery app;
 - Following the unsubscribe prompts on the electronic marketing communication received;
 - By informing your appointed financial adviser.
20. We will store your personal information for the purpose of processing this request and action it as soon as reasonably possible.
21. You have the right to know what personal information the Scheme and Administrator holds about you. If you wish to receive this information please complete an '*Access Request Form*', attached to the PAIA manual, on www.lahealth.co.za, and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information.

We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
22. You agree that the Scheme and Administrator may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
23. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so.

We are required to collect and keep personal information in terms of the following laws:
 - Medical Schemes Act, 1998
 - The Consumer Protection Act, 2008
 - The Protection of Personal Information Act, 2013
 - Electronic Communications and Transactions Act, 2002
 - Promotion of Access to Information Act, 2002
 Legislation specific to Discovery Health (Pty) Ltd only:
 - Financial Advisory and Intermediary Services Act, 2002
 - Companies Act, 2008
24. You agree that the Scheme and Administrator may transfer your personal information outside South Africa:
 - if you give us an email address that is hosted outside South Africa; or
 - for processing, storage or academic research; or
 - to administer certain services, for example, cloud services.
 When we share your information with a person (or company) outside South Africa, we will require, such person (or company) to treat your information in a manner that complies with the requirements of that country and at least with the same level of protection as we are obliged to do in South Africa. Unless you specifically give us consent to share your personal information with such person (or company).
25. If the Scheme or Administrator becomes involved in a proposed or actual amalgamation or merger, acquisition or any form of sale of any assets, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information. The terms of this Privacy Statement will continue to apply.
26. The Scheme or Administrator may change this Privacy Statement at any time. The current version is available on www.lahealth.co.za.
27. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, we encourage you to first follow the Scheme or Administrator's internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website at www.lahealth.co.za. If you are not satisfied after this process, you have the right to lodge a complaint with the Information Regulator, under POPIA.

Contact details for the Information Regulator:

The Information Regulator (South Africa)
 JD House | 27 Stiemens Street | Braamfontein | Johannesburg
 PO Box 31533 | Braamfontein | Johannesburg | 2001
POPIAComplaints@infoeregulator.org.za or PAIAComplaints@infoeregulator.org.za

Signature of Main Member

Original handwritten signature required

The main applicant must sign and date any changes.

J. LA Health Medical Scheme Terms and Conditions

Terms and conditions for membership

The terms and conditions of the Scheme record your rights and responsibilities for your membership of the Scheme. They may change from time to time. You may ask us for a copy at any time.

You may be called the principal member or main member in our future communications to you.

1. Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that you have received permission from your spouse and/or any dependant(s) over 18 to act for them in any matter relating to this application.

2. Giving and getting information

You must give true, correct and complete information

To consider your application to become the main member on your membership of the Scheme, we must learn more about you. Information about you must be true, correct and complete. This includes the details you give in this application form and in future dealings with The Scheme and the Administrator.

Your legal address

We will email, SMS or post your documents to you. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

3. The Administrator and the Scheme may record telephone calls

The Administrator and the Scheme may record telephone conversations with you. The recordings and all information we get during the recordings will be processed and kept as required by law.

4. Tell the Scheme or the Administrator immediately if your information changes

You, your employer or your broker must tell the Scheme or the Administrator in writing if any of the information you gave changes between the day you sign this document and the day your membership status is changed. We need advance notice of any administrative changes such as cancellation of membership, as backdated changes may not be accepted.

5. When the Scheme may cancel your membership

The Scheme may cancel any memberships immediately:

- If you do not give the Scheme and the Administrator information that later turns out to be relevant to this application;
- If you give the Scheme and the Administrator any information that is not true, correct and complete.

6. You must ensure contributions are paid on time

As the main member of the Scheme, you are responsible for ensuring that your and those persons registered as your dependants' contributions are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time. If you are paying your contributions, the reference number LAH CONT will be used on your bank statement to identify the debit order.

7. Repaying money owed to the Scheme

The Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you of any amount that you must pay to the Scheme.

If the benefit option you chose offers a Medical Savings Account, the Scheme makes money available in advance for you to use for medical expenses during the year. If you leave the Scheme before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to the Scheme during the specific year.

You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number **LAH CLAW** will be used. When you agree that we may recover outstanding money due to the Scheme by debit order, by signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you.

I hereby acknowledge that I have read and understood the terms and conditions as set out in sections I and J of this application form.

Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature of member

Original handwritten signature required

Please do not sign an incomplete application form.

LA Health

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● Client Services 0860 103 933 ● Fax 011 539 7276 ● www.lahealth.co.za
● service@discovery.co.za ● Report fraud anonymously 0800 004 500



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