

Application for HealthSaver

2020

Important notes:

- As a Wooltru Healthcare Fund member, you can choose to make use of additional products available from Momentum, part of Momentum Metropolitan Life Limited, to seamlessly enhance your medical aid. Please note that Momentum is not a medical scheme, and is a separate entity to the Fund.
- Please submit the completed and signed form via fax to **021 480 4759** or email at **wooltruhealthsaver@momentum.co.za**.
- For any enquiries, please contact Wooltru Healthcare Fund on **0802 228 922**.

Group number	<input type="text"/>
Employer name	<input type="text"/>
Membership number	<input type="text"/>
Principal member's name	<input type="text"/>
Principal member's surname	<input type="text"/>

1: Account holder information

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
Previous surname	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
ID number	<input type="text"/>	Passport number	<input type="text"/>			
Date of issue	<input type="text"/>	Expiry date	<input type="text"/>			
Country of issue	<input type="text"/>					
Nationality	<input type="text"/>					
Tax reference number	<input type="text"/>					
Tax residency country	<input type="text"/>					
Home address	<input type="text"/>				Postal code	<input type="text"/>
Postal address (if different)	<input type="text"/>				Postal code	<input type="text"/>
Telephone - home	<input type="text"/>	Telephone - work	<input type="text"/>			
Cellphone number	<input type="text"/>					
Email address	<input type="text"/>					

2: Contract details

2.1 Activate your free HealthSaver account

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

Tick this box if you would like Momentum to activate your free HealthSaver account.

2.2 Monthly HealthSaver

Tick this box if you want to start contributing to your HealthSaver and complete your chosen amount below. Please also complete Section 2 and Section 3.

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).

2: Contract details (continued)

2.3 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

3: Contribution payer information

(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"/>		
Starting date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that the complementary product(s) will only be activated upon successful activation of your Wooltru Healthcare Fund membership.

Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement, is Health Sav DB followed by your membership number.

4: 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.

Signature of account holder	<input type="text"/>	Date	<input type="text"/>
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5: Terms and conditions

For protection of personal information

Momentum Metropolitan Life Limited comprises a group of companies that provide the following products and services:

- financial planning services, healthcare administration, insurance products, investment products, managed care services and retirement benefits.

Momentum Metropolitan Life Limited and its subsidiaries will keep your personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. We request your consent to process your personal information and to obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement to enable Momentum Metropolitan Life Limited and its subsidiaries to offer you the products set out above and to administer the products.

1. I confirm that I am authorised to provide consent in this section on behalf of my dependants.
2. I authorise and give consent to Momentum Metropolitan Life Limited to process, further process and share my personal information, including health information, and that of my dependants, for purposes of any products and services with the subsidiaries of Momentum Metropolitan Life Limited.
3. I understand that the personal information will be shared to provide for the following purposes:
 - To interact with, and view all the products and services I have with the Momentum Metropolitan Life Limited group of companies on its websites;
 - To provide me and my dependants' personal and health information to any other entity within Momentum Metropolitan Life Limited, where I and/or my dependants already have a relationship or where I and/or my dependants have applied for a product or benefit, for the administration, underwriting and risk profile analysis of my and/or my dependants' products or benefits.
4. I understand that 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.
5. I understand that 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.
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 Metropolitan Life Limited and its subsidiaries will not be able to offer me the products or to administer them. My personal information will be processed in terms of the Medical Schemes Act 131 of 1998, the Financial Intelligence Centre Act 38 of 2001, the Financial Advisory and Intermediary Act 37 of 2002, the Long-Term Insurance Act 52 of 1998, and the Pension Funds Act 24 of 1956.

5: Terms and conditions (continued)

For protection of personal information (continued)

7. I understand that I have the right to request my personal information which is under the control of Momentum Metropolitan Life Limited and its subsidiaries provided that I furnish adequate identity and that a fee may be charged for this service.
8. I understand that I have the right to request Momentum Metropolitan Life Limited and its subsidiaries where necessary, to correct, or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
9. If I have a complaint relating to the processing of my personal information, I understand that I should first refer it to Momentum Metropolitan Life Limited to resolve it in terms of their internal complaints process. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator who can be contacted on 012 406 4818 or via email at inforeg@justice.gov.za.

Signature of principal member	<input type="text"/>	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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For HealthSaver

1. I am deemed to have read and understood the Terms and Conditions that apply to HealthSaver, which can be accessed via the website at www.wooltruhealthcarefund.co.za, and consider myself bound by these Terms and Conditions. I further agree to refer to the Wooltru Healthcare Fund website (www.wooltruhealthcarefund.co.za) annually to take note of the Terms and Conditions.
2. 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.
3. I acknowledge that:
 - i. In doing so, Momentum acts as my agent.
 - ii. 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.
 - iii. I will direct all enquiries in respect of the HealthSaver to Momentum.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.
4. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, offset any debt owing by me to Wooltru Fund or any Momentum product from funds available in the HealthSaver.

Signed at <input type="text"/>	Starting date <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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(The start date cannot be before the start date of your Wooltru Healthcare Fund membership.)

Signature of principal member	<input type="text"/>	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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