Change of option form 2021

P.O. Box 1101, Florida Glen, 1708 Call 0860 002 108
Fax (011) 671 5380 Email optionchanges@bonitas.co.za

Medical aid start date: D D M M Y Y

This form must be completed by Bonitas members who would like to change from one option to another.

Instructions
- This form must be submitted on/or before 31 October 2020 for Persal members and on/or before 30 November 2020 for all other members
- Your form must have an employer stamp in order to be processed (if applicable).

Please note: If you select BonCap you will need to complete the income verification form.

Section 1: Details of main member
Please complete this section. You must submit the completed application form to your HR Department if your medical aid is through your employer.

Title: Surname:

First names:

Identity number: Tax number:

Membership number:

Marital status: Gender: M F

Ethnic group: Black Coloured Indian White Asian Other

Cellphone: Telephone:

Email:

Postal address:

Code:

Section 2: Choosing your option (Please select one option only.)

BonComprehensive | BonClassic | BonComplete | BonSave | BonFit Select | BonStart

Standard | Standard Select | Primary | Primary Select | Hospital Standard | BonEssential

BonEssential Select | BonCap

BonCap contributions are income based. Please select the income band that applies to your gross monthly income. You will need to attach proof of your income.

R0 to R8 980 | R8 981 to R14 590 | R14 591 to R19 930 | R19 931+

Please note: If you select the BonStart option, you confirm that you have access to a mobile smartphone and data or Wi-Fi connection as internet access is required to make use of virtual consultations, as and when needed.

Please sign here to accept: _____

Section 3: Declaration of income
Please complete this section if you have chosen BonCap, if you fail to do so, you will be placed in the highest income band.

Description of income	Main member (R per month)	Spouse/life partner (R per month)
Salary or wages		
Commission and other rewards		
Pensions and annuities		
Rental income		
Trust distributions		
Government grants		
UIF payments		
Interest on investments		

Bonitas

Change of option form 2021

Description of income	Main member (R per month)	Spouse/life partner (R per month)
Subsidies of any kind		
Maintenance		
Other income		
Total income	**R**	**R**

We also require the documents in the table below to be attached to this form for you and your spouse/life partner. If the required documents are not submitted with this form, you will be defaulted to the highest income band.

If you	We need
Earn a monthly salary or salary with commission	• If you are formally employed, send your last three months commission statement/payslip or a copy of your most recent tax year's IRP5 certificate.
Get paid weekly/fortnightly wages	• Four latest weekly payslips or two latest fortnightly payslips / A letter from your employer/company confirming your income • Your bank statements for the last three months (showing the weekly/fortnightly/monthly income you received)
Are self-employed	• A copy of your latest IT34A (SARS notice of assessment) • A recent letter from an external auditor/accounting firm confirming your income • Your bank statements for the last three months (showing the monthly income you receive)
Are unemployed	• Your UIF statement or a retrenchment letter, dismissal letter or letter of service from your employer • Your bank statements for the last three months (showing the monthly income you receive) • A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a minor (including children at primary and secondary school)	• A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a full-time student (tertiary education)	• Proof of registration from your tertiary institution (student card only will not be accepted) • A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a foreign student	• A copy of your passport • Proof of registration from your tertiary institution • A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a foreign national (a person living in South Africa who is a citizen of another country)	• A copy of your passport, your work permit and your contract reflecting your contract period and monthly income • Your bank statements for the last three months (showing the monthly income you received)
Are temporarily disabled	• A copy of your IT34A (SARS notice of assessment) • A full medical report from your doctor • Your disability grant letter or a letter from the Department of Social Development • Your bank statements for the last three months (showing the monthly income you received)
Are permanently disabled	• Your disability grant letter • Your bank statements for the last three months (showing the monthly income you received) • A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Earn a Government pension (SASSA)	• Your most recent SASSA pension statement or a SASSA pension income letter (that is not older than six months) • Bank statement clearly highlighted the grant received, that is not older than 3 months
Earn any other pension	• Your most recent pension statement or a pension income letter (not older than 6 months) • Your bank statements for the last three months (showing the monthly income you received) • A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid

Section 4: GP nomination
If you choose the Standard Select, Primary Select or BonCap option you must nominate two GPs from the relevant Bonitas GP network for each beneficiary. You can access the GP network list when you log in to www.bonitas.co.za.

	Name and surname	First doctor's name	Practice number	Second doctor's name	Practice number
Main member:					
Dependant 1:					
Dependant 2:					
Dependant 3:					
Dependant 4:					

Bonitas

Change of option form 2021

Section 5: Employer information
This section must be completed by your employer or pension fund (where applicable).

Name of company representative:

Title of company representative:

Bonitas paypoint code:

Employer stamp

The above change of option has been noted and approved.

Signature of employer representative: _____ Date:

Section 6: Member declaration
I understand that this written notice to change my option will apply from 1 January 2021. I further understand that I will be responsible for the full payment of the contributions on a monthly basis. I agree to follow the rules of Bonitas Medical Fund. I know that the rules are available at www.bonitas.co.za and will be provided to me upon request.

Main member's signature: _____ Date:

Section 7: Protection of your personal information

1. The Scheme will keep your and your dependants' personal information confidential and will process your and your dependants' personal information in a manner that is compliant will all applicable protection of personal information legislation as enacted from time to time.
   Your personal information refers to personal information about you, and your dependants. It includes information about your and your dependants' gender, pregnancy, age, physical and mental health and wellbeing, medical history, financial and educational status and your identifying numbers, symbols, e-mail addresses, physical addresses and telephone and other contact numbers and addresses. Processing (of personal information) means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.
   You understand and acknowledge that when you include your dependents on this application, the Scheme and its administrator, Medscheme Holdings (Pty) Ltd, will process their personal information for the activation of their membership of the Scheme, the administration of their health plan and to pursue their and the Scheme's legitimate interests. By submitting your dependents' personal information to the Scheme, you confirm and warrant that your dependants consent to, and have duly authorised you to share their personal information with the Scheme and its administrator for the purposes set out herein, and that you can provide the Scheme with written proof of such consent and authority on request.
2. We, have all the required data security measures in place to protect your and your dependants' personal information. This includes but is not limited to, access control measures to restrict the disclosure of personal information only to authorised individuals and confidentiality and protection-of-personal information agreements with service providers and staff members.
3. You consent that to the extent that the Scheme or its administrator requires your or your dependants' medical or health information for the purposes of managed healthcare, assessing and processing any claims or any other reason related to your and your dependants' membership of the Scheme Fund, any healthcare service provider which has such information about you and your dependants may provide same to the Scheme or its administrator for such purposes.
4. You consent thereto that the Scheme and its administrator may process your and your dependants' personal information for the following purposes:
   - Underwriting
   - Assessing and processing claims of you and your dependants and the administration of your medical scheme benefits and matters related to your membership of Bonitas;
   - The provision of managed care services to you and your dependants on your selected benefit option;
   - The provision of the personal information to any contracted third party who requires this information to provide a healthcare service to you and your dependants on your selected benefit option;
   - Fraud prevention and detection;
   - Statistical analysis and risk profiling;
   - Audit and record-keeping;
   - Compliance with legal and regulatory requirements;
   - Verifying your identity and the correctness of any other information provided to the Scheme and its administrator in applying for membership;
   - The provision of any membership services to you and your dependants;
   - Certain marketing and related activities which may be applicable from time to time, subject to such rights as you may have in law;
   - Recovery of any amounts that the Scheme paid on your or your dependants' behalf from any third party liable therefore, such as the Road Accident Fund.
5. We may share your information with the service providers for the purpose of processing it and rendering services to you, subject to such appropriate confidentiality requirement.
6. You have the right to know what personal information the Scheme holds about you. If you wish to receive this information please contact us. We will take all reasonable steps to confirm your identity before providing details of your personal information. You may access the personal information we hold of you and your dependants and request us to correct any errors.
   You agree that the Scheme and its administrator may keep your and your dependants' personal information until you request that it be deleted or destroyed. You have the right to request the Scheme to update, correct or delete your or your dependants' personal information, unless the law requires us to keep it. Where we cannot delete your or your dependants' personal information, we will take all practical steps to de-personalise it.
   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 its administrator require your consent and acceptance to activate and service your Scheme membership. If you do not accept these terms and conditions, we cannot activate and service your Scheme membership.

   If you are giving consent on behalf of a dependant, you confirm that you are a competent person and/or that you have authority to give their consent for them. Competent person means anyone who is legally competent to consent to any action or decision being taken for in respect of any matter concerning a member or dependant (for example a parent or legal guardian).

Section 8: Acknowledgement and declaration

1. I declare that the information contained in this application form is true and correct. I further declare and warrant that my dependants have consented to, and have granted me permission to disclose personal information about them to the Scheme and that I am in a position to provide written proof of their consent and authority as such to the Scheme upon request.
2. I declare that any false information in this application form or the non-disclosure of any material information will result in my and my dependants', membership being declared null and void.
3. I accept that Bonitas has the right to claim damages in respect of any loss or damages it may suffer due to my non-disclosure of material information, any misrepresentation made by me or any fraudulent behaviour by me or any of my dependants. If any of my or my dependants' circumstances change after the date of signing this application or the acceptance of my membership, I undertake to promptly notify the Scheme of the changes. I understand that failure to do so may lead to the termination, or amendment of the terms and conditions, of my membership. I further understand and acknowledge that the Scheme is entitled to reclaim any amounts it may have erroneously paid to any healthcare service provider on behalf of me or my dependants, from me.
4. I agree that should the Scheme incur any legal costs or expenses to recover any contributions or any other amount due and owing by me to the Scheme for any reason, I shall be responsible for such costs and expenses on an attorney-and-client scale. I consent to my details being listed with a credit bureau should I default in the payment of my monthly contributions or in respect of any other amount due and owing to the Scheme.
5. I understand and acknowledge that it is my responsibility to ensure that my monthly contributions are received by the Scheme. I also understand and acknowledge that if any contributions are unpaid, it may result in my and my dependants' membership with the Scheme being terminated until all arrear contributions have been settled. I also understand and acknowledge that should my membership be suspended or terminated, I will not be entitled to any benefits arising from my membership whatsoever.
6. I undertake to inform the Scheme of any changes to my or my dependants' health or personal status within 30 (Thirty) days of the change, as required by the Rules.
7. I consent to and authorise my and my dependants' healthcare service providers to disclose any personal, health, medical and/or account information and documentation relating to any ailment, disease, disorder, condition or disability, whether current or historical, to the Scheme, its administrator, its contracted managed healthcare

organisations and/or and any of its other contracted service providers and partners, and to grant them access thereto upon request, provided that the information and documentation is treated as confidential. I declare and warrant that my dependants have consented to their personal, health, medical and/or account information being disclosed by their healthcare service providers to the Scheme, its administrator and its contracted service providers and partners and access provided to them as such, and that I am in a position to provide written proof of their consent as such to the Scheme upon request.

8. I agree that should I be accepted as a member of the Scheme, I and my dependants shall provide the Scheme with all information, including the above-mentioned personal, health, medical and/or financial information, that the Scheme may reasonably require for the purpose of carrying out its obligations in terms of the Medical Schemes Act No. 131 of 1998 and the Rules.
9. I further agree and understand that I and my dependants may be required to attend an examination by the Scheme's medical assessors from time to time.
10. I declare and warrant that I and my dependants are not registered as members and/or dependants of another registered medical scheme.
11. I understand and acknowledge that the underwriting conditions will affect my rights and my dependants' authorise rights to the benefits afforded in terms of our selected benefit option, if applied.
12. I consent to and authorise the Scheme to take all reasonable steps to verify information provided by me in this application form and agree to submit proof of my and my dependants' identification to the Scheme on demand.
13. I consent and agree to my telephone conversations with the Scheme's call centre being recorded and forming part of the Scheme's records. I also agree that such records will remain the sole property of the Scheme and will be made available to me on request.
14. I declare that the information provided in this application form true, correct and accurate and if accepted will form the basis of my agreement with the Scheme, read together with the Medical Schemes Act and the Rules of Bonitas. I however acknowledge that the contractual rights and obligations may be further varied through my ongoing interaction with Bonitas from time to time.
15. I acknowledge that I have read and understand the contents of this application form and where necessary, have been explained to me.
16. I hereby confirm that as the main member of the Scheme, my dependants have consented to and have granted me permission to access and view their healthcare claims made on my membership and deal with all matters relating to the claims on my membership, and that I am in a position to provide written proof of their consent as such to the Scheme upon request.
17. I hereby consent to and authorise the Scheme to share my and my dependants' personal, health and/or medical information with the Scheme's administrator, contracted managed healthcare organisations and/or or any relevant government authorities for administrative and statistical purposes, provided such information is treated as confidential at all times.
18. I understand that it is my responsibility to provide the Scheme with notice of my intention to terminate my membership, as per the Scheme's Rules, in writing by completing the relevant Termination of Membership form.
19. I agree that my and my dependants' personal, health and medical data may be shared with third parties for the purpose of membership trend analysis (e.g. employer) and for any other such purposes as may be related to our membership of the Fund, on an anonymous basis. I have read and understand these statements and my consent and permission and the consent and permission of my dependants, are given voluntarily and that I am in a position to provide written proof of my dependants' consent and permission as such to the Scheme upon request. My signature below confirms our consent and permission.

Signature of main member: _____ Date: _____