

## Member Acknowledgment and Declaration

1. I the undersigned, hereby apply to be admitted as a member of Medshield Medical Scheme (hereafter referred to as “the Scheme”) and agree that my dependants and I shall abide by its Rules as amended from time to time which are available on Medshield’s website [www.medshield.co.za](http://www.medshield.co.za).
2. I understand that the Scheme’s brochures are a summarised version and do not supersede the rules of the Scheme.
3. I acknowledge that I have familiarised myself with the benefits covered on my benefit option of choice and that I may only change my benefit option during year-end for an effective date of 01 January.
4. I am aware of the fact that on joining the Scheme during the course of a calendar year, the maximum benefits to which I may be entitled shall be adjusted in proportion to the period of membership calculated from the date of admission to the end of the particular calendar year.
5. I certify that all the information given is true and correct, whether completed by me or on my behalf, and acknowledge that non-disclosure of any information by me, or my dependants, relevant to the assessment of this application, shall render any contracts to which this application relates null and void, effective from date of registration. In such event, the Scheme will have the right to offset applicable costs against contributions paid and refund the difference, if any.
6. I understand that should a period greater than three (3-month) lapse since contributions were paid to Medshield, that my membership will not be reinstated and that I have to re-apply subject to full underwriting.
7. I undertake to give notice to the Scheme to terminate my membership in accordance with the Rules of the Scheme.
8. Furthermore, I understand and agree that I will be liable for any legal cost incurred in the recovery of any amount owing to the Scheme and should there be any outstanding money owed to the Scheme, the Scheme has the right to terminate my membership, and list my details with a credit bureau.
9. I understand that it is my responsibility as a member to ensure that the monthly contributions are received by the Scheme.
10. As a direct paying member, I acknowledge that monthly contributions are payable in advance via debit order and in accordance with the Rules of the Scheme.
11. I hereby authorise the Scheme, or any of its nominated representatives, to verify my bank details.
12. I acknowledge and agree that it’s my responsibility to advise the Scheme in writing of any change in banking details. The Scheme will not be liable should an incorrect account be credited under any circumstances.

13. The Scheme may give any notice in terms of its Rules to me at my domicilium citandi et executandi or by any agreed electronic means unless otherwise notified. Any notice given to me by prepaid registered post at my domicilium citandi et executandi or by any agreed electronic means shall be deemed to have been received by me on the 7th day after the date of posting.
14. I understand that the following waiting periods may be applicable as prescribed by the Medical Schemes Act No. 131 of 1998:
- a 3 (three) month general waiting period in respect of all benefits;
  - a maximum 12 (twelve) month exclusion in respect of a pre-existing condition;
  - a late joiner contribution penalty.
15. I agree to inform the Scheme of any deterioration or change in my state of health or in that of my dependant(s) before the commencement date of membership, or the date of acceptance of this application form by the Scheme, or the date of receipt of the first subscription, whichever date is the latest shall entitle Medshield to reconsider the application and propose new terms of admission.
16. Immune Deficiency Status (Confidential Disclosure)  
If you, or any of your dependants, have been diagnosed with HIV/AIDS or any immunoglobulin deficiencies, please contact Medshield HIV/AIDS Management Programme on 086 050 6080 to register on the HIV/AIDS Disease Management Programme. Failure to do so within 21 days of joining the Scheme will be considered as non-disclosure of information and may result in termination of membership
17. It is illegal to be a member of more than one medical scheme at the same time. I acknowledge that it is my responsibility to resign from my existing medical scheme and agree that neither me, nor any of my dependants, will be registered on both Medshield and another medical scheme simultaneously.
18. I hereby acknowledge that I have read and understood the content of this application form. I declare that all information provided on this form, to the best of my knowledge is true and accurate.