



Administered by Universal Healthcare (Pty) Ltd
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Member Income Verification Form

Contributions are income based. The Fund uses the income of the member to determine the income category on which monthly contributions will be payable.

Kindly complete the information below in full and return together with the supporting tax certificate, investment statements and bank statement should your income be less than the highest income band.

Failure to submit the requested documents will mean that you are deemed to be in receipt of the next highest income level until proven to the contrary to the satisfaction of the Fund.

Please submit the completed forms to the Contributions Department via email on contributions@omsmaf.co.za or post to OMSMAF, attention: **Contribution Department, PO Box 1411, Rivonia, 2128.**

MAIN MEMBER'S DETAILS

Membership Number:

Name(s):

Surname:

Identity/Passport Number:

INCOME

Gross Monthly/Annual earnings:

Investment income:

Dividends:

Rental Income (Airbnb, property):

Other:

Total:

I declare that the above information provided is true and not an understatement of my income.
I accept the terms and conditions as set out in the section below "PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION"

Member's Signature

Date

PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION (POPI)

This Section explains how Old Mutual Staff Medical Aid Fund (the Fund) collects, uses, shares and processes your personal information that you give to the Fund, and this information may include your health and benefit information ("Personal Information"), in terms of the Protection of Personal Information Act, 4 of 2013 ("POPI").

It is important that you read and understand the terms of this Section carefully before accepting these terms and conditions. The acceptance of these terms and conditions is voluntary, but in order to activate your Fund membership, these terms and conditions must be accepted by yourself and your dependants. If you do not accept these terms and conditions, we will not be able to provide you with the full range of our medical scheme services.

It is also important to note that when you accept these terms and conditions, you provide the Fund with your consent and the consent of your dependants, registered on your membership.

Terms and Conditions:

1. The Fund collects, uses, processes, retains and shares your and your dependants' personal information for the purpose of providing medical scheme benefits and managed healthcare services to you and your dependants. This includes the collecting and sharing of your and your dependants' personal information with our third-party healthcare partners, facilities and associated partners of the Fund, who are essential to the membership process.
2. The personal information of you and your dependants may also be shared with emergency service providers, including hospital facilities, in medical emergency situations that may result in serious bodily impairment, dysfunction or death.
3. The Fund, its administrator and its managed care organisation will keep all personal information of you and your dependants given to us in this application or collected from other sources, confidential and will only provide the personal information to additional third parties not involved in the administration of your membership or healthcare needs, with your consent.
4. You confirm that when you provide us with your personal information and that of your dependants, you have the appropriate permission to disclose their personal information to us for the purposes of receiving medical scheme benefits and related services. In the event of your providing personal information and consent on behalf of a minor dependant person younger than 18 years old, or adult dependant unable to provide their own consent, or any person registered as a dependant on your membership, you confirm that you are authorised to do so on their behalf.
5. You agree to us processing (which shall include collecting, collating, processing, storing, disclosing and retaining) your and your dependants' personal information:
 - a. for the administration of your benefit option;
 - b. for providing managed healthcare services to you or any dependant/s based on your benefit option;
 - c. for providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependant/s on your benefit option;
 - d. for academic research conducted by the Fund, contracted third parties of the Fund, its marketing agents, affiliates and partners;
 - e. for any managed healthcare programme or initiative that will benefit you or your dependants in managing any healthcare condition and optimise your medical scheme benefits; and
6. You acknowledge that your personal information may be stored in a secure web-based facility, where we endeavour to ensure that your personal information is kept confidential at all times.
7. You acknowledge that you have the right to contact the Fund at any time to update, correct or delete your personal information. You and your dependants can update or correct your information at any time by logging on to www.omsmaf.co.za.
8. You have the right to object to the processing of your personal information at any time and revoke any consent you have given for yourself or your dependants. Please contact the Fund to do so.
9. You have the right to request a copy of the personal information we hold about you. Please contact us to find out how to request your personal information.
10. Please note that these terms and conditions may be changed from time to time; please check the OMSMAF website for an updated version.
11. Should you believe that we have used your personal information in a way that is against POPI or without your consent, please contact us immediately to resolve the problem.