

## International Student Application form

2016

### Important notes:

Please submit the completed and signed form, as well as the documents listed below, via email to [studenthealth@momentum.co.za](mailto: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 6). 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	<input type="text"/>																					
Country in which passport was issued	<input type="text"/>																					
Name of institution where studying	<input type="text"/>																					
Campus	<input type="text"/>										Student number	<input type="text"/>										
Title	<input type="text"/>					Initials	<input type="text"/>					First name	<input type="text"/>									
Surname	<input type="text"/>																					
Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	-	<input type="text" value="M"/>	<input type="text" value="M"/>	-	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Gender	<input type="text" value="Male"/>	<input type="text" value="Female"/>									
Cellphone number	<input type="text"/>					<input type="text"/>					Fax number	<input type="text"/>										
Telephone number	<input type="text"/>					<input type="text"/>					Marital status	<input type="text"/>										
Email address	<input type="text"/>																					
<b>Address in South Africa</b>																						
Postal address*	<input type="text"/>															Postal code	<input type="text"/>					
Residential address	<input type="text"/>															Postal code	<input type="text"/>					

\*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: Your bank account details for claims and credit refunds payable to you – you do not need to complete this if you do not have a South African bank account

(Please do not provide credit card details. Momentum Health is not allowed to record your credit card details.)

Name of account holder	<input type="text"/>																			
Name of bank	<input type="text"/>																			
Account number	<input type="text"/>																			
Account type	<input type="text" value="Current/Cheque"/>					<input type="text" value="Savings"/>					<input type="text" value="Transmission"/>									
Branch code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Branch name	<input type="text"/>											

Signature of principal member

Date   -   -

### Section 4: Dependant particulars

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

## Section 5: Choose your option

Ingwe Option

Chronic and Day-to-day provider: Ingwe Active Primary Care Network

Hospital provider: Any hospital

## Section 6: Banking details to pay your contributions to Momentum Health

(Please use your passport number as reference)

Name of Bank	<b>First National Bank</b>	Name of Bank	<b>Standard Bank</b>	Name of Bank	<b>ABSA</b>
Branch Name	Global Transactional Services - Durban	Branch Name	Florida Road	Branch Name	Killarney
Account Name	Momentum Health	Account Name	Momentum Health	Account Name	Momentum Health
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 7: Consent for the processing of personal information

Momentum Health (the Scheme), and its administrator, Momentum Medical Scheme Administrators (Pty) Ltd (the Administrator), a wholly owned subsidiary of MMI Holdings Limited (MMI), are committed to maintaining the confidentiality of your personal information and complying with the Protection of Personal Information Act of 2013 when processing your personal information.

I hereby authorise and give consent to the Scheme and the Administrator to process, further process and share my personal information, including health information, and that of my child and adult dependants, for purposes of my membership of the Scheme or in respect of any products and services with the subsidiaries of MMI. I confirm that I am authorised to provide this consent on behalf of my dependants on the Scheme.

MMI comprises companies that provide the following products and services:

- financial planning services, healthcare administration, insurance products, investment products, managed care services and retirement benefits.

The personal information will be shared between the Scheme, its administrator, the subsidiaries of MMI and contracted third parties both locally and outside the Republic of South Africa who require this information, to provide for the following purposes:

- to grant me access to interact with, and view all the products and services I have with the Scheme and the MMI group of companies on its websites,
- to provide my and/or my dependants' personal and health information to any other entity within the MMI Group, where I and/or my dependants already have a relationship or where I and/or my dependants have applied for a product or benefit, for the administration, underwriting and risk profile analysis of my and/or my dependants' products or benefits,
- to provide any credit bureau or registered credit provider with my credit information as defined in the National Credit Act (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),
- to use the information to market, including direct marketing of insurance, investment, health insurance, retirement benefits and 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 from us

I am aware that I may opt out of direct marketing initiatives, or withdraw my permission given above to share my and/or my dependants' information with MMI and its subsidiaries, except if the disclosure thereof is necessary for the administration of the product or services provided or is required in terms of legislation or to give effect to the implementation of an agreement for my or any of my dependants' benefit.

Signature of principal member

Date   -   -

## Section 8: Statement by principal member

- Should I be enrolled as a member of Momentum Health, I will subject myself to the benefits contained in the Rules of Momentum Health.
- The information that I have given here is full, complete and true and form 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.
- 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.
- 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.
- I will notify the Scheme if I or any of my dependants are living with HIV/Aids within 14 days of activation of membership.
- 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.
- I undertake to give 30 days' notice, should I wish to terminate my membership.
- 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.
- 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.
- For **female applicants**: I understand that if I am pregnant at the time of joining Momentum Health, pregnancy and related conditions will be excluded. If I find out that I am pregnant after signing this application, I may apply for maternity benefits.
- I confirm that I am not earning a taxable income of more than R600 per month.

Signature of principal member

Date   -   -

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

Broker code

Broker house code

Group code

Institution code