

Assignment

I hereby acknowledge that the party hereby authorise to effect the drawing(s) against my account may not cede or assign any of its rights to any third party without my consent and that I may not delegate any of my obligations in terms of this contract / authority third party without prior written consent of the authorised party.

Note: Attach a copy an official bank letter to confirm the bank account. (Current accounts only.)

Account Holder Signature

Date

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Section 4: Other Medical Scheme Information

Attach certificate of previous medical scheme(s), if applicable. Should additional space be required, copy this section and attach it to this application. **Please list previous scheme details below for Spouse / Partner separately, if different from the Principal Member**

Name of member	Name of scheme	Member number	Date joined	Date terminated / or current	*Pre-existing chronic condition, please ✓	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

*If marked yes, please ensure that a separate Chronic Application Form is completed for each dependant with a chronic condition.

Section 5: Declarations

Section 5.1: Regular Force Medical Continuation Fund Declaration

The Fund confirms that:

- 5.1.1 A member's personal details and medical information (obtained from healthcare providers with the explicit consent of the member) shall be kept confidential;
- 5.1.2 Member information (personal and health information) will not be used for purposes of related company business nor sold for commercial purposes;
- 5.1.3 The Fund has data security measures in place including anti-virus security, prevention of unauthorised access to members details, eliminating unauthorised e-mails, web-mails and access controls for signing onto the computer system;
- 5.1.4 The Fund has granted access to certain persons within the organisation and its contracted third parties, to a beneficiary's personal and health information. This is for the facilitation of normal business processes;
- 5.1.5 All Fund employees and its contracted third parties is bound by internal confidentiality agreements;
- 5.1.6 The Fund and its contracted parties will use the medical health/diagnosis/procedure information for the following purposes: processing the application for membership; re-imburement, determining member entitlement to benefits, and risk management practices. Risk management practices include: hospital risk management, disease risk management, and medicine risk management;
- 5.1.7 The Fund has ensured that confidentiality agreements have been entered into with all contracted third parties who have access to beneficiary information for the purposes of data transfer and management, Fund administration and managed care arrangements;
- 5.1.8 In the event of a breach in confidentiality, the Fund assumes responsibility and the breach will be managed according to the Fund's internal protocols.

Section 5.2: Financial Declaration

- 5.2.1 I hereby instruct the and authorise the Fund to draw money against my bank indicated in the application form (or any other bank or branch to which I may transfer my account) the amount necessary for payment of my monthly contribution due in respect of the abovementioned membership on the selected deduction date as indicated in Section 3.1 each and every month continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my bank account by the Fund shall be treated as though they had been signed by me personally.
- 5.2.2 I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.
- 5.2.3 I agree to pay any bank charges relating to this debit order instruction.
- 5.2.4 This authority may be cancelled by me giving you thirty days notice in writing, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).

Section 6: Terms and conditions

Declaration by the applicant

- 6.1. I am applying for membership of the Regular Force Medical Continuation Fund (RFMCF) and warrant and declare that the information given and statements made herein, whether completed by me or on my behalf, are correct and complete in every respect. I understand that acceptance of my membership of RFMCF is subject to the eligibility criteria and the Rules of the Fund.
- 6.2. I expressly authorise any healthcare service provider or person who has attended to me or my dependants in the past or who will attend to us in the future or who may be in possession of information about us, including our health status, treatment received or anticipated as well as any other relevant health information, to disclose such information to RFMCF, or its contracted service providers, on request, also after the death or termination of membership of any of us. I expressly grant RFMCF the right to access our personal information as and when necessary.
- 6.3. I expressly authorise RFMCF, to the extent that it may be required by law, to process, which includes the collection, usage and storage of, our personal information, comprising amongst others our demographic, health and biometric information, contact details as well as information related to any suspected fraudulent behaviour by me or any of my dependants, and which information has been supplied by us to RFMCF or which RFMCF may lawfully collect from any third party, for the purposes specified above.
- 6.4. I consent to the recording of all conversations between myself or any of my dependants and RFMCF or any of its contracted service providers and agree that all information so obtained as well as all other information about us may form part of the records of RFMCF, which records may be retained for as long as it is required in terms of the Rules or applicable legislation, for historical, statistical or research purposes, subject to the requirements of the law, or for any other lawful purpose.
- 6.5. I understand that my dependants and I must ensure that RFMCF is at all times in possession of accurate and up-to-date information about my dependants and I as it may impact on the assessment of our application for membership, underwriting, the administration of our membership, the calculation of contributions, the processing of claims, payment of benefits, communication by RFMCF with us, and other purposes relevant to our membership as stipulated above.
- 6.6. I understand that my dependants and I may have access to our personal information held by RFMCF and may request RFMCF to correct any inaccurate information subject to the provisions of applicable legislation.
- 6.7. I understand that should any of my dependants or I have any concern about the processing of our personal information, we may raise the matter with the Principal Officer or lodge a complaint with the Information Regulator.
- 6.8. I agree that the information supplied on this application form, together with the supporting information, forms the basis of my membership of RFMCF and that my membership of RFMCF is subject to the conditions, exclusions, and limitations of benefits in accordance with the Defence Act 42 of 2002 Regulations and the Rules of the Fund. I also understand that should any information be incorrect or incomplete, my application for membership might not be approved, my membership might be terminated, or it might prevent RFMCF from providing me and my dependants with benefits and services, including payment of claims.
- 6.9. I agree that my dependants and I shall abide by the Rules of the Fund, as amended from time to time.
- 6.10. I authorise RFMCF to deal with my dependants and I electronically and treat electronic communication (such as email, fax, telephone, or communication through RFMCF's digital App) as being the same as written authority and confirmation. I agree further that, where I choose to use electronic methods to transact with RFMCF, we will carry the risk of such use.
- 6.11. I declare that in the event of any amount being paid by RFMCF in respect of me or any of my dependants arising from injuries which may involve a claim against any other party, I undertake to refund RFMCF the whole amount relevant to medical expenses incurred by RFMCF that I recover from any other source.
- 6.12. I guarantee that, to the extent that it may be required by law, I have the necessary authority from my dependants to provide the consent and permissions contained in this application and to receive communication from RFMCF on their behalf regarding any matter related to their membership and medical cover, including relevant health information.
- 6.13. I understand that RFMCF will inform me whether my application for membership has been successful.

This authorisation will remain valid until cancelled in terms of the Rules of the Fund

Signature of
Principal Member

Print Name and
Surname of
Principal Member

Date

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