

Request to change HealthSaver

2024

Important notes:

- You may choose to make use of additional products available from Momentum Metropolitan Holdings Limited, to seamlessly enhance your medical fund benefits. Momentum is not a medical scheme, and is a separate entity to Wooltru Healthcare Fund. The complementary products are not medical scheme benefits. You may be a member of Wooltru Healthcare Fund without taking any of the complementary products.
- Please email the completed and signed form to us at wooltruhealthsaver@momentum.co.za.

1: Principal member's details

Membership number	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/> First name <input type="text"/>
Surname	<input type="text"/>
ID/Passport number	<input type="text"/>

2: HealthSaver contract details

You can use this account as you see fit to make provision for additional healthcare expenses.

2.1 FICA verification

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification for a third party if the contribution is not paid by the principal member.

We therefore require the following information:

- ID/Passport number of the contribution payer, if different to principal member
If passport number, please confirm which country the passport was issued in and provide a copy of the passport.

2.2 HealthSaver

- Tick this box if you would like to cancel your monthly HealthSaver contributions, but would like to continue using your HealthSaver account.

If you **do not** wish to continue contributing to HealthSaver, you only need to complete Section 8.

2.3 Monthly HealthSaver contribution

- Tick this box if you want to start contributing to HealthSaver, or if you want to change the monthly contribution you pay. Complete the monthly amount you wish to contribute below. Please also complete Sections 4, 5, 6 and 8.

Monthly amount R Minimum of R100 per month

You can choose to contribute any amount in addition to the regular monthly payments. These additional amounts can be paid via electronic fund transfer (EFT).

3: HealthSaver account termination

- Tick this box if you would like to terminate your existing HealthSaver account.

4: Claims payment

In-hospital claims:

- Tick this box if you **do not** want any shortfalls in your in-hospital claims to be paid automatically from your available HealthSaver funds.

Day-to-day claims:

You can choose how your day-to-day claims will be paid from your available HealthSaver funds.

- Tick this box if you want your claims to be paid in full.
- Tick this box if you want your claims to be paid at up to a maximum of 300% of the Wooltru Healthcare Fund rate.

5: Banking details for payment of contributions

Please do not provide credit card details. Momentum is not allowed to record your credit card details.

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account type	Current/Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Branch code	<input type="text"/>	Branch name	<input type="text"/>
Amount	R <input type="text"/>		

- Notes:**
- The deduction date is the first working day of the month.
 - Your bank statement will reflect 'Health Sav', which is the abbreviated name registered with the bank, followed by your membership number.

6: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay for the HealthSaver. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified. I accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. I may cancel this mandate and pay via other methods within the 30 days. If I cancel this mandate, I remain responsible to pay any amounts due to Momentum while it was in force.

If the **principal member's** account is to be debited, please sign below:

If a third party's account* details are used, please provide a copy of their ID.

*Consent from third party:

I (name and surname)	<input type="text"/>
ID number	<input type="text"/>

consent to Momentum deducting the contributions due for this member from my bank account.

Signature of principal member or third party (if applicable)	<input type="text"/>	Date	<input type="text"/>
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7: Terms and conditions

Please read the clause below carefully. It contains provisions that may impact on your rights.

- I am deemed to have read and understood the Terms and Conditions that apply to HealthSaver, which can be accessed via the website at wooltruhealthcarefund.co.za, and consider myself bound by these Terms and Conditions. I further agree to refer to the Wooltru Healthcare Fund website (wooltruhealthcarefund.co.za) annually to take note of the Terms and Conditions.
- I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the Terms and Conditions.
- I acknowledge that:
 - In doing so, Momentum acts as my agent.
 - I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
 - I will direct all enquiries in respect of the HealthSaver to Momentum.
 - I undertake to submit the information required for FICA purposes within 14 (fourteen) days of my application. Failure to submit the FICA information will result in my application for the HealthSaver account being cancelled.

I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.

8: Declaration

I, the undersigned, agree to be bound by the Terms and Conditions applicable to HealthSaver as set out in the Terms and Conditions of the original contract.

Account holder name	<input type="text"/>
Start date	<input type="text"/>

Signature	<input type="text"/>	Date	<input type="text"/>
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