



**Administered by Universal Healthcare (Pty) Ltd**  
Universal House, 15 Tambach Road, Sunninghill Park, Sandton, 2191  
PO Box 1411, Rivonia, 2128, South Africa  
Tel +27 (11) 208 1000, Fax +27 (11) 208 1128  
[www.universal.co.za](http://www.universal.co.za)

## CHANGE OF BANKING DETAILS FORM

Please complete in BLOCK LETTERS

This form is issued without admission of liability and must be signed by the claimant and forwarded to:

Tel 0860 100 076 / +27 11 208 1021  
E-mail [membership@omsmaf.co.za](mailto:membership@omsmaf.co.za)  
Fax number 0862 106 635  
Postal Address Old Mutual Staff Medical Aid Fund, PO Box 1411, Rivonia, 2128

### SECTION A: MAIN MEMBER DETAILS

Member name:	<input type="text"/>	
Date of birth: (DD/MM/YY)	<input type="text"/>	
Postal address:	<input type="text"/>	
	<input type="text"/>	
Telephone number: H	<input type="text"/>	W <input type="text"/>
Cellular number:	<input type="text"/>	
Name of benefit option:	<input type="text"/>	
Membership number:	<input type="text"/>	

### SECTION B: DEBIT ORDER BANKING DETAILS FOR THE PAYMENT OF CONTRIBUTIONS

Name of Account holder:	<input type="text"/>		
Name of Bank:	<input type="text"/>		
Branch:	<input type="text"/>		
Town/ City:	<input type="text"/>		
Branch code:	<input type="text"/>		
Account number:	<input type="text"/>		
Type of account (tick the applicable block):	<input type="checkbox"/> Savings	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Transmission

I/We hereby grant permission for Universal Healthcare (Pty) Ltd to arrange with the above-named Bank or any other Bank to which I might change my account, to deduct the contribution (current and/or arrears) or member portions and PMSA debit balances due by me/us in terms of the Rules of the above-named Fund (including any amendments that may be made during the term of my/our membership) from the above-mentioned banking account each month.

I accept the terms and conditions as set out in the section below "PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION"

**If Personal Banking Account:**

Account Holder's Signature:

Date: (DD/MM/YY)

**If Joint Banking Account: (at least two persons who have signing powers must sign this debit order)**

We accept the terms and conditions as set out in the section below "PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION"

1st Signature:

2nd Signature:

Authorised Capacity:

Authorised Capacity:

Date: (DD/MM/YY)

**NOTES:** Please check all details and attach supporting documentation e.g. cancelled cheque, copy of bank statement stamped by the bank and copy of Identity Document. If you transfer your bank account at any time, or if your banking details change, please advise Universal Healthcare (Pty) Ltd immediately.

## SECTION C: BANKING DETAILS FOR REFUND OF CLAIMS

Please check that all your details are correct and attach supporting documentation e.g. a cancelled cheque, a copy of a bank statement etc.

Account holder's name:

Bank's name:

Branch name & town:

Branch code:  Account type:  Cheque  Savings  Transmission

Account number:

I hereby authorise you to pay any medical aid fund benefit that may be due to me to the above-mentioned bank account or any other bank account which I might change to in future.

## PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION

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, to activate your personal health record and enrol you on any managed healthcare programmes for your and your dependants' healthcare benefit.

### Terms and Conditions:

- 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.
- 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.
- 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.
- 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.
- You agree to us processing (which shall include collecting, collating, processing, storing, disclosing and retaining) your and your dependants' personal information):
  - for the administration of your benefit option;
  - for providing managed healthcare services to you or any dependant/s based on your benefit option;
  - 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;
  - for academic research conducted by the Fund, contracted third parties of the Fund, its marketing agents, affiliates and partners;
  - 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

## PROTECTION OF YOUR PERSONAL AND HEALTH INFORMATION (continued)

- f. to activate your personal health record and repopulate your personal health record with your health and personal information, from the previous 12 months.
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](http://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.
12. The terms and conditions applicable to the personal health record can be found on our website at [www.omsmaf.co.za](http://www.omsmaf.co.za), and it is your responsibility to ensure you have read and understood the terms and conditions.