

## Continuation form

### Application to register a registered dependant as the main member

This document is an application form to register a registered dependant as the main member on an existing membership. It also contains some terms and conditions for membership.

Please make sure you read and understand the terms and conditions.

### Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

### How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form must be completed by the person applying to be the main member.
3. To avoid administration delays, please ensure this form is completed in full.
4. Please return the completed form to your Human Resources department. Pensioners and own paying members may email the form to [membership@engenmed.co.za](mailto:membership@engenmed.co.za)

**When you sign this application, you confirm that you have read and understood the terms and conditions for membership and agree to them.**

If you have any questions, please let us know. Once we have assessed your application, we will let you know what will happen next.

### 1. About the participating employer

Employer name	<input type="text"/>	Date of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee number	<input type="text"/>										
Branch name	<input type="text"/>	Branch number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. About the new main member

Date on which the dependant will become the main member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Surname	<input type="text"/>																
First name(s) (as per identity document)	<input type="text"/>																
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>									
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Personal email	<input type="text"/>																
Postal address (Post collected from post box, suite or private bag)																	
<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	<input type="text"/>											Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Physical address

Unit/Suite number       Complex name

Street number       Street name

Suburb

City  Postal code

Preferred means of communicating (where appropriate) Email  Post

In which country do you live?

### 3. Details of the current main member

If you are applying to register as the main member due to the death of the person that is registered as the main member, please attach a certified copy of the death certificate.

Title       Initials

Surname

First name(s) (as per identity document)

ID or passport number

Gender M  F  Date of birth

Telephone (H)       Telephone (W)

Cellphone

Personal email

### 4. Banking details for the new main member's monthly contribution (if applicable)

#### What you must do

Submit the following with this form: (1) Copy of ID of the account holder (2) Bank Statement/letter of confirmation from the bank is not older than 3 months.

Name of bank

Branch name  Branch code   -   -

Account number                 Type of account Current  Savings  Other

Name of account holder

I agree to inform the Fund in writing of any changes to my banking details.

#### Bank account holder's physical address

Complex / Unit / House number       Complex name / Estate

Street number       Street name / Name of Farm

Suburb / District

City / Town

Country  Postal code

Account holder's email address

Account holder's contact number

Signature of account holder

Please do not sign an incomplete application form.

Signature of person applying to be registered as the main member

Please do not sign an incomplete application form.

**Please note:** If you are using someone else's bank account, the account holder must sign above to confirm this.

As part of Payment Association of South Africa (PASA) debit order mandate requirements, you are required to supply the account holder's residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement.

## 5. Banking details for claim refunds to the new main member

### What you must do

Submit the following with this form: (1) Copy of ID of the account holder (2) Bank statement/letter of confirmation from the bank on a letterhead that is not older than 3 months.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account.

Same as section 4? Yes  No

Name of bank

Branch name  Branch code  -  -

Account number  Type of account Current  Savings  Other

Name of account holder

I agree to inform the Fund in writing of any changes that may occur.

Signature of new main member

**Please do not sign an incomplete application form.**

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Fund will no longer be responsible in any way for the amounts refunded.

## 6. Engen Medical Benefit Fund - Privacy Statement

### Definitions

**The Fund** refers to Engen Medical Benefit Fund ("the Fund"), registration number 1176, registered with the Council for Medical Schemes.

**The Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for the Fund.

**We, us, our** refer collectively to the Fund and the Administrator.

**You and your** refer to:

- the member and the dependants on the Fund, which may include your spouse, children and other dependants, collectively "your dependants".

**Your personal information** includes information about race, gender, sex, pregnancy, biometrics, marital status, national, ethnic, or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and date of birth of the individual amongst other things.

**Process(ing) (of) information** means the lawful and reasonable automated or manual activity of collecting, recording, organising, using, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

**Competent person** means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

### How we will process and disclose your personal information and communicate with you

- The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
- This Privacy Statement applies to you if you engage with us physically through our offices, or virtually through our website (<https://www.engemed.co.za>), email and mobile applications such as the Discovery App, social media platforms, over the phone, or otherwise as may be the case from time to time.
- When you engage with us, you entrust us with personal information about you.
- We are committed to protecting your right to privacy. We will keep your personal information confidential. We are serious about protecting your personal information and continue to develop and update our security systems, processes and data governance policies.
- We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources. Thus, your personal information comprises information you may have given to us yourself or we may have collected from other sources.
- You have the right to object to the processing of your personal information and have a choice whether to accept these terms and conditions. However, it is important to note that we require your acceptance to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your membership of the Fund.
- You understand and/or acknowledge that when you include your dependants on your application, we will process their personal information for the activation of the benefit and to pursue their legitimate interest. By submitting your dependants' relevant personal information, you hereby confirm that you are duly authorised to share such information with us.

8. If you are giving consent for a person under 18 (a minor) you confirm that you are their parent or legal their parent or legal guardian and that you give consent for us to process their personal information for the purposes covered in this Privacy Statement.
9. If you share your personal information with any third parties, we will not be responsible for how they use this information nor be responsible for any loss suffered by you.
10. You understand, accept and consent that we may process your personal information for the following purposes:
  - 10.1. to verify the accuracy, correctness and completeness of any information provided to us in the course of processing an application for membership or providing services related to the membership;
  - 10.2. for the administration of your benefits;
  - 10.3. for the provision of managed care services to you;
  - 10.4. for the provision of relevant information to a contracted third party who requires this information to provide a healthcare service to you;
  - 10.5. to profile and analyse risk;
  - 10.6. to share your personal information with external healthcare providers for them to assess or evaluate certain clinical information, when you are subject to such a clinical assessment;
  - 10.7. to investigate and/or remedy fraud, waste, and abuse.
11. By signing this application form, you expressly consent that we can obtain and share information about your creditworthiness, or the creditworthiness of any payer of your contribution, with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing, and any related purposes.
12. Examples of when and how we will obtain and share your personal information include:
  - 12.1. Obtaining your personal information from other relevant sources, including medical practitioners, contracted service providers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
  - 12.2. If you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your application;
  - 12.3. Communicating with you about any changes to your benefits, including your contributions or changes and enhancements to the benefits you are entitled to;
  - 12.4. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, or if you provide an email address that is hosted outside the borders of South Africa, or for processing, storage or academic research.
  - 12.5. Sharing your personal information to be processed by healthcare providers via a health information exchange to improve members' treatment and healthcare outcomes.
13. If a third party asks us for any of your personal information, we will share it with them only if:
  - 13.1. you have already given your consent for the disclosure of this information to that third party; or
  - 13.2. we have a legal or contractual duty to give the information to that third party.
14. We will provide your personal information to any Discovery Limited entity for the following purposes only:
  - 14.1. to allow for the administration of your profile/membership/product with the entity with whom you or your dependant/s already have a relationship; or
  - 14.2. where you or your dependant/s have applied for a product, service, or benefit from such an entity for the purposes of underwriting.
15. We may process your personal and/or depersonalised information for the following purposes:
  - 15.1. For research and analysis; or
  - 15.2. to support the early identification of medical conditions and/or other lifestyle risks and to encourage you to change your lifestyle to lessen the impact of such conditions; or
  - 15.3. to provide personalised advice to you about risks to your health, how you may become healthier (such as by seeing a healthcare practitioner, having additional tests done or activating benefits) and the rewards and incentives which you may receive because of undertaking these activities. We will provide this advice to you based on market and behavioural research and analysis carried out using your personal, special and or depersonalised information. We may communicate this advice to you using the Discovery App or other communication channels.
16. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential, and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we and/or the academic and researcher publish the results of this research, you will not be identifiable.
17. You agree that we may transfer your personal information outside South Africa only:
  - 17.1. if you give us an email address that is hosted outside South Africa; or
  - 17.2. to administer certain services, for example, cloud services.
18. When we share your information, we will ensure that, the company, person, or regulatory body (in or outside of South Africa) to whom we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
19. You consent and agree that:
  - 19.1. we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities;
  - 19.2. we may communicate such personal information to local regulatory bodies as well as to other relevant governance structure of Discovery Limited or any of its relevant entities if any Legislative reportable matters are identified.
20. We may process your information using automated means (without human intervention in the process) to decide about you or your application for any product or service. You may query the decision made about you.
21. We have the right to communicate with you electronically about any changes on your benefit option, including your contributions or changes and improvements to the benefits you are entitled to.
22. We have a duty to keep you updated about any offers and new products that are made available from time to time. We, any entity of

Discovery Limited and/or any contracted third-party service providers may communicate with you about these.

23. You may opt out of electronic marketing on (<https://www.engenmed.co.za>). We will store your personal information to action this request and action it as soon as reasonably possible.
24. Unless required by law to keep your personal information for a certain period or purpose, you agree that we may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-identify it, and for purposes of proof, retain a secure copy of your request.
25. If we become involved in a proposed or actual amalgamation, transfer or merger, acquisition, or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
26. Where we are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
  - 26.1. Legislation applicable to us:
    - Medical Schemes Act, 1998
    - The Consumer Protection Act, 2008
    - The Protection of Personal Information Act, 2013
    - Electronic Communications and Transactions Act, 2002
    - Promotion of Access to Information Act, 2002
  - 26.2. Legislation specific to the Administrator only:
    - Financial Advisory and Intermediary Services Act, 2002
27. The Fund may change this Privacy Statement at any time. It is your responsibility to check our website regularly to ensure that you are aware of these changes. By continuing to be a member you agree that the latest version will apply to you. The current version is available on [www.engenmed.co.za](http://www.engenmed.co.za).
28. You have the right to know what personal information we hold about you. If you wish to receive this information, please complete a 'PAIA Form to Request Access to Records' on [www.engenmed.co.za](http://www.engenmed.co.za) and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.

If you believe that we have used your personal information in a way that is contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal escalation and/or disputes process to resolve the matter. We explain the escalation and/or disputes process on the website [www.engenmed.co.za](http://www.engenmed.co.za) or contact the Fund's Information Officer at [Reagan.marchant@engenoil.com](mailto:Reagan.marchant@engenoil.com).

If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: The Information Regulator (South Africa) | JD House | 27 Siemens Street | Braamfontein | PO Box 31533 | Braamfontein | 2017 | Tel: **+27 (0) 10 023 5200** | [POPIAComplaints@info regulator.org.za](mailto:POPIAComplaints@info regulator.org.za).

## 7. Engen Medical Benefit Fund rules for managing your membership

These terms and conditions record your rights and responsibilities for your membership of the Fund. They may change from time to time. You may ask us for the latest copy at any time.

When you sign this application, you confirm that you have read and understood the terms and conditions and you agree that you and, those registered on your membership will be bound by these terms and conditions. Where applicable, you also acknowledge and confirm that your employer may communicate with us about this application and your membership of the Fund.

### Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to act for those the persons currently registered on the membership in any matter relating to their memberships of the Fund;
- you have received permission from your spouse and any dependant/s over 18 to act for them, if applicable.

### Giving and getting information

You must give true, correct and complete information

Information about you and those on your membership must be true, correct and complete. This includes the details given at application stage and in future dealings with us.

### Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve those at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

### The Fund and the administrator may record telephone calls

We may record telephone conversations with you and with those on your membership. The recordings, and all information we get during the recordings, will be processed and kept as required by law.

### The Fund and the administrator may get information about you from other relevant sources

To consider your claims for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners and contracted service providers). You agree that we can get information about you and those on your membership from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give and in respect of

any matter pertaining to, or that arose during your membership of the Fund, is true, correct and complete. You give your permission that we may get any information that is relevant from your employer, if applicable.

**Tell the Fund or the administrator immediately if your information changes**

You or your employer (if relevant) must inform us in writing of any changes to the information provided. This includes information about your health and the health of those on your membership. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

**When the Fund may cancel your membership/s**

The Fund may cancel your membership or the membership of any of your dependants immediately, if you and those on your membership:

- do not give us information that later turns out to be relevant to your membership;
- give us any information that is not true, correct and complete;
- do not tell us about any relevant changes when they occur.

**Contributions**

As the main member of the Fund, you are responsible for ensuring that your contributions and the contributions for your dependants are paid on time every month, to avoid suspension of benefits. The Fund has the right to amend monthly contributions and benefits from time to time.

You must ensure contributions are paid on time.

**Repaying money owed to the Fund**

We have the right at any time to collect from you any amount that you owe to the Fund. We will notify you if there is any amount that you owe to the Fund.

Any money you owe to the Fund may be deducted from any future claim payment amounts that are due to be refunded to you.

Signature of new main member

Date 

D	D	M	M	Y	Y	Y	Y
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Signature of current main member, if applicable

Date 

D	D	M	M	Y	Y	Y	Y
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**Please do not sign an incomplete application form.  
I confirm the information is accurate and complete.**