

International Student Renewal 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.

Compulsory documents to be submitted with your application:

- Proof of payment (see banking details under section 5). Please use your membership number as the reference number when paying the contribution.
- Enrolment letter (if institution changed).

Section 1: Membership details

Current membership number Renewal start date - -

Number of months of medical aid cover required (minimum of 6 months)

Section 2: Principal member's details

Passport number

Country in which passport was issued

Name of institution where studying

Campus Student number

Title Initials First name

Surname

Date of birth - -

Gender Male Female Marital status

Cellphone number

Telephone number Fax number

Email address

Address in South Africa

Postal address*

Postal code

Residential address

Postal code

* 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

I wish to keep my dependants on my medical scheme membership. Yes No

Please complete an application for Addition of Dependants form

- if you wish to change your dependant details, or
- if there was a break in membership of more than 90 days

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 membership number as reference)

Account Name	Momentum Health	Account Name	Momentum Health	Account Name	Momentum Health
Name of Bank	First National Bank	Name of Bank	Standard Bank	Name of Bank	ABSA
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: Statement by principal member

- 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.
- 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.
- 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 understand that if I had a break in membership, 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 a calendar month's 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 had a break in membership and I find out that I am pregnant before signing this renewal application, a 12-month exclusion for pregnancy and confinement may apply.
- I confirm that I am not earning a taxable income of more than R675 per month.

Signature of principal member	<input type="text"/>	Date	<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"/>