Application for Membership

genesis MEDICAL SCHEME

Postal Address: Genesis Medical Scheme, P.O. Box 144, Observatory, 7935
Physical Address: 4th Floor, The Terraces, Black River Park, Fir Street, Observatory, 7925
Tel: 0861 JOINNOW (0861 564 6669) **Fax:** 021 447 4707 **Email:** genesis@genesismedical.co.za **Web:** www.genesismedical.co.za

Instructions:
1. Complete this form in black ink, using capital letters only.
2. Where appropriate, mark your selection with a "X".
3. Please complete the form **in full** and check that all the information is complete prior to submitting it to Genesis Medical Scheme ("Genesis").
4. Scan and email your completed and signed application form to joinnow@genesismedical.co.za or fax it to 021 447 4707.

Once you submit your application form, the following will happen:
1. You will receive a SMS from Genesis, confirming receipt of your application.
2. If any details are incomplete, or more information is required for underwriting purposes, Genesis will contact you.
3. If no waiting period(s) and / or late joiner penalties are applied, then Genesis will activate your membership.
4. Should you have a waiting period(s) and / or late joiner penalty, Genesis will issue a counter-offer letter, which will indicate any condition(s) applicable to your membership.

A. Personal Particulars - Applicant

Title: (e.g. Mr / Mrs / Ms / Dr / Prof / Pastor, etc.) Initials:

Surname:

First names:

Date of birth: D D M M Y Y Y Y Gender: M F

Identity number / Passport number:

If you are not a South African citizen but have a permanent residential status in South Africa, please attach proof.

Residential address: (Chosen *domicilium citandi et executandi*) Postal code:

Postal address: (Where you want us to send your mail) Postal code:

Telephone: (H) Code: Number:

(W) Code: Number:

Fax: Code: Number:

Cell number: Alternative cell number:

Email address:

Next of kin:

Relationship:

Telephone: Code: Number:

Family doctor:

Telephone: Code: Number: Doctor since: D D M M Y Y Y Y

Height? C M Weight? K G

Do you smoke? Y N How many per day?

If **NO**, have you smoked in the last 24 months? Y N How many per day?

B. Employment Details

Occupation:

Employer name:

Persal / Employee no.: Telephone: Code: Number:

(Only complete Persal / Employee number if your company is paying and / or when you receive a medical aid subsidy.)

C. Choice of Benefit Option, Contributions, Start Date and Mode of Payment

Benefit Option: Private Choice: Private: Private Plus: Private Comprehensive:

Payment by: Debit order: Employer: Direct Deposit:

When would you like cover to start? D D M M 2 0 Y Y

I confirm that I have read the Genesis Benefits and Contributions brochure and that I am familiar with the terms and conditions of the benefit option chosen. Y N

D. Dependant Information

For "Relationship to Applicant", please state spouse, partner, son, daughter, etc. DO NOT state child or adult.

	1	2
Title:	Initials:	Initials:
Surname:		
First name(s):		
Relationship to Applicant:		
ID no. / Passport no.: (Please include copy of passport)		
Date of birth / Gender:	D D M M Y Y Y Y M F	D D M M Y Y Y Y M F
Family doctor:		
Telephone:		
Doctor since:	D D M M Y Y Y Y	D D M M Y Y Y Y
Height?	C M	C M
Weight?	K G	K G
Smoker?	Y N How many per day?	Y N How many per day?
If **NO**, has he/she smoked in the last 24 months?	Y N How many per day?	Y N How many per day?

	3	4
Title:	Initials:	Initials:
Surname:		
First name(s):		
Relationship to Applicant:		
ID no. / Passport no.: (Please include copy of passport)		
Date of birth / Gender:	D D M M Y Y Y Y M F	D D M M Y Y Y Y M F
Family doctor:		
Telephone:		
Doctor since:	D D M M Y Y Y Y	D D M M Y Y Y Y
Height?	C M	C M
Weight?	K G	K G
Smoker?	Y N How many per day?	Y N How many per day?
If **NO**, has he/she smoked in the last 24 months?	Y N How many per day?	Y N How many per day?

	5	6
Title:	Initials:	Initials:
Surname:		
First name(s):		
Relationship to Applicant:		
ID no. / Passport no.: (Please include copy of passport)		
Date of birth / Gender:	D D M M Y Y Y Y M F	D D M M Y Y Y Y M F
Family doctor:		
Telephone:		
Doctor since:	D D M M Y Y Y Y	D D M M Y Y Y Y
Height?	C M	C M
Weight?	K G	K G
Smoker?	Y N How many per day?	Y N How many per day?
If **NO**, has he/she smoked in the last 24 months?	Y N How many per day?	Y N How many per day?

E. Membership(s) of Previous Medical Scheme(s)

Please provide details of all medical schemes of which you previously enjoyed membership. If you do not provide full details of your previous membership(s), waiting periods and late joiner penalties may be imposed. Genesis reserves the right to request documented proof of membership(s).

Name of main member and / or dependant(s)	Name of scheme	Membership number	Join date	End date	Reason for cancellation of membership

F. Medical History

To be completed by the Applicant in person in respect of himself / herself and all nominated dependants. It is important to note that if you do not provide full and complete answers, your membership of Genesis may be declared null and void. Please answer every question with a "X" in the appropriate box.

This section is extremely important. Any omission or misrepresentation of information may lead to refusal to admit any claims for treatment received, or termination of membership. All conditions, symptoms or disorders have to be declared, no matter how insignificant they may seem.

Have you, your spouse or any other of your dependants experienced any of the following conditions, symptoms or disorders, or sought or obtained any medical advice, treatment or counselling in respect thereof?	YES	NO
1. Raised blood fats e.g. cholesterol, stroke, high blood pressure, heart murmur, angina, heart attack or any other cardiac or blood disorder?	Y	N
2. Nephritis, kidney stones, congenital kidney disorders or any other urinary or kidney disorder?	Y	N
3. Difficulty with breathing, persistent cough, tuberculosis, asthma, bronchitis, croup, or any other disorders/conditions of the ear, nose or throat including recurrent sore throat and/or tonsillitis?	Y	N
4. Conditions of the joints, limbs and spine including rheumatism, arthritis, neck or back disorders or any physical disability?	Y	N
5. Diabetes, raised blood sugar, sugar in the urine, glandular disorder, or any endocrine disorder?	Y	N
6. Any lumps or growths (benign or malignant) or any other types of cancer, such as lymphomas (including Hodgkin's disease) and leukaemia, skin cancer, etc.?	Y	N
7. Epilepsy, migraine or any other neurological disorder?	Y	N
8. Gastric or duodenal ulcers, hiatus hernia, gall bladder or liver disorders or any other digestive system disorder?	Y	N
9. Any dental, chiropractic, optical or gynaecological treatment, advice, consultations, tests or hospitalisation?	Y	N
10. Advice, counselling, treatment or therapy for alcoholism, drug dependence, mental or emotional disorders including depression, bipolar mood disorder or psychosis?	Y	N
11. Medical advice, counselling or treatment in connection with HIV/AIDS or any sexually transmitted disease, e.g. hepatitis B, gonorrhoea or syphilis?	Y	N

12. Are you or any of your dependants pregnant? Y N
    If so, what is the expected date of delivery? M M Y Y Y Y
13. Do you, your spouse or any of your dependants expect to seek medical advice or treatment in the next 6 months? Y N
14. The above questions are prompts and are not exhaustive. Should you or any of your nominated dependants have had any previous surgery or any related or consequent or suspected condition(s) or symptom(s) which are not directly covered in these questions, you are nonetheless obligated to disclose it. Are you aware of any such conditions? Y N

Please complete this table IN FULL if you have answered "YES" in any of the above 14 questions.

Question no.	Name of dependant	Diagnosis	Date first diagnosed	Currently on treatment for this condition YES / NO	Date of last consultation, hospitalisation or medication taken for this disorder	Treating practitioner's name and telephone number

G. Debit Order Authorisation

Name of Financial Institution:

Type of account: Cheque: ☐ Savings: ☐

Branch: Branch code:

Name of account holder:

Account number:

Month of first deduction: 0 1 M M 2 0 Y Y Signature of account holder:

I, by virtue of my signature that appears above, hereby authorise and request GENESIS MEDICAL SCHEME ("Genesis") to draw against my account (wherever it may be conducted) in accordance with its Debit Order System which is operated in conjunction with the Financial Institution and I authorise the Financial Institution to pay and debit my account with all such debts as if each one had been signed by me personally. This request applies to all amounts that may be due by me to Genesis in terms of the Rules of Genesis. I understand that either I or Genesis can terminate this request by written notification to the other party at any time, but that the termination will have no effect on withdrawals already made by the Financial Institution and credited to Genesis. I further understand and undertake that Genesis will receive all payments, in terms of this request, without prejudice to its rights. Should the Financial Institution for any reason reclaim from Genesis any amounts paid in terms of this request, I undertake to refund such amounts to Genesis immediately upon demand. I personally undertake to advise Genesis of any changes which occur in the Financial Institution information shown above. In circumstances where I completed this application form electronically and am consequently unable to physically append my signature hereunder, I undertake, once I am accepted for membership, to pay the first contribution due to Genesis directly to the Scheme which overt action shall constitute irrevocable acceptance by me of the terms and conditions of membership of Genesis as set out in this application form and the Rules of Genesis, including the Applicant's declaration per section "I" below. After the first contribution paid by me, Genesis may collect all further amounts owing by me by way of debit order.

H. Claim Reimbursement Details – *compulsory to complete*

Are the details for your debit order deduction and the account for claim reimbursements the same? Y N
If **NO**, please complete the following section:

Name of Financial Institution:

Type of account: Cheque: ☐ Savings: ☐ Other (confirm): ☐

Branch: Branch code:

Name of account holder:

Account number:

Signature of account holder:

I. Applicant's Declaration

I, the undersigned, hereby make application to be admitted as a member of Genesis and if admitted, I agree to abide by the Rules of the Scheme. I declare that my answers and the information supplied by me in this Application, whether in my own handwriting or not, are true, correct and complete in every respect. I undertake to advise the Scheme of any change in my state of health or that of my dependants which occurs prior to commencement of my membership.

I understand that should this Application contain any false statement or fail to disclose any material information, the Board of Trustees of Genesis ("the Board") may, at its sole and absolute discretion, elect to regard my membership of Genesis *void ab initio*, as if it never happened. I understand that the consequence of this election on the part of the Board will be that I will be obliged to immediately repay to the Scheme all benefits received by or on behalf of me and that all or part of the contributions paid by me to the Scheme may be retained by the Scheme to offset any costs which the Scheme has incurred on my behalf. I understand that a further consequence of the election will be that the Rules of Genesis will be of no application to me and I will have no right of recourse against the Scheme in terms of its Rules.

I undertake to give notice to the Scheme to terminate my membership in accordance with the Rules of the Scheme. I understand that confirmation of acceptance of membership is subject to the approval by the Management of the Scheme.

I irrevocably authorise my doctor or any other person, who may be in possession of any information concerning my health or that of any of my nominated dependants to disclose, even after my or their death, such information to the Scheme.

I also agree that any amounts due by me may be set off against any amount due to me by the Scheme.

I authorise Genesis to communicate with me or to accept from me any document, instruction or communication by electronic means at the electronic address provided by me in this application form or as amended by me in writing from time to time.

I confirm that I am familiar with the conditions and benefits of the benefit option chosen and, in particular, the benefit exclusions set out in Annexure C to the Rules. Notwithstanding representation by any other party, I understand that my benefits and contributions are those contained in the Rules of the Scheme, as amended from time to time.

I acknowledge and confirm that I have not received any advice or opinions of whatsoever nature (including, but not limited to, advice which would fall under the ambit of the Financial Advisory and Intermediary Services Act 37 of 2002) or in whatsoever form (whether verbally, in writing or otherwise) from Genesis Medical Scheme ("Genesis" or "the Scheme"), its employees, consultants, independent contractors or any other person relating to the Scheme in relation to this Application and that only factual information relating to the Scheme has been provided to me to assist me with this Application. This Application is therefore not based on, or directly or indirectly influenced by, any advice or opinions which were provided to me by the Scheme, its employees, consultants, independent contractors or any other person relating to the Scheme. For the avoidance of doubt, this does not include advice provided to me by an accredited Broker (Intermediary).

I declare and confirm that I know and understand the content and meaning of this declaration that is made of my own free will.

Signed at: CITY / TOWN on the ____ day of ____ year ____

Print name and surname of Applicant: ____

Signature of Applicant: ____

J. Broker Details

If you were introduced to membership of Genesis by a Broker (Intermediary) kindly ensure that the Broker signs and completes the details required below.

Signature of Broker: ____

Genesis Broker code: INFINC

For Scheme Use:
Application for membership accepted subject to the following terms and conditions:

(L/U 03/19)