

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.



Member number:

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.

Is membership Voluntary Compulsory

B CONTRIBUTION BY EMPLOYER

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

Full name of contribution payer Debit order

Name of bank

Branch

Branch code Date of first deduction

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

Account number

Contributions payable in Arrears In advance Date of payment

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.

Authorisation for deduction granted.

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

Stamp Company (if applicable)	<input type="text"/>	Date stamped	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1st signature	<input type="text"/>	2nd signature	<input type="text"/>
Authorised capacity	<input type="text"/>	Authorised capacity	<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"/> <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"/> <input type="text"/>

Note

- Please check all details and attach supporting documentation e.g. cancelled cheque, copy of bank statement etc.
- If you transfer your account at any time, or if your banking details change, please advise Selfmed immediately.

Other comments

<input type="text"/>
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Direct paying members Yes No

E TERMS AND CONDITIONS

1. 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.
2. 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.
3. 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.
4. 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;
 - 4.2. the amount which is being paid in respect of each member.
5. 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.
6. We undertake to notify the Scheme of salary, marital or any other changes which affect member or dependant records within 30 days of such change, and per the Scheme's prescribed procedures and forms.
7. We acknowledge that the Scheme reserves the right to terminate membership if any contribution is not paid on due date.
8. 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.
9. 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. This will enable the Scheme to reconsider acceptance.

Signature _____ Name and Position in Company _____

Date