

EMPLOYER APPLICATION

What you need to do:

- Step 1: Fill in the form
- Step 2: Read and understand the rules for membership (Section 6)
- Step 3: Sign the application

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

If you have any questions, please let us or your financial adviser know. Once we have assessed your application, we will let you know if you have been accepted and what will happen next. Please do not resign your employees from your current medical scheme/medical insurer until you have received written notification of acceptance from the AGS Health. Once you have received notification of your acceptance from the AGS Health, please cancel their current medical scheme/medical insurance membership to ensure that a double premium is not deducted. Kindly attach a schedule of members who will be joining AGS Health on the date stipulated in Section 1 below. A detailed billing administration form may need to be completed on acceptance of this application. This form will specify flexible billing details, number of branches, etc.

How to complete this application form:

- Please use one letter per block, complete with black ink and print clearly.
- To avoid administration delays, please ensure this application is completed in full
- Email the completed and signed form to your financial advisor.

1. About your organisation:

When do you want cover to start?	
Name of employer:	
Registration number:	
Employer number:	
VAT number:	
Branch number:	
Legal entity, for example (Pty) Ltd, Partnership etc:	

ID number(s) of owner(s) (applicable to sole proprietor and partnerships):

1.	ID or passport number															Country of issue	
2.	ID or passport number															Country of issue	
3.	ID or passport number															Country of issue	
4.	ID or passport number															Country of issue	
5.	ID or passport number															Country of issue	

Head Office Physical address:	Head Office Postal address:
Postal Code:	Postal Code:

In what industry do you operate? Please tick the correct block:

Mining and mining resources	Financial services	Retail
Hotel/leisure/entertainment	IT	Manufacturing
Construction/building	Professional services	Religious organisations
Education	Other (please specify)	

AGS Solutions Pty Ltd (Reg No: 2019/135008/07) is a Juristic Rep of Fais-IT Solutions a Financial Services Provider (FSP: 45810), which markets products owned by AGS Health Pty Ltd (Reg No: 2015/430737/07) a Financial Services Provider (FSP: 48780) and underwritten by African Unity Life (Reg No: 2003/016142/06) a Financial Services Provider (FSP: 8447) and underwritten by Genric Insurance Company (Reg No: 2005/037828/06) a Financial Services Provider (FSP: 43638).

2. Your organisation's contact person:																	
Title:	MRS	MISS	MR	DR	PROF	Initials:											
First name(s) (as per identity document):																	
ID or passport number:																	
Employee number:																	
Telephone (H):						Work:											
Cell phone:						Fax:											
Email Address:																	
Preferred language:						English:						Afrikaans:					

3. Your organisation's membership details:																			
1. Current and previous employer group's medical scheme/medical insurer details																			
Name of current scheme/insurer																			
Employer membership number																			
Joining Date:						YYYY/MM/DD						To:		YYYY/MM/DD					
2. Details of your company's employee base																			
a. What is the total number of permanent staff employed by your company?																			
b. How many employees are currently covered by a registered South African medical scheme or medical insurer? (This total must correlate with the demographic profile)																			
c. How many uncovered staff/temporary staff/contracted staff?																			
d. Is it compulsory for all employees currently covered by a registered South African medical scheme or medical insurer to join AGS Health?												YES		NO					
e. Will the Scheme/Insurer be compulsory for all future permanent employees within the group?												YES		NO					
Please note: Employees not currently on a registered South African medical scheme/insurer will not qualify for the waiver of waiting period concession. These employees may still join AGS Health but will be subject to full underwriting and waiting period might be applied:																			

4. Banking details for your monthly contributions (if applicable):																	
Please note: A debit order is compulsory for an employer with 15 or fewer main members																	
Bank name:						Branch Code:											
Account number:																	
Name of account holder:																	
Type of account:						Cheque						Savings					
The Collecting Agent, namely Qsure Group Managers Ltd t/a Epic may debit this bank account with the amount due in terms of this contract. The employer will be required to advise Asterio Group Solutions in writing of any changes which may occur. We authorise insure group managers limited to draw against our bank account the contracted value in terms of an authority/mandate from insures to collect and manage monies in respect of insurances in addition to other value-added products for which we extend the authority to collect by debit order. We further authorise EPIC to increase or reduce such amounts due from time to time to reflect any change including changes in cover risk sum insured or premium rates. We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the south African banks and we also understand that details of each withdrawal will be printed on the bank statement with the reference prefix EPIC4 and will be followed by your policy or agreement. This authority remains in force until cancelled in writing by us or the beneficiary.																	
Name(s):																	
Designation(s):																	

Authorised signatory(ies)

Date

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5. General Notice – how we will process and disclose your Personal Information and communicate with you:

1. This General Notice (“Notice”) explains how we obtain, use, disclose and otherwise process personal information, which may include health and financial information (“Personal Information”), as required by the Protection of Personal Information Act (“POPIA”).
2. Acceptance of these terms and conditions is voluntary but is a requirement for activation and servicing of your medical insurance membership. If you do not accept these terms and conditions, we cannot activate and service your membership.
3. **Please note:** a. We may amend this Notice from time to time. Please check our website periodically to inform yourself of any changes;
b. You have the right to object to the processing of your Personal Information;
c. Should you believe that we have utilised your Personal Information contrary to applicable law, you will first resolve any concerns with us. If you are not satisfied with such process, you have the right to lodge a complaint with the Information Regulator, once established.
4. Asterio Group Solutions and the administrator (we/us) will keep any information, including Personal Information relating to yourself and your dependents and/or beneficiaries, supplied to us in this application or collected from other sources (“Your Personal Information”) confidential. You confirm that when you provide us with your Personal Information, your dependents and/or beneficiaries have provided you with the appropriate permission to disclose their Personal Information to us for the purposes set out below and any other related purposes. In the event of you providing information and signing consent on behalf of a minor (person younger than 18 years old) you confirm that you are a competent person and authorised to do so on their behalf.
5. You agree to us processing and disclosing your Personal Information in the following manner: We may collect, collate, process, store and disclose your Personal Information:
 - a. For the administration of your health plan;
 - b. For providing the necessary services to you or any dependent/s on your health plan;
 - c. For providing relevant information to a contracted third party who requires this information to provide a healthcare service to you or any dependent/s on your health plan;
 - d. To profile and analyse risk;

Examples of how this will happen includes:

- a. Sharing your Personal Information with your chosen financial adviser during the application process to help the administrator, if necessary, while we process your membership application;
- b. Getting your Personal Information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Asterio Group Solutions or industry regulatory bodies (“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 Sources that your Personal Information is true, correct and complete;
- c. Getting and sharing any information that is relevant to your application from or with your employer, if you have joined as a member of an employer group;
- d. Communicating with you about any changes in your health plan, including your contributions or changes and enhancements to the benefits you are entitled to on the health plan you have chosen;
- e. Making use of external health specialists to assess or evaluate certain clinical information. Your Personal Information will be shared with such specialist/s in the event that you or your dependents are subject to such a clinical assessment.
6. If asked to do so, we will share your Personal Information with a third party if you have already given your consent for the disclosure of this information to such third party or if a contractual relationship exists in terms of which we are obliged to provide the information to such third party.
7. We may provide any credit bureau or credit providers industry association with any information about your consumer credit record, including personal information about any judgement or default history.
8. We will keep you updated on information about any offers or new products that AGS Health may make available at any time. Please contact us if you do not wish to receive any telephonic direct marketing information from us.
9. If we want to share your information for any other reason, we will do so only with your permission.
10. You have the right to contact and ask us to update, correct or delete your Personal Information.
11. You agree that we may retain your Personal Information until such time as you request us to destroy them (unless we are obliged by law to retain it, regardless of such request).
12. If Asterio Group Solution or the administrator becomes involved in a proposed or actual merger, acquisition or any form of sale of some or all its assets, we may use and disclose your Personal Information to third parties in connection with the evaluation of the transaction. The surviving company, or the acquiring company in the case of a sale of assets, would have access to your Personal Information which would continue to be subject to this Notice.
13. Asterio Group Solutions and the administrator are required to collect and retain information in terms of the following legislation (amongst others):
 - 13.1 The Short-Term Insurance Act, 1998
 - 13.2 The Long-Term Insurance Act, 1998
 - 13.3 The Consumer Protection Act, 2008
 - 13.4 The Protection of Personal Information Act, 2013
 - 13.5 Electronic Communications and Transactions Act, 2002
 - 13.6 Promotion of Access to Information Act, 2000
 Legislation specific to the administrator only:
 - 13.7 Financial Advisory and Intermediary Services Act, 2002

Authorised signatory(ies)

Date:

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6. General membership rules

6.1 Giving information

You must give us true, correct and complete information

For AGS Health to consider the application for your employees' membership, AGS Health must learn more about you, your employees and those they join with. Information about you, your employees and those they join with must be true, correct and complete. This includes the details you give in this document and future information given to us by anyone in your organisation or a financial adviser acting for you. Even if you or your employees do not consider a medical condition, symptom or illness relating to your employees and those that they apply for to be relevant to this application, it is important to tell the AGS Health about it during the application process. We may ask your employees and those that they apply for who are 18 years or older for more information about themselves.

Acting for others

You confirm your employees have the right to act for others. By signing this document, you confirm that:

- your employees have the right to apply for membership and to act for those they apply for in any matter relating to their application.
- your employees have received permission from their spouse and any dependents over 18 to act for them in any matter relating to their application.

AGS Health or its administrator may get information directly from your employees.

AGS Health and its administrator may get information direct from your employees and those they join with who are over the age of 18. This includes asking for medical tests, either before or during their membership with AGS Health.

Tell us about changes right away

If any of the information you gave as part of this application changes between the date you sign this document and the date cover starts, you or your employee concerned must tell AGS Health in writing what the changes are. This includes information about their health and the health of those they apply for. Any changes may influence the terms that AGS Health offers you and your employees. AGS Health needs advance notice of any administrative changes such as cancellation of membership as we do not accept backdated changes.

AGS Health may cancel membership if information is not true, correct and complete

AGS Health may cancel the membership of any of your employees, if you, your employees or those they apply for:

- do not give us information that later turns out to be relevant to this application
- give us any information that is not true, correct and complete
- do not tell us about any health changes or other relevant changes between the date you sign this document and the date cover starts.

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 these 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.

AGS Health and the administrator may record telephone calls

We may record telephone conversations with your employees and with those they apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

6.2 Payment of contributions

You must pay monthly contributions for your employees by the payment due date being the 5th. If you do not pay in time, you must pay within three days of the payment due date. If you do not pay within three days, we may suspend or cancel the memberships of your employees and those they join with. During any period of suspension, we will not be responsible for paying medical expenses.

6.3 Conditions for cover

Cover starts on formal acceptance

Cover for each employee starts on the date specified on the notice of acceptance the Scheme sends to them.

Applicants must be employed by you

Applicants for membership must be employed by you on the date that cover starts. If an applicant is not employed by you on the date that this contract starts, the Scheme will not give notice of acceptance to this applicant until the applicant is employed.

Resigning from current medical schemes/insurer when accepted

It is the responsibility of the employer and its employees to resign from the current medical scheme/insurer should they wish to do so. The responsibility of membership with your current medical scheme/insurer does not reside with AGS Health.

Tell us if an employee is no longer with the company

You must tell us immediately when an employee leaves your company or when an employee's spouse, partner or any dependent ends their membership with AGS Health. We will then adjust the amount of contributions you must pay.

Waiting periods and late-joiner penalties

You acknowledge that AGS Health may impose waiting periods on employees if they do not meet the necessary requirements for example not a member of a current medical scheme. Any underwriting exemption will depend on you complying with the requirements set by AGS Health from time to time. You agree that you are responsible for any losses that AGS Health may suffer because you did not give us this information.

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When you sign this application, you confirm that you have read and understood the rules for membership, and you agree that you and your employees will be bound by them:

Signed at (town or city):		On:	2	0	Y	Y	M	M	D	D
On behalf of the employer and employees, duly authorised:										
Name(s):										
Designation(s):										

Authorised signatory(ies)

Date

7. Your financial adviser's details:			
Financial adviser's name:			
Advisor Code:		Council accreditation code:	
Intermediary house:			
Code:		Council accreditation code:	
Financial adviser's contact details:			
Tel (W):			
Cell phone:			
Email address:			
Declaration I declare that: <ol style="list-style-type: none"> 1. I am licensed by the FSB in terms of the FAIS Act at the date of signing the application form. 2. I am duly appointed by the client to provide advice about this application. 3. I have a valid contract with AGS Health, and I have made the client aware of the commission payable by AGS Health. 4. I am responsible for providing the applicant with: <ul style="list-style-type: none"> • My name, physical address, postal address and telephone number. • Impartial advice in his or her best interest. 			

Financial Advisor Signature

Date

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