

## International Student Application form

2018

### 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 5). 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	Male		Female		
Cellphone number	<input type="text"/>	<input type="text"/>	Fax number	<input type="text"/>	<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"/>				<input type="text"/>
Residential address	<input type="text"/>				Postal code
	<input type="text"/>				<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: Dependant particulars

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

### Section 4: Option

**Ingwe Option**

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

**Hospital provider:** Any hospital

### Section 5: Banking details to pay your contributions to Momentum Health

(Please use your passport number as reference)

Account Name	<b>Momentum Health</b>	Account Name	<b>Momentum Health</b>	Account Name	<b>Momentum Health</b>
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
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 6: Consent for Momentum Health to process personal information

We request your consent to process and obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement for your membership of Momentum Health.

Momentum Health and the Administrator will keep your personal information confidential and will adhere to the Protection of Personal Information Act, 2013 when processing your personal information. Your personal information will be processed for the purpose of the Medical Schemes Act 131 of 1998.

If you fail to provide the personal information required or if you are not willing to agree to the processing of your personal information, then Momentum Health will not be able to administer or offer you membership of the medical scheme.

Please read the statements below and sign your acceptance thereof.

1. I authorise, and give consent to Momentum Health and the Administrator to collect, store, collate, process, share and further process my personal information, including health information, and that of my dependants, for purposes of my Momentum Health membership risk profiling and management, administration of my membership and as set out in this section.
2. If I have consented to the disclosure of my personal information, Momentum Health or the Administrator may provide my personal information to any natural or juristic person (which could include a company, corporation, state, or agency of a state, association, trust or partnership) or if a contractual relationship exists between Momentum Health or the Administrator which requires them to do so.
3. I acknowledge that I must give Momentum Health and the Administrator all information and evidence they may require from time to time. I authorise Momentum Health and the Administrator to obtain from any person, including any medical doctor or other healthcare provider who has attended to me or my dependants in the past, or who will attend to me or my dependants in the future, any information Momentum Health may require concerning my or any of my dependants in assessing any risk or claim in relation to this application, my membership of Momentum Health and risk profiling or management. I consent to that person providing, and instruct that person to provide, Momentum Health and the Administrator with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
4. I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
5. I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
6. I have the right to request my personal information which is in the possession of Momentum Health and the Administrator, provided that I furnish adequate identification.
7. I have the right to request Momentum Health and the Administrator where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
8. If I have a complaint relating to the processing of my personal information, I agree to refer it to the Administrator to resolve it in terms of their internal complaints process first. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator who can be contacted on 012 406 4818 or via email at [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za).
9. My personal information will be shared between Momentum Health, the Administrator and contracted third parties both locally and outside the Republic of South Africa who requires this information, for purposes related to my membership of Momentum Health and to grant me access to interact with Momentum Health on its website.
  - to grant me access to interact with Momentum Health on its website; and
  - to provide any credit bureau or registered credit provider with your credit information as defined in the National Credit Act, 2005 (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).
10. I agree that Momentum Health's Administrator, MMI Health, a division of MMI Group Limited, may use my information for the purpose of marketing (including direct marketing) of insurance, investments, health insurance, retirement benefits, 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.

Signature of principal member

Date   -   -

## Section 7: Statement by principal member

1. I apply for my dependants and I to join Momentum Health (the Scheme) administered by MMI Health (Pty) Ltd. (Administrator) and agree to familiarise myself with, and be bound by, the Rules of the Scheme (the Rules) if my application for membership is accepted. I understand that I may request to inspect the Rules and that, in the event of a dispute, the Rules will be decisive.
2. I acknowledge that if my dependants and I do not disclose all the information that is relevant to the assessment of this application or if I and my dependants submit fraudulent claims, 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.
3. 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.
4. 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.
5. I will notify the Scheme if I or any of my dependants are living with HIV/Aids within 14 days of activation of membership.
6. 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.
7. I undertake to give a calendar month's notice should I wish to terminate my membership.
8. 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.

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## Section 7: Statement by principal member (continued)

9. 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.
10. For **female applicants**: I understand that if I am pregnant at the time of joining Momentum Health, a 12-month exclusion for pregnancy and confinement will apply. If I find out that I am pregnant after signing this application, I may apply for maternity benefits.
11. I confirm that I am not earning a taxable income of more than R675 per month.

<b>Signature of principal member</b>	<input type="text"/>	<b>Date</b> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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### For office use (you do not need to complete this section)

Broker code	<input type="text"/>	Broker house code	<input type="text"/>
Group code	<input type="text"/>	Institution code	<input type="text"/>

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