

Thanks you for selecting the Momentum health Student Medical Aid plan.
Rest assured you are buying the finest student cover available!

Application Process - Complete the attached application form in full .

PLEASE COMPLETE EVERY APPLICABLE X

SECTION 1 . YOUR START DATE

SECTION 2 . YOUR DETAILS

SECTION 3 . IF YOU HAVE A SA BANK ACCOUNT, INSERT THE DETAILS HERE.
(THIS IS FOR REFUNDS YOU MAY RECEIVE, WHEN DOCTORS ARE NOT DIRECTLY PAID)

SECTION 7 and 8 . PLEASE SIGN AND DATE.

Please deposit your choice of either 6 or 12 months into one of the bank accounts listed in the application.

(Note: Period of medical must be paid according to your Study Permit and University Acceptance requirements.)

Please use your passport number as the reference when you make the deposit.

E-mail your application to peter@peterpyburn.co.za together with:

- **a copy of your passport**
 - **acceptance letter / proof of studies at academic institution**
 - **proof of payment**
 - **for applicants under the age of 18: Guardian consent**
- SECTION 8 OF THE APPLICATION**

Confirmation letter

Upon receipt of the documentation above we will issue a confirmation letter within **48 hours**.

Please note foreign transfers might take longer (up to 5 working days) as we need to trace payment before we can issue a confirmation letter.

IF YOU HAVE ANY CONCERNS:

Please call me on **083 377 8893** OR EMAIL: peter@peterpyburn.co.za



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Quick Quote	
Age	
Income	
Education	Yes No
Smoker	Yes No
Gender	Female Male
CALCULATE	

Online life cover
in just 6 clicks!



Medical aid pays for
healthcare.
But who will pay your
living costs, if you
cannot earn a salary?

Member of
MASTHEAD
FINANCIAL ADVISORS
ASSOCIATION

International Student Application form

2017

Important notes:

Please submit the completed and signed form, as well as the documents listed below, via email to studenthealth@momentum.co.za.

Compulsory documents to be submitted with your application:

- Copy of your passport.
- Letter of acceptance from the academic institution in South Africa where you will be studying full time.
- Proof of payment (see banking details under section 5). Please use your passport number as the reference number when paying the contribution.

Section 1: Membership details

Membership start date - -

Number of months of medical aid cover required (minimum of 6 months)

Section 2: Principal member's details

Passport number

Country in which passport was issued

Name of institution where studying

Campus Student number

Title Initials First name

Surname

Date of birth - - Gender Male Female

Cellphone number Fax number

Telephone number Marital status

Email address

Address in South Africa

Postal address*

Postal code

Residential address

Postal code

*You may use the address of the institution where you are studying if you do not yet have an address in South Africa.

Section 3: Dependant particulars

Please complete an application for Addition of Dependents form, if you wish to add dependants to your membership.

Section 4: Option

Ingwe Option **Chronic and Day-to-day provider:** Ingwe Active Primary Care Network **Hospital provider:** Any hospital

Section 5: Banking details to pay your contributions to Momentum Health

(Please use your passport number as reference)

Account Name	Momentum Health	Account Name	Momentum Health	Account Name	Momentum Health
Name of Bank	First National Bank	Name of Bank	Standard Bank	Name of Bank	ABSA
Branch Name	Global Transactional Services - Durban	Branch Name	Florida Road	Branch Name	Killarney
Type of Account	Current	Type of Account	Current	Type of Account	Current
Account Number	62127765371	Account Number	050 810 995	Account Number	4060933128
Branch Code	22 36 26	Branch Code	042726	Branch Code	632005
Bank Code / Swift Code	FIRNZAJJ	Bank Code / Swift Code	SBAZAZAJJ00720535	Bank Code / Swift Code	ABSAZAJJ

Section 6: Consent for Momentum Health to process personal information

Momentum Health and the Administrator are committed to maintaining the confidentiality of your personal information and complying with the Protection of Personal Information Act, 2013 when processing your personal information. We request your consent to process your personal information and obtain your personal information from any other person for the purposes set out in this section. While your consent is voluntary, it is a requirement for your membership.

1. The personal information we require relates not only to you but also to your child and adult dependants, and you confirm that you are authorised to provide consent in this section on behalf of your dependants on Momentum Health.
2. You authorise, and give consent to, Momentum Health and the Administrator to collect, store, collate, process, share and further process your personal information, including health information, and that of your dependants, for purposes of your membership of Momentum Health, risk profiling and management and as set out in this section.
3. If you have consented to the disclosure of your personal information to any other entity or person (person means any natural or juristic person, firm, company, corporation, state, agency or organ of a state, association, trust or partnership, whether or not having legal personality) or if a contractual relationship exists between Momentum Health or the Administrator which requires Momentum Health or the Administrator to provide your personal information to any other person, Momentum Health or the Administrator may do so.
4. You must give Momentum Health and the Administrator all information and evidence they may require from time to time for the purposes of assessing this application, your membership of Momentum Health, risk profiling or management. You authorise Momentum Health and the Administrator to obtain, from any person, including any medical doctor or other healthcare provider who has attended you or your dependants in the past or who will attend to you or your dependants in the future, any information we may require concerning you or any of your dependants in assessing any risk or claim in relation to this application, your membership of Momentum Health, risk profiling or management and you consent to that person providing, and instruct that person to provide, Momentum Health and the Administrator with this information on request. You waive the provisions of any law or regulation that restricts the disclosure of this information. You must also submit to any examination by Momentum Health's medical assessor as and when Momentum Health requires this.
5. You understand that your personal information will be shared between Momentum Health, the Administrator and contracted third parties both locally and outside the Republic of South Africa who require this information, for purposes related to your membership of Momentum Health and:
 - to grant you access to interact with Momentum Health on its website; and
 - to provide any credit bureau or registered credit provider with your credit information as defined in the National Credit Act, 2005 (credit information includes, for example, my credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgments obtained for outstanding debts).
6. You agree that Momentum Health's Administrator, MMI Health, a division of MMI Group Limited, may use your information for the purpose of marketing (including direct marketing) of insurance, investments, health insurance, retirement benefits, other financial services and health related products offered by MMI and its subsidiaries. Tick here if you do not wish to receive any direct marketing.

Signature of principal member

Date - - 2 0

Section 7: Statement by principal member

1. Should I be enrolled as a member of Momentum Health, I will subject myself to the benefits contained in the Rules of Momentum Health.
2. The information that I have given here is full, complete and true and forms the basis of my membership. I acknowledge that if I do not disclose all the information, it will make any contracts to which this application relates null and void. The Scheme may, at its discretion, retain all contributions or recover any amounts paid to me or any service provider on my behalf.
3. I irrevocably grant my permission to any physician, person or party who may be in possession of, or obtain information concerning my health, or that of my dependants, to divulge such information to Momentum Health, also after my death.
4. I undertake to pay any amount due to Momentum Health, on demand. Failure to pay any debt due to the Scheme may result in suspension or termination of membership and/or handover to a third party for collection.
5. I will notify the Scheme if I or any of my dependants are living with HIV/Aids within 14 days of activation of membership.
6. I will notify the Scheme should I or any of my dependants require hospitalisation for a non-emergency event at least 48 hours before the event. I acknowledge that failure to do so will result in a reduction of benefits payable by the Scheme for any procedure undertaken.
7. I undertake to give 30 days' notice, should I wish to terminate my membership.
8. I consent to the recording of all conversations between me and the Scheme or the Administrator, and all information obtained through these conversations will form part of the Scheme's and the Administrator's records. I also consent to all these records remaining the sole property of the Scheme and the Administrator.
9. As an international/foreign student, I confirm that I have complied with the study visa/permit regulations as determined by the South African Home Affairs Immigration Act No. 13 of 2002. I consent to Momentum Health sharing my membership details, as well as my personal details, including my name, date of birth and passport number, with contracted third parties for the purposes of verifying my membership in accordance with the study visa requirements, as per the Immigration Act.
10. For **female applicants**: I understand that if I am pregnant at the time of joining Momentum Health, a 12-month exclusion for pregnancy and confinement will apply. If I find out that I am pregnant after signing this application, I may apply for maternity benefits.
11. I confirm that I am not earning a taxable income of more than R650 per month.

Signature of principal member

Date - - 2 0

For office use

Broker code

Broker house code

Group code

Institution code