

Continuation form

Application to become the main member

Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

This document is for use when one of the existing dependants on a membership become the main member on an existing membership.

It also contains some terms and conditions for membership. Please make sure you read and understand the terms and conditions.

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-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). Discovery Health (Pty) Ltd takes care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly or complete digitally.
2. This form must be completed by the dependant applying to be the main member.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to the Human Resources department at the Employer (if the employer pays a subsidy) or to the Scheme if you are a self-paying member.

1. About your employer (if you are employed by a Local Government employer or related employer)

Employer name Date of employment

Employer number

Branch name Branch number -

2. About the new main member

Date membership of new main member starts Membership number

Title Initials

Surname

First name(s) (as per identity document)

Gender M F Date of birth

Marital status Married Single Divorced Widowed

Previous/maiden name

ID or passport number Employee number

Telephone (H) Telephone (W)

Cellphone

Personal email

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Post code

Postal address

PO Box Private bag Box number

Suite Postnet suite Number

Suburb Post code

Note: we will communicate to you via email or SMS , as may be appropriate.

3. Details of the current main member

If you need to register as the main member due to the death of the current main member, please attach a certified copy of the death certificate.

Title Initials

Surname

First name(s) (as per identity document)

Gender M F Date of birth

Marital Status Married Single Divorced Widowed

ID or passport number Telephone (H)

Telephone (W) Cellphone

Personal email

4. Banking details for the new main member's monthly contribution (if applicable)

What you must do

Submit the following with this form: copy of ID of the bank account holder and Bank statement/letter of confirmation from the bank of the account holder, not older than three months.

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Account holder

Account holder's address

Unit/Suite number Complex name

Street number Street name

Suburb

City Post code

Account holder's email address

Account holder's contact number

Please also complete the details below for company or trust accounts.

Company or trust

Registration number

Signed at (town or city)

Signature of authorised party / trustee Date

If there are multiple authorised parties / trustees, please attach ID copies for each authorised party / trustee.

I agree to inform the Scheme in writing of any changes that may occur.

Signature of the new main member

Signature of bank account holder

Due to the Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit 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.lahealth.co.za.

Please note: Should you be using someone else's bank account, the account holder must sign above to confirm this.

5. LA Health Medical Scheme - Privacy Statement

Definitions

The Scheme refers to LA Health Medical Scheme, registration number 1145, registered with the Council for Medical Schemes. You can find us at www.lahealth.co.za.

The Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for LA Health Medical Scheme ("the Scheme" or "LA Health").

We, us, our refer collectively to the Scheme and the Administrator.

You and your refer to you, as the main member and your dependants who are registered on the Scheme, which may include your spouse, children and other dependants, collectively "your dependants".

Your personal information refers to personal and special personal information about you or that information for your dependants. It includes information about race, gender, sex, pregnancy, biometrics, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and date of birth of the individual amongst other things.

Process(ing) (of) information means the lawful and reasonable automated or manual activity of collecting, recording, organising, using, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

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, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

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

Part 1 - Introduction

1. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
2. This Privacy Statement applies to you if you engage with us physically through our offices, or virtually through our website (www.lahealth.co.za), email, mobile applications such as the Discovery App, social media platforms, over the phone, or otherwise, as may be the case from time to time.
3. When you engage with us, you entrust us with personal information about you.
4. We are committed to protecting your right to privacy. We will keep your personal information confidential. We take protecting your personal information seriously and are continuously developing and updating our security systems, processes and data governance policies.
5. 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 endeavour 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. Thus, your personal information comprises information you may have given to us yourself or we may have collected from other sources.
6. You understand and/or acknowledge that when you include your dependants, on your application, we will process their personal information for the activation of the benefits offered by the specific Option chosen, and to pursue their legitimate interests. By submitting your dependants' relevant personal information, you hereby confirm that you are duly authorised to share such information with us.
7. If you are giving consent for a person under 18 (a minor) you confirm that you are their parent or legal guardian and that you give consent for us to process their personal information for the purposes covered in this Privacy Statement.
8. If you share your personal information with any third parties, we will not be responsible for how they use that information, nor be responsible for any loss suffered by you.

Part 2 – Applying for and administering your membership

9. You understand, accept and consent that we may process your personal information for the following purposes:
 - 9.1. to verify the accuracy, correctness and completeness of any information provided to us in the course of processing an application for membership or providing services related to the membership;
 - 9.2. for the administration of your membership of the Scheme;
 - 9.3. to apply managed care services to ensure appropriate and efficient benefit use;
 - 9.4. for the provision of relevant information to a party, contracted by the Scheme and/or the administrator, who requires this information to provide a healthcare service to you as a member of the Scheme;
 - 9.5. to profile and analyse risk;
 - 9.6. to share your personal information with external healthcare providers, for them to assess or evaluate certain clinical information, when you are subject to such a clinical assessment; and/or
 - 9.7. to investigate and/or remedy fraud, waste and abuse.
10. By signing this application form, you expressly consent that, for the purpose of processing your application for membership, underwriting, determining contributions, collection of funds due to the Scheme from you, and/or any other matter relevant to administering your membership to the Scheme, we can obtain and share information about your creditworthiness, or the creditworthiness of any payer of your contribution. This includes information about your or any payor's credit and/or financial history, judgments, default history and the sharing of information for purposes of risk analysis, tracing and any related purposes.

11. Examples of how we will obtain and share your personal information for the above purposes, including but not limited to:
 - 11.1. From all relevant sources, including healthcare providers, contracted service providers, your LA Health broker, credit bureaus (or a credit providers' industry association or industry body), 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 consider 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;
 - 11.2. If you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your application;
 - 11.3. Communicating with you about any changes in your benefits, including your contributions or changes and enhancements to the benefits you are entitled to on the Option you have chosen;
 - 11.4. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, for example to facilitate access to international emergency treatment, or if you provide an email address, which is hosted outside the borders of South Africa, or for processing, storage or academic research.
 - 11.5. Sharing your personal information to be processed by healthcare providers via a health information exchange to improve access to appropriate care and better healthcare outcomes.
12. We have the right to communicate with you electronically about any changes relating to your membership, including contributions or changes and improvements to the benefits you are entitled to on the Option you have chosen.
13. We may process your personal and/or depersonalised information for the following purposes:
 - 13.1. for research and analysis; or to provide services via the Discovery App.
14. We will transfer your personal information outside South Africa only:
 - 14.1. if you give us an email address that is hosted outside South Africa; or
 - 14.2. to administer certain services, for example, cloud services.
15. When we share your information, we will ensure that the company, person or regulatory body (in or out of South Africa) to whom we pass your personal information, agrees to treat your information with the same level of protection as we are obliged to.
16. You have the right to object to the processing of your personal information and have a choice whether to accept these terms and conditions. However, it is important to note that we require your acceptance of the above terms and conditions to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate your membership and give you access to any of the Scheme's services.

Part 3 – Sharing your information with third parties

17. If a third party asks us for any of your personal information, we will share it with them only if:
 - 17.1. you have already given your consent for the disclosure of this information to that third party;
 - 17.2. we have a legal or contractual duty to give the information to that third party.
 - 17.3. We will only provide your personal information to a Discovery Limited entity if you have already given informed consent for such disclosure to the specific entity, and only for the following purposes:
 - 18.1 to allow for the administration of your profile/membership/plan by the Discovery entity with whom you or your dependant/s already have a relationship; or
 - 18.2 if you have applied for a product, service or benefit from that entity, for the purposes of underwriting.
18. We will only provide your personal information to a Discovery Limited entity if you have already given informed consent for such disclosure to the specific entity, and only for the following purposes:
 - 18.1. to allow for the administration of your profile/membership/plan by the Discovery entity with whom you or your dependant/s already have a relationship; or
 - 18.2. if you have applied for a product, service or benefit from that entity, for the purposes of underwriting.
19. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. Your personal information will be made anonymous to the extent possible, and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we and/or the academic and researcher publish the results of this research, you will not be identifiable.
20. You have the right to object to the sharing of your personal information for the purposes and the instances set out in this part of the Privacy Statement and any such objection will not affect your application for membership and/or the way your membership to the Scheme is administered.

Part 4 – Your consent

21. You consent and agree to the terms and conditions set out above and that:
 - 21.1. we may process your information, including personal and special personal information, for the purposes set out above and understand that in doing so we are required to adhere to South African legislative reporting obligations;
 - 21.2. we may communicate such personal information to local regulatory bodies and other relevant governance structures of Discovery Limited, or any of its relevant entities if any legislative reportable matters are identified.
22. We may process your information using automated means (without human intervention) to decide about you or your application for membership of the Scheme or access to the applicable benefits. You may query the decisions made.
23. It is important that you be kept updated about any offers and new products that are made available from time to time. To do so, we may need to obtain information and/or data from third parties that provide relevant products and/or services, (including, any entity of Discovery Limited and credit bureaus. We would obtain the data to analyse your personal information and get a better understanding of the new products and/or services, to ensure that the offers meet your requirements. Furthermore, we, any entity of Discovery Limited, and/or any contracted third-party service providers may need to communicate with you about these offers.
24. To indicate your communication preference regarding such data or information, please [click here](#). Please make your selection as soon as possible.
You may at any time change your option for electronic marketing on www.lahealth.co.za. We will store your personal information to action this request and action it as soon as reasonably possible.

25. Unless required by law to keep your personal information for a certain period of time or purpose, you agree that we 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-identify it, and for purposes of proof, retain a secure copy of your request.
26. If the Scheme or the Administrator becomes involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, 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.
27. Where we are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
 - 27.1. Legislation applicable to us:
 - 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
 - 27.2. Legislation specific to the Administrator only:
 - Financial Advisory and Intermediary Services Act, 2002

Part 5 – General

28. The Scheme may change this Privacy Statement at any time. We will publish any changes to this Statement on www.lahealth.co.za to ensure that you can be aware of these changes. By continuing to be a member you agree that the latest version will apply to you.
29. You have the right to know what personal information we hold about you. If you wish to receive this information please complete a 'PAIA Form to Request Access to Records', available on www.lahealth.co.za and specify the information you would like. We will take all reasonable steps to confirm your identity before providing your personal information in respect of such request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
30. If you believe that we have used your personal information in a way that is contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal escalation and/or disputes process to resolve the matter.

We explain the escalation and/or disputes process on www.lahealth.co.za, or you may contact the Scheme's Information Officer at privacy@discovery.co.za.

If, thereafter, you feel that we have not resolved your complaint adequately kindly contact:
 The Information Regulator (South Africa)
 JD House | 27 SIEMENS STREET | Braamfontein | PO Box 31533 | Braamfontein | 2017
 Tel: **+27 (0) 10 023 5200** | POPIAComplaints@info regulator.org.za.

6. Banking details for claim refunds

What you must do

Submit the following with this form: copy of ID of the bank account holder/bank statement or letter from the bank of the account holder, not older than three months.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account .

Same as section 4? Yes No

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account number	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Account holder	<input type="text"/>		

I agree to inform the Scheme in writing of any changes that may occur.

Signature of the new main member

Signature of Account holder

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

7. LA Health Medical Scheme terms and conditions for membership

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.

7.1 Acting for others

You confirm you have the right to act for others

LHCON001

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.

7.2 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.

7.3 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.

7.4 The Scheme and Administrator may get information about you from other relevant sources

The Scheme and Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus or industry regulatory bodies ("relevant sources") and further process such information to consider your membership application, to conduct underwriting or risk assessments, to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/ or abuse (including by medical practitioners, contracted service providers or financial advisers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete.

You give your permission that the Scheme and Administrator may get any information that is relevant to your application from your employer.

7.5 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.

7.6 When the Scheme may cancel your membership/s

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.

7.7 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.

7.8 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.

Signature of new main member

Date

D	D	M	M	Y	Y	Y	Y
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8. Debit Order Mandate

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, the undersigned:

1. warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;

2. authorise LA Health Medical Scheme to issue and deliver payment instructions to my bank, recorded above, for the collection by LA Health Medical Scheme from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application, on condition that the sum of such payment instructions will never exceed my obligations as framed under my membership of the Scheme. This authorisation shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving LA Health Medical Scheme no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate.
3. confirm that that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection, and there is an amount outstanding, LA Health Medical Scheme can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
4. authorise LA Health Medical Scheme to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement
5. acknowledge that my bank will treat each payment instruction to pay contributions or amounts due under this agreement to LA Health Medical Scheme as if each payment instruction came from me personally as the account holder.
6. undertake to advise LA Health Medical Scheme in writing of any changes to my account details. I acknowledge that LA Health Medical Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify LA Health Medical Scheme of a change in banking details, or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
7. know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership;
8. acknowledge that although this authority and mandate may be terminated by me, such termination does not necessarily terminate this agreement. In the event of such termination I am not entitled to any refund of any contributions or amounts due that was withdrawn by LA Health Medical Scheme whilst this authority and mandate was in force, if such contributions or amounts were legally owing to LA Health Medical Scheme in terms of the agreement;
9. acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.

Privacy Statement

We process your personal information, as set out in the Scheme's privacy statement, available at www.lahealth.co.za. By accepting these terms and conditions or by providing personal information to us, you agree and give permission for us to use your personal information as we set out in our privacy statement. If you do not agree or give us permission to use your personal information, we may not be able to maintain your membership of the Scheme. If you believe we have acted in a way that contradicts our privacy statement, please let our Privacy Officer know at www.lahealth.co.za.

Reference number

This Agreement reference number: System generated reference number

Abbreviated name

Abbreviated Name as Registered with the Bank: LAH CONT/LAH CONT

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment start date: as per signed contract

Signature of bank account holder

Please only sign if you have read and understand this statement

Date

Y	Y	Y	Y	M	M	D	D
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