

EMPLOYER AGREEMENT FORM

Full name of company	<input type="text"/>		
Company registration number	<input type="text"/>		
Nature of business	<input type="text"/>		
Physical address	<input type="text"/>	Postal code	<input type="text"/>
Postal address	<input type="text"/>	Postal code	<input type="text"/>
Contact person/s	<input type="text"/>		
Designation	<input type="text"/>		
Telephone number	<input type="text"/>	Cell number	<input type="text"/>
Fax number	<input type="text"/>	E-mail address	<input type="text"/>
Number of principal members	<input type="text"/>		

Medical Aid Scheme	Option	Number of members
<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"/>

Desired date of entry

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Percentage of payments to be made:

	Company	Member
Employees	<input type="text"/>	<input type="text"/>
Pensioners	<input type="text"/>	<input type="text"/>

Will pensioners pay their portion of subscriptions directly to the Scheme? YES NO

Method of payment: Cheque Debit order EFT

NOTE: Subscriptions must be paid directly into the Scheme's bank account and a detailed remittance advice sent to the Administrator.

Is the medical aid membership a condition of employment if the employee is not covered by his/her spouse's medical aid scheme? YES NO

(Please provide a list of your current staff complement. All current employees who decline to join the Plan or Option/s elected will be subject to normal underwriting rules upon future application to the Scheme).

Are your staff required to serve a trial or probationary period or fulfil any other conditions before becoming eligible for membership? YES NO

If yes, please provide details:

Number of months

Signed membership application forms for all the employees who fall into the categories nominated for participation in the Scheme must be furnished to the Scheme.

Group rules	Yes	No	Group rules explanation
Member portion deduction	<input type="text"/>	<input type="text"/>	Yes: Any amount outstanding for Member portion owing will be a salary deduction by the company/ employer and be paid to the Scheme No: No salary deductions applicable
Electronic Group Statement	<input type="text"/>	<input type="text"/>	Yes: Statement created as an Excel spreadsheet and e-mailed to the member company. Spreadsheet is e-mailed back and payment details posted to the main system No: Statement is printed and forwarded to the member company
Group Statement	<input type="text"/>	<input type="text"/>	Yes: Amounts raised in the cheque run to be recovered by way of a salary deduction are transferred to a "Group Statement". Amounts due are deducted from members salary and paid over to the Scheme by the employer company No: No salary deductions applicable

DEBIT ORDER

I/We hereby authorise the Scheme (or their nominee) to debit my/our banking account (wherever it may be), the necessary amount for any contributions and changes in relation to this agreement, incorporating the contribution rate changes.

Name of account holder

Name of bank

Branch name

Branch code - -

Account number

Type of account (please tick) Current (Cheque) ☐ Transmission ☐ Savings ☐

Authorised signatory

BROKER DETAILS (if applicable)

Brokerage name Broker code

Broker's name

Broker's cell Brokers Tel: Code ()

SIGNATURE OF BROKER _____

DECLARATION

We declare and warrant the answers to the foregoing questions are true and agree that this declaration shall be the basis of the proposed contract with the Scheme.

We also agree that the Scheme's Rules as amended from time to time and any regulations made hereafter shall be binding on us, (the contents of which we declare ourselves to be fully acquainted), and we undertake to observe and carry out (in so far as applicable to us) the provisions of the said Rules, as amended by the Scheme from time to time.

Should we wish to cease membership with the Scheme, we hereby undertake to give three (3) months written notice of such intentions.

We also agree that no statements, promises or information made or given by, nor any information or statements given or made to the person canvassing for or handling this application, or any other person, shall be binding on the Scheme or affect its rights in any way whatsoever unless such statement, promises or information are reduced to writing and incorporated in or indorsed on this application when it is accepted by the Scheme.

We undertake to pay contributions by no later than the 3rd of the month following that in which the invoice is raised. Members' portions will be paid over in full within 30 days of the "Group Statement" date.

Signed at _____ this _____ day of _____ 20 _____.

Signature

Designation

Date

I declare that I, the above-signed signatory am entitled to sign this document on behalf of:

(Company name)