

Thanks you for your interest in the 360° Student Medical Aid.

Please complete SECTIONS;

SECTION 1 – Start date and choice of upfront payment months.

SECTION 2 – Your details

SECTION 5 – ONLY if you have a SA bank account

SECTION 6 – ONLY if you are under 18 years.

SECTION 7 – SIGN

SECTION 8 – SIGN

SECTION 9 – SIGN and DATE

PLEASE SUBMIT:

- PROOF OF DEPOSIT (6 or 12 months premiums)
- PASSPORT
- PROOF OF FULL TIME STUDY.

Then FAX the completed application 0866 688 122 OR SCAN AND EMAIL

I WILL SEND YOU ACCEPTANCE IN AROUND 4 DAYS.

FOR THE SAME PREMIUM YOU CAN USE ME AND MY TEAM FOR ANY CONCERNS – ALWAYS! - AT NO ADDED COST – JUST SEND ME YOUR APPLICATION!

Kind regards,
PETER

Peter J Pyburn

Approved Financial Services Provider Licence # 2995.

Financial Life Planner

Member: Masthead, FIA, Accredited with Council for Medical Schemes.

☎ **Mobile: 083 377 8893**

☎ **Fax: 0866 688 122**

PS. Please visit my Web page - ☎ www.peterpyburn.co.za

"My interest is in the future, as I'm going to spend the rest of my life there." C. Kettering

360° for students – KeyCare Plus International Student Application form 2016



For office use (you do not need to complete this section)

Broker code

Group code

Broker house code

Institution code

Thank you for deciding to apply to join the Discovery Health Medical Scheme. This document is an application form for membership. It also contains some rules for membership. Please make sure you read and understand these rules.

Who we are

The Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are applying 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) and a subsidiary of Discovery Limited. We take care of the administration of your membership for the Scheme.

You are applying for 360° for students

Please attach a copy of your passport, letter of acceptance from the academic institution where you will be studying in South Africa and proof of payment (see banking details section) and **use your passport number as the reference number when paying the contribution.**

Submit the completed and signed form to our consultants or fax the form to 011 539 3000 or email it to application@discovery.co.za

X

1. Membership details

Membership start date Membership end date Number of months
Minimum of 6 months

Please note: you need to pay your full contributions upfront for your membership. Monthly contribution is R290.

X

2. About yourself

Title Initials Surname

First name(s) (as per passport)

Preferred name Sex Date of birth

Passport number Country of issue

Name of institution

Campus Student number

Marital status Cellphone number

Email address

Postal address (in South Africa) Code

3. Adding a dependant (if applying for cover)

If you have a dependant you would like to add to your membership, please complete an Application to add dependants form.

4. Banking details to pay your contributions to Discovery Health Medical Scheme

Bank	First National Bank
Account holder	Discovery Health Medical Scheme – DHMS 360 International Students
Branch name	FNB Corporate Account Services – Johannesburg
Branch code	255005
Account number	62509784238
Type of account	Cheque
Swift Code	FIRNZAJJ
Reference number	When making a payment, include your passport reference number as your reference number

You will be required to pay for your full contribution amount for the elected time of cover. All additional charges and fees in relation to the payment of your contributions will be for your own account.

360° for students forms part of the KeyCare Plus Plan, awaiting formal approval from the Council for Medical Schemes.

5. Your banking details for your claims refund (if you have a South African bank account)

Bank name

Branch name

Branch code - -

Accountholder

Account type Cheque Savings Account number

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

Signature of accountholder

6. Legal guardian in South Africa

(Only complete this section if the applicant is younger than 18 years.)

I _____ born on _____, hereby confirm that I am the guardian/parent of _____ (name and surname of minor) for the duration of his/her stay in South Africa.


Residential address Code

Cellphone number

Passport number

Email address

Signed at

Signature of guardian  Please do not sign incomplete forms. Date

7. Declaration

I understand that Discovery Health Medical Scheme will not be liable for reimbursement in respect of health services obtained for any pre-existing conditions for the first 12 months of membership, including but not limited to pregnancy, HIV and cancer.

Signature of main applicant  Please do not sign incomplete forms.

8. Fair Collection Notice – how we will process and disclose your Personal Information and communicate with you

- This Fair Collection Notice ("Notice") explains how we obtain, use, disclose and otherwise process personal information, which may include health and financial information ("Personal Information"), as required by the Protection of Personal Information Act ("POPIA").
- Acceptance of these terms and conditions is voluntary, but is a requirement for activation and servicing of your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your membership.
- Please note:
 - We may amend this Notice from time to time. Please check our website periodically to inform yourself of any changes;
 - You have the right to object to the processing of your Personal Information;
 - Should you believe that we have utilised your Personal Information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator, once established.
- Discovery Health Medical Scheme and the administrator (we/us) will keep any information, including Personal Information relating to yourself and your dependants and/or beneficiaries, supplied to us in this application or collected from other sources ("Your Personal Information") confidential. You confirm that when you provide us with your Personal Information, your dependants and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event of you providing information and signing consent on behalf of a minor (person younger than 18 years old) you confirm that you are a competent person and authorised to do so on their behalf.
- You agree to us processing and disclosing your Personal Information in the following manner:
We may collect, collate, process, store and disclose your Personal

Information:

- For the administration of your health plan;
- For providing managed care services to you or any dependant/s on your health plan;
- For providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your health plan;
- To profile and analyse risk;
- For academic research conducted by any company within the Discovery Group and/or contracted research and survey providers in South Africa as well as outside the borders of the Republic.

Examples of how this will happen includes:


- Sharing your Personal Information with your chosen financial adviser during the application process to help the administrator, if necessary, while we process your membership application;
- Getting your Personal Information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies ("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 Sources that your Personal Information is true, correct and complete;
- Getting and sharing any information that is relevant to your application from or with your employer, if you have joined as a member of an employer group;
- 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.
- Transferring your Personal Information outside the borders of the Republic of South Africa where appropriate, for example to

360° for students forms part of the KeyCare Plus Plan, awaiting formal approval from the Council for Medical Schemes.

8. Fair Collection Notice – how we will process and disclose your Personal Information and communicate with you (continued)

- administer the ISOS and Africa Benefit, 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;
- f. Making use of external health specialists to assess or evaluate certain clinical information. Your Personal Information will be shared with such specialist/s in the event that you or your dependants are subject to such a clinical assessment.
 6. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party.
 7. We will 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 dependants have applied for a product or benefit from such entity. This information will be provided for the administration of your or your dependant's products or benefits with other entities within the Discovery Group.
 8. We may provide any credit bureau or credit providers industry association with any information about your consumer credit record, including personal information about any judgement or default history.
 9. We and any entity within the Discovery Group will keep you updated on information about any offers or new products Discovery may make available at any time. Please contact us if you do not wish to receive any telephonic direct marketing information from us.
 10. If we want to share your information for any other reason, we will do so only with your permission.
11. You have the right to request a copy of the Personal Information we hold about you. To do this, simply complete the 'Data Subject Request Form' on www.discovery.co.za/legal and specify what information you would like. We will take all reasonable steps to confirm your identity before providing details of your Personal Information.
- Please note that any such Data Subject Request may be subject to a payment of a legally allowable fee.
12. You have the right to contact and ask us to update, correct or delete your Personal Information.
 13. You agree that we may retain your Personal Information until such time as you request us to destroy them (unless we are obliged by law to retain it, regardless of such request).
 14. If the Scheme, the administrator or Discovery (Ltd), as the holding company of the administrator, becomes involved in a proposed or actual merger, acquisition or any form of sale of some or all its assets, we may use and disclose your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your Personal Information which would continue to be subject to this Notice.
 15. Discovery Health Medical Scheme and the administrator are required to collect and retain information in terms of the following legislation (amongst others):
 - 15.1 The Medical Schemes Act, 1998
 - 15.2 The Consumer Protection Act, 2008
 - 15.3 The Protection of Personal Information Act, 2013
 - 15.4 Electronic Communications and Transactions Act, 2002
 - 15.5 Promotion of Access to Information Act, 2000Legislation specific to the administrator only:
 - 15.6 Financial Advisory and Intermediary Services Act, 2002

X Signature of main applicant

 Please do not sign incomplete forms.

9. Discovery Health Medical Scheme rules for membership

9.1 Who "we" are

Discovery Health Medical Scheme, registration no 1125, registered with the Council for Medical Schemes.

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

9.2 Rules for membership

The rules of the Discovery Health Medical Scheme records your rights and responsibilities for your membership of the Discovery Health 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 will be bound by them.

Where applicable you also acknowledge and confirm that the financial adviser you or your employer appointed, may communicate with us on this application and your membership of the Discovery Health Medical Scheme.

You give permission that we can share your medical information and other relevant personal information about you and your dependants with your chosen financial adviser. The information will be shared so that he or she can help us if necessary while we process your membership application.

Please speak to your financial adviser or Discovery Health (Pty) Ltd if there is anything you do not understand.

9.3 Who you are applying for

You may apply to join the Discovery Health Medical Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Discovery Health Medical Scheme rules. For anyone to be treated as financially dependent for this application, you must have a responsibility to provide financially for that dependant. We might ask you to give us proof of financial or legal responsibility. You may 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 dependants over 18 to act for them in any matter relating to this application.

9.5 Giving and getting information

You must give true, correct and complete information

To consider your application for membership, the Discovery Health 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.

Your legal address

We 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.

Discovery Health Medical Scheme and the administrator may record telephone 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.

Discovery Health Medical Scheme and the administrator may get information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you agree that we can get information about you and those you apply for from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. The administrator and the Discovery Health Medical Scheme may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give on this application and in respect of any matter pertaining to or that arose during your membership of the Discovery Health Medical Scheme, is true, correct and complete.

9. Discovery Health Medical Scheme rules for membership

You give your permission that we may get any information that is relevant to your application from your employer.

Tell Discovery Health Medical Scheme or the administrator immediately if your information changes

It has been assumed that your income is below R290 per month.

If this is found not to be the case, Discovery Health reserves the right to automatically move your membership to the correct income band on KeyCare Plus with the commensurate changes in premium. You will be informed of this change and will be required to pay the additional contribution from the date of the communication onward. You, your employer or your financial adviser must 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 Discovery Health Medical Scheme may cancel your membership/s

The Discovery Health Medical Scheme may cancel any membership 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

Discovery Health Medical Scheme might not pay for certain expenses immediately after you become a member

Discovery Health Medical Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Discovery Health Medical Scheme starts paying for any general or specific medical conditions. Please speak to your financial adviser or 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 Discovery Health Medical Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

You must ensure contributions are paid on time

As a member of Discovery Health Medical Scheme on 360° for students, you are required to pay your medical aid premium upfront. A portion of your contribution that has not been used will be refunded should your cover terminate before the end of the 12 month period.

9.7 Repaying money owed to the Scheme

Discovery Health 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.

X Signature of main applicant

Date

Y	Y	Y	Y	M	M	D	D
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 Please do not sign incomplete forms.