

# EMPLOYER PARTICIPATION AGREEMENT



Tel: 0860 787 372  
 Fax: 0860 288 363  
 Selfmed Medical Scheme  
 PO Box 5543  
 Tygervalley 7536  
 Reg. No: 1446

- 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.



## A DETAILS OF THE COMPANY (TO BE COMPLETED BY THE EMPLOYER)

Name

Corporate contact person

Alternative contact person

Telephone number  Fax number

Physical address

Postal address  Postal code

E-mail address

Total employees  Proposed membership count  Continuation members

Proposed inception date         NB: The date of commencement of your 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 medical scheme: Active staff  Continuation members

Number of staff not previously on medical scheme: Active staff  Continuation members

## C DETAILS FOR THE CONTRIBUTIONS

Please note:

- Contributions are payable in advance.
- No partial payments will be collected from different parties, except for continuation members.
- Should continuation members be responsible for payment, they must inform the Scheme in writing and complete a debit order form which must accompany their application forms. These continuation members will remain members of the group.
- All group payments will remain members of the group.

Contact person for billing

Position in company

Telephone number  Fax number

Postal address for billing   
  
 Postal code

E-mail address

Please indicate specific requirements

Payroll close date

## D CONTRIBUTION SUBSIDY BY EMPLOYER FOR:

### Employees and their families

Employer pays  R  or  % or  Maximum or  Other

### Special dependents (i.e. father, mother, etc.)

Employer pays  R  or  % or  Maximum or  Other

### Other subsidies

### Collection:

We understand that it is the Scheme's policy to accept contributions by Electronic Fund Transfer (EFT) for security reasons

We will pay over contributions by  Cheque  EFT  Debit order

Full name of contribution payer

Name of bank

Branch

Branch code  Date of first deduction

We will pay over contributions by  Savings account  Cheque account  Debit order

Account number

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.

