

## Health4Me Employee application form

### Important notes:

- Health4Me is not a medical aid product, and is not a substitute for medical scheme membership.
- Please submit the completed and signed form via email to [health4memembership@momentum.co.za](mailto:health4memembership@momentum.co.za).

### 1: Employer's details

Employer name

Employer Health4Me number

Branch name

### 2: Personal details

Employee number

Title  Initial(s)  First name

Surname

Date of birth  Gender  Male  Female

ID number  Passport number

Passport country of origin

Contact number

Email address

Monthly salary R

### 3: Family details

Please provide the relevant information below if you want to cover your spouse(s) and children under this policy.

Spouse(s) dependant details							
First name	Surname	Initial(s)	ID number/ passport number	Passport country of origin	Date of birth (dd/mm/yyyy)	Gender (M/F)	Contact number

Child dependant details							
First name	Surname	Initial(s)	ID number/ passport number	Passport country of origin	Date of birth (dd/mm/yyyy)	Gender (M/F)	Contact number

### 4: Additional insured benefits

Please indicate which benefits you would like to take by ticking the applicable box/boxes below:

#### Benefit option

- Day-to-day benefit
- Accident and emergency cover
- Hospital cash and maternity lump sum benefit
- Funeral benefit

## 5: Beneficiary details

If you pass away, and you have the funeral benefit as part of your benefit option, the funeral benefit will be paid to your spouse or to the person responsible for making your funeral arrangements. If your spouse(s) or one of your children passes away, the funeral benefit will be paid to you. Please provide the relevant information below if you want to nominate a specific beneficiary to receive your funeral claim payment in the event of your death.

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>					
Surname	<input type="text"/>									
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport country of origin	<input type="text"/>									
Contact 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"/>
Email address	<input type="text"/>									

## 6: Terms and conditions

- The employer is the policyholder in terms of the Momentum Health4Me policy/policies.
- The benefit details and further terms and conditions of Health4Me are contained in the policy document(s), which have been shared with my employer as the policyholder.
- The Momentum Health4Me policy/policies will be activated once we have received all the activation requirements.
- The Momentum Multiply programme will be activated once the Momentum Health4Me policy is activated.
- I consent to the recording of all conversations between Momentum Metropolitan Holdings Limited and my dependants and I, and that all information obtained through these conversations will form part of Momentum's records. I further consent to all these records remaining the sole property of Momentum.
- I declare that the answers provided in this application are true and complete.
- I understand that once my dependants and I are accepted as members of the Momentum products, the answers on this application will form the basis of the membership.
- I understand that it is my responsibility to ensure that the details provided in this application are true and complete for my dependants and I, even if this application was completed by any other third party on my behalf.

## 7: Complementary products and benefits

### Momentum Multiply

Please note that as a result of your Health4Me membership, the following is provided to you at no charge and is mandatory to the Health4Me product:

- Membership of the Momentum Multiply Engage programme.

Therefore, as a result the following terms and conditions apply:

- 7.1 Multiply reserves the right to amend its rules and benefits unilaterally. A copy of the terms and conditions and rules can be obtained from [multiply.co.za/engaged/terms-and-conditions](https://multiply.co.za/engaged/terms-and-conditions) or from the Multiply client contact centre on 0861 88 66 00.
- 7.2 I understand that I will receive mandatory communication from Multiply as a legal requirement of my membership and that I am able to review and update my communication preferences by visiting the terms and conditions on the Multiply website.
- 7.3 If I have a complaint related to the product or services received, I understand that I should first refer the complaint to Multiply by calling 0861 88 66 00 or emailing [multiply@momentum.co.za](mailto:multiply@momentum.co.za) to resolve the complaint according to the internal complaints processes. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the National Consumer Commission by calling 012 428 7000 or emailing [complaints@thncc.org.za](mailto:complaints@thncc.org.za).

## 8: Protection of personal information and consent

Momentum Health Solutions, Momentum Metropolitan Life Limited, Multiply and Momentum Metropolitan Holdings, herein collectively referred to as "Momentum"; will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. Momentum requests your consent to collect, process and share your personal information for the purposes set out below. While your consent is voluntary, it is a requirement for membership of the Momentum products.

- 8.1 I authorise and give consent to Momentum to collect, store, collate, process, and share my personal information and that of my dependants for purposes of my Momentum membership and the administration thereof and for fraud prevention, monitoring, analytical reviews and statistical purposes.
- 8.2 I hereby authorise and give consent to Momentum to share my personal information, including health information and information regarding my dependants, with Momentum Health Solutions, with whom I or my dependants have a contractual relationship.
- 8.3 I acknowledge that my dependants and I must give Momentum all information and supporting evidence that may be required from time to time. I authorise Momentum to obtain any information they may require concerning me or any of my dependants in relation to my Momentum membership from any person, including Momentum Health Solutions, to which my dependants and I belong, and its administrator. I consent to that person providing and instruct that person to provide Momentum with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
- 8.4 I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
- 8.5 I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
- 8.6 I understand that if I fail to provide the personal information required or if I am not willing to agree to the processing of my personal information, then Momentum will not be able to offer me the products or administer them.

## 8: Protection of personal information and consent (continued)

- 8.7 I understand that I have the right to request my personal information, which is under the control of Momentum, provided that I furnish adequate identity and that a fee may be charged for this service.
- 8.8 I have the right to request Momentum, where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading or obtained unlawfully.
- 8.9 The full privacy policy can be accessed at [momentummetropolitan.co.za/privacy-notice](https://momentummetropolitan.co.za/privacy-notice).
- 8.10 I declare that all my personal information and that of my dependants supplied to Momentum is accurate, up to date, not misleading and that it is complete in all respects and will be held and stored securely for the purpose for which it was collected and that I will immediately advise Momentum of any changes to my personal information and that of my dependants should any of these details change.
- 8.11 I confirm that I am authorised to provide consent on behalf of my spouse(s) or dependant(s) and that I have their permission to share such information with Momentum. Where I give consent for a minor, I confirm that I am a competent person in respect of such minor and I have the authority to give consent for them.
- 8.12 I hereby authorise and give consent to Momentum Health Solutions and Momentum Metropolitan Life Limited to share my personal information, including health information, and that of my dependants, with any entity (including an entity forming part of Momentum Metropolitan Holdings and its subsidiaries), with whom I and/or my dependants have a contractual relationship, or have applied for a product or service from such entity. This personal information will be processed and/or used for further processing in order to administer the products or services.

## 9: Employer/Employee consent

I authorise Momentum Metropolitan Life Limited to:

- Obtain from Momentum Health Solutions (Pty) Ltd or any health service provider any medical information relating to an insurance claim, so that Momentum Metropolitan Life Limited can assess and evaluate a claim in terms of the policy. I hereby authorise Momentum Health Solutions (Pty) Ltd or any health service provider to release the required information to Momentum Metropolitan Life Limited.
- Share any information required between Momentum Metropolitan Life Limited, Momentum Health Solutions (Pty) Ltd and any other health service provider.
- Disclose my medical information to any parties that Momentum Metropolitan Life Limited and Momentum Health Solutions (Pty) Ltd has contracted with in order to provide services in respect of the policy.

I accept and understand that my consent to the disclosure of medical information may impact on my right to privacy. This consent shall remain in force for the full duration of my membership, unless it is expressly withdrawn by me. I understand that Momentum Metropolitan Life Limited will not disclose any medical information without my consent. I understand that the consent will only apply for the purpose indicated above and will not be shared with other parties.

If my employer does not subsidise my Health4Me premiums, or if my employer only partially subsidises my Health4Me premiums, I authorise and instruct my employer to deduct my monthly Health4Me premiums from my monthly remuneration and pay my Health4Me premiums to Momentum Health Solutions (Pty) Ltd.

Employee cover start date

Name and surname of employee

Signature of employee

Date

Signature of employer

Date



**RECORD OF ADVICE FOR OTHER INSURANCE PRODUCTS**

<b>CLIENT DETAILS:</b>	Name & Surname	
	ID Number	
Cell nr	Email address	

MEDICAL/OTHER INSURANCE PRODUCTS: These are not medical scheme products. Medical schemes are governed by the Council for Medical Schemes. Health insurance and other insurance products are governed by either the Long Term - or Short Term insurance Act. A health insurance policy does not offer the same amount of cover as a medical scheme.

MEDICAL GAP COVER: Can be combined with any medical scheme option. Cover will be provided as long as a member remains a principal member or dependant of a registered medical scheme. It is the member's responsibility to cancel the policy should membership of a medical scheme be terminated (not in the event of changing between medical schemes)

GAP COVER				PREMIUM PER MONTH
PRODUCT SUPPLIER	OPTION	FAMILY	INDIVIDUAL	
HEALTH, EMERGENCY AND ACCIDENTAL COVER				PREMIUM PER MONTH
PRODUCT SUPPLIER	ONLY DAY TO DAY	ONLY HOSPITAL	COMBINED	
OTHER INSURANCE PRODUCTS				PREMIUM PER MONTH / ANNUAL
PRODUCT SUPPLIER	OPTION			
FUNERAL COVER				PREMIUM PER MONTH
PRODUCT SUPPLIER	OPTION	FAMILY	INDIVIDUAL	
REASON FOR RECOMMENDATION				

Have you cancelled any policies in the last four months or will you cancel an existing policy as a result of this sale Y N

IF YES, please provide reason for replacement \_\_\_\_\_

**INFORMATION DISCLOSED OR DISCUSSED**

In addition to providing comprehensive and truthful information on the product supplier's terms & conditions as applicable to your needs and circumstances, financial or otherwise, the following information was also addressed:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 3 Months general waiting period    | <input type="checkbox"/> Policy exclusions | <input type="checkbox"/> Consequences of non-disclosure |
| <input type="checkbox"/> Condition specific waiting periods | <input type="checkbox"/> Claim procedures  | <input type="checkbox"/> Other:                         |

**Section 4: Financial services provider detail:**

We are representatives of CMAC Healthcare Consultants (PTY) Ltd Reg. No: 2015/154062/07. CMAC holds a category 1 Financial Services Provider licence with FSP nr 17112. This licence authorizes CMAC to provide financial services with respect to product categories 1.1 to 1.9, 1.14 and 1.16 to 1.20. CMAC have contracts with various product suppliers across the different approved product categories. The business has not earned more than 30% commission from any one of the product suppliers within the past 12 months, and also do not hold more than 10% shares in any product supplier. We held professional indemnity insurance cover but due to the fact that we do not collect premiums from clients, we consider it unnecessary to held fidelity insurance cover. Our business address is 14/2 Midas Avenue, Olympus and telephone number is (012) 991 0446. We have a complaints resolution system available that you can obtain at our office or by requesting it via e-mail at info@cmac.co.za. If you have any queries or concerns, please don't hesitate to contact us.

**Section 5: Internal Compliance officer: Pieter Swart Email: pieter@cmac.co.za**

PO Box 38060, Faerie Glen, 0043. 14/2 Midas Avenue, Olympus, Pretoria East, 0043 Tel: (012) 991 0446.

**Section 6: Cession**


In the event that CMAC changes it's juristic profile, is sold to another FSP or stops to exist for whatever reason, the client hereby authorizes the transfer of this contractual obligation to another FSP

**Section 7: Declaration by the adviser**

I declare that the Advice Record is an accurate and complete record of the recommendations and advice that I provided the client with, based upon the information provided by the client.

**Section 8: Declaration by the client**

I confirm having been duly and properly advised of the full implications of my actions and, having considered same, I fully understand the course of action that I am about to undertake. I declare that I am aware of the fact that I must carefully consider whether the product selected is appropriate considering my objectives, circumstances and needs.

  
\_\_\_\_\_  
Signature of Adviser

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**DISCLOSURE NOTICE IN TERMS OF SECTION 5 OF THE GENERAL CODE OF CONDUCT OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES (FAIS) ACT NO 37 OF 2002**



**Sonja Hanekom**  
**BR5238**  
Cell : 082 417 7326  
Email : [Sonja.cmac@gmail.com](mailto:Sonja.cmac@gmail.com)  
CAT : 1.1 1.2 1.3 1.16



**Physical Address: 14/2 Midas Avenue, Olympus, Pretoria, 0082**

**Postal Address: PO Box 38060, Faerie Glen, Pretoria, 0043**

**Tel: 086 010 3179**

**WWW.CMAC.CO.ZA**

**Email: [info@cmac.co.za](mailto:info@cmac.co.za)**

**YOUR INTERMEDIARY is a representative of CMAC.** This license authorizes the holder to provide financial services with respect to the listed license categories and has been accredited by the Council for Medical Schemes. He / she acts within the stipulations of his / her contract as an independent contractor and the relevant regulations of the FSCA.

**REMUNERATION** – Representatives earn commission as authorized in line with the applicable legislation. **FEES** – We reserve the right to charge a fee for our services. This will be agreed with you in writing.

We hold **professional indemnity cover**, but due to the fact that the businesses do not collect premiums from clients, we consider it unnecessary to hold fidelity insurance cover.

**LODGING A COMPLAINT** – We have a complaints resolution system available that you can obtain on our website, or by requesting it via email at [info@cmac.co.za](mailto:info@cmac.co.za) you have any queries or concerns, please don't hesitate to contact us. Our internal **COMPLIANCE OFFICER** is Pieter Swart and can be contacted at our office address or email to [pieter@cmac.co.za](mailto:pieter@cmac.co.za). You are entitled to refer any unsolved enquiries to the different Ombud offices as published on our website.

#### **OUR SERVICE MODEL**

- We undertake to render financial services to a client with due care, skill and diligence;
- We undertake to keep all information confidential unless required to disclose such information in order to effectively render the service required by the client;
- We undertake to submit applications timeously and to manage the administrative process in a professional manner;
- After a contract or policy has been issued, the client will receive confirmation of the terms and conditions of the contract directly from the product supplier. The client should contact us if such contract is not approved or received within two weeks after submission of the policy application;
- Failure to provide correct and full material information may influence an insurer in respect of any claim arising under your contract of insurance.

#### **DOCUMENTATION ON ADVICE GIVEN**

Documentation on the advice given, a needs analysis or correspondence between the representative and client will form part of the document to conclude any resulting transactions.

#### **CONFLICT OF INTEREST**

We place a high priority on our client's interest. In the event of any conflict of interest, we have a **Conflict of Interest Policy** to address any possible conflicts that may arise. Where we can't avoid conflict, measures will be in place to mitigate such conflicts.

#### **CESSION**

In the event that CMAC changes its juristic profile, is sold to another FSP or stops to exist for whatever reason, the client hereby authorizes the transfer of this contractual obligation to another FSP.

-----  
Client Signature

-----  
Date