EMPLOYER PARTICIPATION AGREEMENT



- · Use only black ink.
- · Use block capital letters to fill in the spaces.
- Use only one character per block.
- · Leave one block empty between words.
- · Where necessary, mark block clearly with a X.

Ethics Institute of South Africa

Tel: 0860 787 372 Fax: 0860 288 363 Selfmed Medical Scheme PO Box 5543 Tygervalley 7536

Reg. No: 1446

A DETAILS OF THE CO	OMPANY (TO BE COMPLET	ED BY THE EMPLOYER)					
Name							
Corporate contact person							
Alternative contact person							
Telephone number		Fax number					
Physical address							
			Postal code				
Postal address							
			Postal code				
E-mail address							
Total employees	Proposed	membership count	Continuation members				
Proposed inception date			ent of your benefits may differ from your inception date.				
1 Toposed moophon date		NB. The date of commenceme	chicolydal benefits may differ from your inception date.				
B MEMBER PROFILE							
Is membership	Voluntary	Compulsory					
	If VOLUNTARY, please state the names of other schemes offered to staff.						
Number of staff previously on me	edical scheme:	Active staff	Continuation members				
Number of staff not previously on medical scheme:		Active staff	Continuation members				

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Contact person for billing																									
Position in company																									
Telephone number											F	ax nı	umb	er											
Postal address for billing																									
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E-mail address																									
Please indicate specific																									
requirements																									
Payroll close date	D	D	M	M	Υ	Υ	Υ	Υ																	
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DETAILS FOR THE CONTRIBUTIONS

I (a) authorise Selfmed to draw against above-mentioned bank account and (b) authorise this bank to pay Selfmed the amount of monthly contribution (current and arrears) as applicable from time to time. Please note that the effective/lodgement date for all debit orders will only be on the first day of the month.

If joint or company bank account (at least two persons who have signing powers must sign this debit order):

Stamp Company (if applicable)		Date stamped	D D M M Y Y Y
1st signature		2nd signature	
Authorised capacity		Authorised capacity	
Date	D D M M Y Y Y	Date	D D M M Y Y Y
Note	 Please check all details and attach support If you transfer your account at any time, or 		ancelled cheque, copy of bank statement etc. ange, please advise Selfmed immediately.
Other comments			
Direct paying members	Yes No		

TERMS AND CONDITIONS

- We hereby apply to become a participating employer in Selfmed Medical Scheme ("the Scheme") and accept on behalf of our employees the benefits provided for in terms of the rules of the Scheme and agree to be bound by such rules.
- We acknowledge that all information pertaining to our employees is confidential and we undertake to respect confidentiality in so far as this confidentiality is determined by the Scheme in its sole discretion.
- We undertake to pay over the total monthly contributions (employer and employee share) payable to the Scheme, in respect of any members of the Scheme, timeously in terms of the Scheme's rules.
- We undertake to confirm in writing to the scheme once payment has been made. We understand that the aforesaid confirmation must include a detailed breakdown in respect of the payment including:
 - 4.1. a list of each member in respect of which payment is being made;
 - the amount which is being paid in respect of each member.
- We acknowledge that if we fail to provide a breakdown in respect of any payment made to the scheme, the scheme will be entitled to suspend our employees' membership.
- We undertake to notify the Scheme of salary, marital or any other changes which affect member or dependant records within 30 days of such 6. change, and per the Scheme's prescribed procedures and forms.
- We acknowledge that the Scheme reserves the right to terminate membership if any contribution is not paid on due date. 7.
- We undertake to notify the Scheme within 7 days in the event of an employee, who is a member of the Scheme, leaving our employ. 8.
- We understand that we may resign as an employer group in terms of the rules of the Scheme. We acknowledge that we may terminate our participation as an employer group by giving 3 months' advance notice in writing.
- 10. Upon termination or resignation as an employer group, the membership of all members, including continuation and direct paying members, shall terminate concurrently. We agree to take all necessary steps to procure
- 11. We agree to co-operate in the sharing of appropriate information for the investigating and prosecution of all acts of fraud or dishonesty relating to employees' and their dependants' membership of the Scheme.
- 12. We agree to take all reasonable steps to assist the Scheme in the distribution of all relevant information pertaining to the Scheme as may be notified to us.
- 13. We accept that no amendment or variation to these terms and conditions will be valid unless it is in writing and signed by both parties.
- 14. We undertake to give the Scheme immediate written notice should any changes material to the assessment of this application occur before the

date upon which the Scheme accepts this application in writing	g. This will enable the Scheme to reconsider acceptance.
Signature	Name and Position in Company
Date D D M M Y Y Y	