

Libcare Medical Scheme Continuation form 2021

Application to register a dependant as the Principal member



Contact details

Tel: 0800 12 CARE (2273) • P.O. Box 653418, Benmore, 2010 • www.libcare.co.za

Who we are

Libcare Medical Scheme (referred to as 'the Scheme'), registration number 1197, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Liberty Health Administration (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 2004/006809/07). We take care of the administration of your membership for the Scheme.

Purpose of the form

This document is an application form to change the Principal member on an existing Libcare Medical Scheme membership. It also contains some rules for membership. Please make sure you read and understand the rules.

How to complete this form

- Please use one letter per block, complete in black ink and print clearly.
- This form must be completed by the person applying to be the main member.
- To avoid administration delays, please ensure this application is completed in full.
- To be completed and returned to the Liberty Payroll Administrator.
- When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

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If you have any questions, please let us know. Once we have assessed your application, we will let you know what will happen next.

1. About the new Principal member

New Principal member start date	<input type="text" value="D D"/> - <input type="text" value="M M"/> - <input type="text" value="Y Y Y Y"/>
Membership number	<input type="text"/>
Title	<input type="text"/>
Initials	<input type="text"/>
Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>
Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Date of birth	<input type="text" value="D D"/> - <input type="text" value="M M"/> - <input type="text" value="Y Y Y Y"/>
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Previous or maiden name (where applicable)	<input type="text"/>
Tax number (if applicable)	<input type="text"/>
Occupation (if applicable)	<input type="text"/>
Total monthly earnings (if applicable)	R <input type="text"/> . <input type="text"/>
ID or passport number	<input type="text"/>
Country of issue	<input type="text"/>
Telephone (H)	<input type="text"/> - <input type="text"/>
Telephone (W)	<input type="text"/> - <input type="text"/>
Cellphone	<input type="text"/> - <input type="text"/>
Email	<input type="text"/>

Postal address (Post collected from post box, suite or private bag)

<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>

If your post is delivered to your street address, please complete these details under physical address.

Physical address

Suite/Unit number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>
Occupation	<input type="text"/>	Tax number	<input type="text"/>

2. Details of previous Principal member (if applying for cover)

If you need to change the Principal member due to the death of the previous Principal member, please attach a certified copy of the death certificate.

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>
Telephone (W)	<input type="text"/> - <input type="text"/>	Telephone (H)	<input type="text"/> - <input type="text"/>
Cellphone	<input type="text"/>		
Email address	<input type="text"/>		

We need to get the following information according to Section 18 of the Income Tax Act 1962:

Are you financially dependent on the new Principal member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Please specify your monthly income	R	<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"/> <input type="text"/>	.	<input type="text"/>	
Are you disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a full-time student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. About your employer (if applicable)

Employer name	<input type="text"/>	Date of employment	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee number	<input type="text"/>		
Group name	<input type="text"/>	Group code	<input type="text"/>

4. Banking details for the new Principal member

4.1 Your Medical Scheme contributions

If you will be paying your contributions in full, please complete this section:

Please note: We cannot accept credit card account details and only South African banking details are accepted.

If we are debiting a third party account, the Principal member must sign next to the account holder.

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

Account holder's physical address (own/3rd party/trust/company)

Account holder contact details

Account holder email address

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders 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.libcare.co.za.

We will debit your account on the first working day of the month. If your membership is not activated in time for the debit order collection, your first contribution will be collected with the next debit order unless it has been paid in the interim. After we have received your first debit order and you are paying in advance, you may change your debit order date to a variable debit order date by contacting the Libcare Contact Centre on 0800 12 CARE (2273).

4.2 Your claims refund banking details

Can we use the same account we deduct contributions from to refund your claims? Yes No

If you do not want to use the same banking details for your contributions and claims refunds, please give us the details you would like to use.

Please note: We cannot accept credit card account details. We no longer issue cheques. If no details are provided it will impact your claims payment.

Bank name

Branch name

Branch code

Account number

Type of account

 Cheque Savings

Account holder

Account holder contact details

Account holder email address

By signing this application, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will not be responsible in any way for the amounts refunded.

Signature of account holder

Signature of Principal member



Please only sign if information is true, complete and correct.

I,

(full name(s) and surname, according to your identity document), as the Principal member, give Libcare Medical Scheme permission to change my banking details.

Signed at (town or city)

on

Signature of new Principal member

Date



Please only sign if you have read and understand this statement.

Signature of previous Principal member

Date

D	D	M	M	Y	Y	Y	Y
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*If the previous Principal member's signature cannot be obtained, please state the reason.

5. Our Privacy Statement – How we will process and disclose your personal information and communicate with you

Definitions

The Scheme refers to Libcare Medical Scheme, registration number 1197, registered with the Council for Medical Schemes.

Administrator refers to Liberty Health Administration (Pty) Ltd, registration number 2004/006809/07.

You and your refers to the member and the dependants on the medical scheme which may include your spouse, children and other dependants as the case may be.

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

Process(ing) (of) information means the lawful and reasonable automated or manual activity of collecting, recording, organising, 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.

1. When you engage with the Scheme and Administrator, you entrust us with personal information about yourself, your family. We are committed to protecting your right to privacy. The Scheme and Administrator will keep your personal information confidential.
2. 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.
3. 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 us yourself or we may have collected from other sources.
4. 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 to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your medical scheme membership.
5. 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).
6. You understand and/or acknowledge that if your spouse and/or dependants are included on your application or membership, we will process their personal information for the activation, administration and servicing of the policy/benefit and to pursue their legitimate interest. By having submitted your dependants' relevant personal information, you hereby confirm that you are duly authorised to share such information with us. We will furthermore process their information for the purposes set out in this Privacy Statement.
7. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person.
8. You agree that the Scheme and Administrator may process your personal information for the following purposes:
 - to verify the accuracy, correctness and completeness of any information provided to the Scheme and Administrator in the course of processing an application for membership or providing services related to the membership;
 - 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 profile and analyse risk;
 - to share your personal information with external health providers for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment.

Examples of how this will happen include:

- 8.1. Getting 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 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;
- 8.2. Getting information from and sharing with your employer information that is relevant to your membership;
- 8.3. Communicating with you about any changes in your health plan, including your contributions or changes and enhancements to the benefits you are entitled to on the health plan you have chosen;
- 8.4. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, for example to administer international emergency or treatment benefit and Africa Benefit, or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.

- 8.5. 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.
9. You consent and agree that:
- we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities; You consent and agree that:
 - we may communicate such personal information to local Regulatory Bodies if any Legislative reportable matters are identified.
10. The Scheme and the Administrator will provide your personal information where you or your dependant/s have applied for a product, service or benefit from such entity. This information will be provided for the administration of your or your dependants products or benefits with such entities.
11. 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.
- Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to a third party unless that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this 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.
12. You authorise the Scheme and Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
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 the right to communicate with you electronically about any changes on your health plan, including your contributions or changes and improvements to the benefits you are entitled to on the health plan you have chosen.
15. The Scheme and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time.
16. You may opt out of Electronic Marketing on www.libcare.co.za. We will store your personal information to enable us to action this request and action it as soon as reasonably possible.
17. You have the right to know what personal information the Scheme holds about you. If you wish to receive this information, please complete a 'PAIA Form to Request Access to Records' at www.libcare.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.
18. 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.
19. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
- 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
20. 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
 - to administer certain services, for example, cloud services.
- When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
21. If the Scheme or 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.
22. The Scheme may change this Privacy Statement at any time. The current version is available on www.libcare.co.za.
23. If you believe that the Scheme or Administrator have used your personal information 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 complaints process to resolve the complaint. We explain the complaints and disputes process on the website www.libcare.co.za. If, thereafter, you feel that we have not resolved your complaint adequately, kindly contact the Information Regulator at: The Information Regulator (South Africa) | JD House | 27 Stiemens Street | Braamfontein | 2001 | PO Box 31533 | Braamfontein | 2017 | Tel: +27 (0) 10 023 5207 | Cell No: +27 (0) 82 746 4173 | info@justice.gov.za

Signature of Principal member

Date

D	D	M	M	Y	Y	Y	Y
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6. Terms and Conditions applicable to Libcare Medical Scheme membership

Definitions

The Scheme refers to Libcare Medical Scheme, registration number 1197, registered with the Council for Medical Schemes.

Administrator refers to Liberty Health Administration (Pty) Ltd, registration number 2004/006809/07, an authorised financial services provider, the administrator and managed care organisation for Libcare Medical Scheme.

Scheme rules for membership

The rules of Libcare record your rights and responsibilities for your membership. They may change from time to time. You may ask us for a copy of these rules at any time.

When you sign the letter of confirmation of your personal details, or begin using your membership card to access benefits, you confirm that you have read and understood these terms and conditions and you agree that you and those on your membership will be bound by these and Scheme Rules. Please speak to the Administrator if there is anything you do not understand.

Where applicable you also acknowledge and confirm that you, or your employer, may communicate with us in regard to your membership of the Scheme.

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 administer the membership and to act for those on your membership in any matter relating to membership;
- you have received permission from your spouse/partner and any dependant(s) over 18 to act for them.

Giving and getting information

You must give true, correct and complete information

Information about you and those on your membership must be true, correct and complete. This includes the details you give in this document and in future dealings with us.

Your legal address

The Scheme or Administrator will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. 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.

The Scheme and Administrator may record telephone calls

The Scheme and Administrator may record telephone conversations with you and with those on your membership. The recordings and all information we get during the recordings will be processed and kept as required by law.

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, industry regulatory bodies ("relevant sources") 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.

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

Tell the Scheme or Administrator immediately if your information changes

You must tell the Scheme or Administrator in writing if any of your information, changes. This includes information about your health and the health of those on your membership. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

When the Scheme may cancel your membership/s

The Scheme may cancel any membership if you and those on your membership:

- do not give us information that later turns out to be relevant to this membership
- 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) on your membership.

Providing false information may lead to criminal charges being brought against you. You will have to pay any amount owing to the Scheme as a result of cancellation.

As a member of the Scheme

The Scheme might not pay for certain expenses.

The Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Scheme starts paying for any general or specific medical conditions. We will advise if any waiting periods apply. Please speak to the Administrator with regard to any waiting periods applicable to your membership and those on your membership.

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 on your membership must terminate any other cover held.

You must ensure contributions are paid on time

As the main member of the Scheme, you are responsible for ensuring that your contributions and the contributions of those on your membership 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 with prior notification.

Repaying money owed to the Scheme

The Scheme has the right at any time to collect from you any amount that you owe. 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 Scheme

As a member, you may have money available in advance to use for medical expenses during the year. This money is allocated to an account called the 'Medical Savings Facility'. 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 over the year.

By signing this - document 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.

Reference number

This Agreement reference numbers are DISC LIBCARECONT

Signature of bank account holder

Date

D	D	M	M	Y	Y	Y	Y
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Please only sign if you have read and understand this statement.

In addition to the above terms, the policyholder must agree to the following

1. I confirm that I have the right to give Libcare Medical Scheme the authority to debit such account on a monthly basis.
2. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Libcare Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
3. I hereby authorise Libcare Medical Scheme to verify the banking details as provided above for the purposes of setting up the debit order, in need.
4. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
5. I confirm that if I miss a contribution collection date I authorise that Libcare Medical Scheme may deduct a double debit of my contributions the following month.

This form is only a complete application when it contains all the information we need to fully process your application.

We take the date on which we receive the complete application as the application date, and not the date on which you sign the form.