



Contact details

Tel: 0860 100 693 • PO Box 652509, Benmore 2010 • www.avgms.co.za

Application to add dependants in 2019 (with underwriting)

Complete this form if you want to add dependant/s to your membership of Anglovaal Group Medical Scheme.

Who we are

Anglovaal Group Medical Scheme (referred to as “the Scheme”), registration number 1571 is the medical scheme that you are applying for a dependant to become a member of. This 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). We take 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.
2. Read and understand the rules for membership (a Section 9).
3. Sign the application.
4. Fax the completed and signed form to **011 539 3000** or email it to application@discovery.co.za
5. Please attach a copy of the identity documents of your dependant/s. We also accept SA driver’s licences, passports and SA birth certificates for children.
6. To avoid administration delays, please make sure this application is completed in full by you and your employer.

Once you send Discovery Health (Pty) Ltd your application form, here is what will happen:

- Discovery Health (Pty) Ltd will capture and check your details.
- If any details are missing or if we need more information for underwriting purposes, Discovery Health (Pty) Ltd will contact you.
- Discovery Health (Pty) Ltd will send you a letter, SMS or an email to let you know when the application is considered to have been fully and completely made. This date may differ from the date on which you sign the application form.
- After accepting your dependant/s’ application to join Anglovaal Group Medical Scheme, we will send you an SMS and an email letter confirming acceptance. The SMS and email will advise you of when your dependant/s’ membership will start. Depending on your circumstances, it may also indicate any conditions applicable to their membership such as waiting periods or late-joiner penalties.
- You have to sign this letter at the appropriate place and return it to Discovery Health (Pty) Ltd. When you do so, you confirm your start date and acceptance of any conditions applicable to their membership.
- You will then get a membership pack in the post.

If you do not hear from Discovery Health (Pty) Ltd seven days after sending us your application form, please call Discovery Health (Pty) Ltd on 0860 100 345.

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

1. Contact details (person who will receive correspondence about this application)

Contact name Job title

Address

Code

Telephone Fax

Cellphone

Email address

Preferred means of communication: (please tick one) Email Post Fax

2. About yourself (main member)

Surname Membership number

First names Date of birth

Telephone (H) (W)

Cellphone Fax

Employer name Employer number

Email address

6. Previous medical scheme details

Please give us the details of all registered South African medical schemes that your dependant/s applying for cover previously belonged to. We will use this information to determine if we need to apply any waiting periods, late-joiner penalty fees, or both. Please give us proof in the form of a membership certificate.

Dependant name	Scheme name	Start date	End date if already resigned	Are they still a member?	Reason for leaving
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Y Y Y Y M M D D	Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Your spouse, partner or dependant/s' health questions

Treating healthcare professional's name

Practice number

Telephone

Email

7.A. The spouse or partner and any adult dependant applying for cover need to complete section 7.A.

Spouse or partner

How tall are you? . metres

How much do you weigh? kilograms

Your blood type

Your allergies

Do you drink alcohol? Yes No

How many units of alcohol do you drink each week?

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Do you smoke? Yes No Amount each day

If "No", have you smoked in the last 24 months? Yes No If "Yes", amount each day

If you stopped smoking, what was your reason for stopping?

Dependant 1

How tall are you? . metres

How much do you weigh? kilograms

Your blood type

Your allergies

Do you drink alcohol? Yes No

How many units of alcohol do you drink each week?

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Do you smoke? Yes No Amount each day

If "No", have you smoked in the last 24 months? Yes No If "Yes", amount each day

If you stopped smoking, what was your reason for stopping?

Dependant 2

How tall are you? . metres

How much do you weigh? kilograms

Your blood type

Your allergies

Do you drink alcohol? Yes No

How many units of alcohol do you drink each week?

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Do you smoke? Yes No Amount each day

If "No", have you smoked in the last 24 months? Yes No If "Yes", amount each day

If you stopped smoking, what was your reason for stopping?

7. Your spouse, partner or dependant/s' health questions (continued)

Dependant 3

How tall are you? . metres How much do you weigh? kilograms

Your blood type Your allergies

Do you drink alcohol? Yes No How many units of alcohol do you drink each week?

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Do you smoke? Yes No Amount each day

If "No", have you smoked in the last 24 months? Yes No If "Yes", amount each day

If you stopped smoking, what was your reason for stopping?

Dependant 4

How tall are you? . metres How much do you weigh? kilograms

Your blood type Your allergies

Do you drink alcohol? Yes No How many units of alcohol do you drink each week?

1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine

Do you smoke? Yes No Amount each day

If "No", have you smoked in the last 24 months? Yes No If "Yes", amount each day

If you stopped smoking, what was your reason for stopping?

7.B Have any of your dependant/s in this application ever experienced, been treated for, or currently suffering from any of the following symptoms, conditions or disorders? We have listed some examples of conditions, symptoms or disorders under each question. These are only examples and not the full list of conditions, symptoms or disorders. Please include congenital abnormalities.

Please take note that if you have any symptom or condition not listed in the questions below, you should highlight and provide full details of this symptom or condition in response to question 8.18 below. Indication of existing medical conditions on this application does not automatically enroll you/your dependants onto the Scheme's Disease Management programme. For more information with regards to the Schemes disease management enrollment visit www.avgms.co.za

7.1 Tumours and growths Yes No

Example: abnormal pap smear results, skin lesions, breast disease, non-cancerous tumours, cancerous tumours, cancer of any organ, fibrocystic breast disease, fibroadenoma, lump in breast, abnormal mammogram result, abnormal PSA (prostate specific antigen) result.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.2 Heart and circulation conditions Yes No

Example: chest pain, palpitations, shortness of breath, coronary heart disease, angina, heart attack, arrhythmia, high blood pressure (hypertension), cardiomyopathy, valvular heart disease or heart valve replacement, congenital heart disease, rheumatic fever, high cholesterol, previous heart surgery, stents, pacemaker.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.3 Gynaecological and obstetrics conditions Yes No

Example: abnormal pap smear results, abnormal menstrual bleeding, endometriosis, miscarriage, polycystic ovarian syndrome, infertility, ectopic pregnancy.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7. Your spouse, partner or dependant/s' health questions (continued)

7.4 Are any of your dependant/s pregnant? Yes No

Patient name

7.5 Mental Health Yes No

Example: mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, personality disorders, sleeping disorders (like narcolepsy), eating disorders, Alzheimer's disease, autism, dementia, attention deficit-hyperactivity disorder, drug and/or alcohol abuse or rehabilitation, suicide attempt, counselling, bulimia and any other psychological conditions.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.6 Metabolic or endocrine conditions Yes No

Example: diabetes (high blood sugar), thyroid disease, Addison's disease, Cushing's syndrome, metabolic syndrome, parathyroid disease, Paget's disease, osteoporosis, growth deficiency, metabolic disorders, Conn's syndrome.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.7 Abdominal conditions Yes No

Example: hepatitis, cirrhosis, portal hypertension, alcoholic liver disease, liver failure, haemochromatosis, pancreatitis, cystic fibrosis, gall bladder, gall stones, GORD (reflux), heartburn, oesophageal disease, hernias, atrophic gastritis, ulcers, stomach ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.8 Brain and nerve conditions Yes No

Example: stroke, epilepsy, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia, quadriplegia, spinal cord injury, hydrocephalus, ventriculo-peritoneal shunt (VP shunt), mental retardation, CVA, bleeding on the brain.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.9 Breathing and respiratory conditions Yes No

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis, pneumonia.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.10 Musculoskeletal (back, bone and muscle pain) Yes No

Example: arthritis (any form), ongoing neck and/or back pain, ankylosing spondylitis, lupus, Sjögren's syndrome, scleroderma, polymyositis, dermatomyositis, polyarteritis nodosa, Wegener's granulomatosis, sarcoidosis, fibromyalgia, degenerative disc disease, scoliosis, kyphosis, spinal stenosis, neurogenic bladder, gout, fractures, physical disability.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7. Your spouse, partner or dependant/s' health questions (continued)

7.11 Kidney or urinary conditions including current or past dialysis Yes No

Example: kidney and/or renal failure, kidney stones, recurrent urinary infections, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, urinary incontinence, bladder infections, other bladder or kidney problems.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.12 Blood conditions Yes No

Examples: deep vein thrombosis, anaemia, ITP (platelet deficiency), polycythaemia vera, blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia and other bleeding disorders.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.13 Eye conditions Yes No

Example: cataract, keratoconus, corneal ulcer, uveitis, glaucoma, squint, ptosis, any abnormality of eyelids, retinopathy, macular degeneration, cornea transplant, eye surgery, blurry vision, blindness (partial or full), retinal detachment.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.14 Ear, nose and throat (ENT) and dentistry conditions Yes No

Examples: chronic otitis media (middle ear infection), chronic otitis externa, hearing problems, hearing aid, cochlear implant, tonsillitis, adenoiditis, vertigo, deafness, sinus problem, nasal surgery, dental treatment or dental surgery.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.15 Male urogenital conditions Yes No

Example: prostate disorders, urogenital defects, varicocele, tumours, undescended testes, phimosis, urinary incontinence.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.16 Are any of your dependant/s expecting surgery or planning hospitalisation or treatment in the next 12 months or have you been admitted to hospital in the last 12 months? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7.17 Have any of your dependant/s received or not yet received medical advice or treatment for symptoms, not yet diagnosed by a medical professional, in the last 12 months before this application? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

7. Your spouse, partner or dependant/s' health questions (continued)

7.18 Have any of your dependant/s been diagnosed with or received treatment for, any condition not mentioned in the questions above, in the last 12 months before this application? Yes No

Patient name	Medical diagnosis	Date first diagnosed				Date of last symptoms, consultation and/or hospitalisation				Medicine used for this condition and dosage	Date of last treatment taken															
		Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D		Y	Y	Y	Y	M	M	D	D

HIV and AIDS

You do not need to disclose the HIV status of your dependant/s on this form if you do not feel comfortable doing so. However if one or more of your dependant/s, are HIV-positive, you or they must call us on **0860 100 693**, within seven working days from the date we activate their Anglovaal Group Medical Scheme membership. We treat this information in the strictest confidence. If one or more of your dependant/s is HIV-positive it is in your dependant/s' best interests to register on the HIVCare Management Programme. A 12-month condition specific waiting period may apply to this condition. If you do not let us know about your HIV status within 7 working days of your membership being active, we may end your Anglovaal Group Medical Scheme membership.

8. Anglovaal Group Medical Scheme Privacy Statement - How we will process and disclose your personal information and communicate with you

Definitions

The Scheme refers to Anglovaal Group Medical Scheme, registration number 1571, 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 your registered dependants on your medical scheme plan.

Your personal information refers to personal information about you, your spouse, your dependants, your beneficiaries, and your employees (as relevant). It includes information about health, financial status, gender, age, 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, in line with the Protection of Personal Information Act ("POPIA").

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 that 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 dependents on your application, we will process their personal information for the activation of the policy/benefit 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 health plan;
- for the provision of managed care services to you on your health plan;
- for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you on your health plan;
- to analyse risks, trends and profiles;
- to share your personal information with external health providers for the purposes of evaluating certain clinical information, in the event that you require medical treatment.

Examples of this include:

- i. Getting your personal information from other relevant sources, including medical practitioners and contracted service providers; 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 on-going basis) verify with the relevant sources that your personal information is true, correct and complete;
 - ii. 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;
 - iii. Communicating with you about any changes in your health plan, including changes to your contributions or changes to the benefits you are entitled to on your health plan.
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.

8. Anglovaal Group Medical Scheme Privacy Statement - How we will process and disclose your personal information and communicate with you *(continued)*

9. 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, in both cases only where you have given your consent to such entity to obtain information from the Scheme or the Administrator. 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.
10. 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.
- 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.
11. By accepting this privacy statement, you authorise the Scheme and Administrator to obtain and share information for purposes of risk analysis, tracing and any related purposes.
12. The Scheme and Administrator have the right to communicate with you electronically about any changes to your health plan, including changes to your contributions or changes to the benefits you are entitled to on your health plan.
13. 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.
14. The Scheme and Administrator have a duty to keep you updated about any offers relevant to you that are made available from time to time. The Scheme and Administrator may communicate with you about these.
15. 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.avgms.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.
16. 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.
17. 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
18. 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 of, 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).
19. If the Scheme 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.
20. The Scheme or Administrator may change this Privacy Statement at any time. The current version is available on www.avgms.co.za
21. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website. 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 are:

The Information Regulator (South Africa)

SALU Building

316 Thabo Sehume Street

PRETORIA

Ms Mmamoroke Mphelo

Tel: 012 406 4818

Fax: 086 500 3351

infoereg@justice.gov.za

Signature of main applicant

Please do not sign an incomplete application form

9. Anglovaal Group Medical Scheme rules for membership

9.1 Who “we” are

Anglovaal Group Medical Scheme, registration no 1571, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for Anglovaal Group Medical Scheme, and an authorised financial services provider.

9.2 Rules for membership

Rules for membership are the rights and responsibilities for your membership of the Anglovaal Group Medical Scheme. They may change from time to time. You may ask us for a copy at any time.

When you sign this application, you confirm that you have read and understood the rules and you agree that you and those you apply for membership for will be bound by them. Please speak to us if there is anything you do not understand.

Where applicable, you also acknowledge and confirm that your employer contact person may communicate with us on this application and your membership of the Anglovaal Group Medical Scheme.

You give permission that we can share your medical information and other relevant Personal Information about you and your dependant/s with your employer contact. The information will be shared so that he or she can help us, if necessary, while we process your membership application. Please speak to us if there is anything you do not understand.

9.3 Who you are applying for

You may apply to join the Anglovaal Group Medical Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you. To be treated as financially dependent for this application, a dependant must earn an income of less than what is stated in the Anglovaal Group Medical Scheme rules, or you must have a legal responsibility to provide for them financially. We might ask you to provide proof of financial responsibility. You will be called the principal member or main member in our future communications to you.

9.4 Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- You have the right to apply for membership and to act for those you apply for in any matter relating to this application.
- You have received permission from your spouse and any dependant/s over 18 to act for them in any matter relating to this application.

9.5 Getting and giving information

You must give true, correct and complete information

To consider your application for membership, the Anglovaal Group Medical Scheme must learn more about you and those you apply for. Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for more information about themselves.

Anglovaal Group Medical Scheme and Discovery Health (Pty) Ltd may record calls

We may record telephone conversations with you and with those you apply for.

The recordings and all information we get during the recordings will be processed and kept as required by law.

Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on, including if necessary legal notices or other documents. It is your responsibility to make sure we have the correct address for you.

Signature of main applicant

**The main applicant must sign and date any changes
Please do not sign an incomplete application form
I confirm the information is accurate and complete**

Anglovaal Group Medical Scheme and Discovery Health (Pty) Ltd may get information from other relevant sources

To consider an application for membership or a claim for medical expenses, you agree that we can get information about you and those you apply for from other relevant sources. You give your permission that we may get any information that is relevant to your application and for on-going servicing of your membership from your employer.

Tell Discovery Health (Pty) Ltd and Anglovaal Group Medical Scheme about changes right away

You have to tell us in writing if any of the information you gave in your application for membership changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

When the Anglovaal Group Medical Scheme may cancel your membership

The Anglovaal Group Medical Scheme may cancel any memberships immediately and keep any contributions paid, if you and those you apply for:

- Do not give us information that later turns out to be relevant to this application.
- Give us any information that is not true, correct and complete.
- Do not tell us about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

9.6 About becoming a member

Anglovaal Group Medical Scheme might not pay for certain expenses immediately

The Anglovaal Group Medical Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before Anglovaal Group Medical Scheme starts paying for any general or specific medical conditions. Please speak to us to find out if waiting periods apply to your membership and the memberships of those you apply for.

Resign from current medical schemes when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from the Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

You must make sure contributions are paid on time

As the main member of the Anglovaal Group Medical Scheme, you are responsible for making sure your contributions and the contributions of those you apply for are paid on time every month.

9.7 Repaying money owed to the Scheme

Anglovaal Group Medical Scheme has the right at any time to collect from you any amount that you owe to the Scheme.

We will notify you if there is any amount that you owe to the Scheme.

You must repay any medical savings owing if you leave the Anglovaal Group Medical Scheme

When you become a member, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the Medical Savings Account. If you leave the Anglovaal Group Medical Scheme before the year is up, you must repay the portion of the Medical Savings Account you have used that is more than you have paid back to the Anglovaal Group Medical Scheme over the year.

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.

Date

Y	Y	Y	Y	M	M	D	D
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