

## EMPLOYER APPLICATION TO JOIN GENMEDPRIMARYCARE IN 2019

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Essmed Medical Cover (Pty) Ltd - Reg No: 2011/116999/07 - trading as Essential Med - FSP Licence No. 42980

**For office use only** Ver. 11/14

Broker Code	<input type="text"/>
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Brokerage Code	<input type="text"/>
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Call date & time	<input type="text"/>
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Extension	<input type="text"/>
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Policy Number	<input type="text"/>
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## WHERE DID YOU HEAR ABOUT GENMEDPRIMARYCARE?

Agent / Broker	<input type="radio"/>	Facebook	<input type="radio"/>	Radio	<input type="radio"/>	Mall Exhibit	<input type="radio"/>
Google Search	<input type="radio"/>	Promotional Email/SMS	<input type="radio"/>	YouTube	<input type="radio"/>	Word of mouth	<input type="radio"/>
Billboard	<input type="radio"/>	Other	<input type="radio"/>				

**To be completed by the HR or the owner/employer**

## 1. COMPANY / GROUP / EMPLOYER INFORMATION

Company name	<input type="text"/>	Registration number	<input type="text"/>
Physical address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Contact nr: (Office)	<input type="text"/>	Contact nr: (Cell)	<input type="text"/>
Contact nr: (Fax)	<input type="text"/>	Contact person	<input type="text"/>
E-mail	<input type="text"/>		

## 2. POLICY INFORMATION

Inception date

## 3. COMPANY / GROUP INFORMATION

Number of principal members to join	<input type="text"/>	Payment method	<input type="text" value="EFT"/>
Combined monthly policy premium	<input type="text"/>		<input type="text" value="Debit order"/>

I/We accept the benefits provided by Essential Med on behalf of our employees and understand that this is a 1 month contract. I/We undertake to pay the full policy premium due by the first of each month, failure of which may result in benefits being suspended

### 3.1 EFT PAYMENT DETAILS

Acc. name:	IOM/ESSENTIAL MED	Account type:	Current Account
Bank:	FIRST NATIONAL BANK	Branch code:	250655
Branch name:	FNB Corporate	Account number:	6228 9511 670

### 3.2 DEBIT ORDER INSTRUCTION

I / We hereby request "instruct" and authorise you to draw against my / our account with the below mentioned bank (or any other bank or branch to which I / we may transfer may / our account) the amounts (as indicated in point 3.2.1 below) or any other variable amount pertaining to this agreement. This being the amounts necessary for the settlement in respect of my / our purchases / agreement. These withdrawals from my / our bank account by you shall be treated as though it has been signed by me / us personally.

#### 3.2.1 MONTHLY DEBITS FROM EMPLOYER BANK ACCOUNT

Acc. name:  starting on the 1st of  of 20

I / We understand that the withdrawal hereby authorised will be processed by IOM (Pty) Ltd, and I / we also understand that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I / We agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me / us by giving you thirty days notice in writing, sent by prepaid registered post. I / we understand that I / we 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 / our bank (whichever it is or will be).

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

Prices on application are subject to the latest version update. If the document is out-dated, the latest prices will be communicated with you prior to registration.

Consultant	<input type="text"/>	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Branch name	<input type="text"/>	Branch name	<input type="text"/>				
Account no	<input type="text"/>						
Name of account holder	<input type="text"/>	Signature	<input type="text"/>				
Date	<input type="text" value="Y Y Y Y M M D D"/>						

## 4. PORTFOLIO MANAGER / CONSULTANT

### 4.1 Fica Declaration

I confirm that I have identified the client and premium payer, where applicable, and verified his/her/their details on this contract under the requirements that section 21 of the Financial Intelligence Centre Act, No 38 of 2001, sets out. I further confirm that in terms of section 22 of the same Act (effective from 1 July 2003) I have stored all the verification documents.

### 4.1 Fica Declaration

- I am appointed by the client to provide advice about this application.
- I have a valid contract with Essential Med.
- I am responsible for providing the applicant with:
  - my name, physical address, postal address and telephone number
  - impartial advice that is in his or her best interest
- I am accountable for any advice given to the applicant about completion of this application form and joining Essential Med.

### Portfolio Manager / Consultant:

Initials and surname	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text" value="Y Y Y Y M M D D"/>		

## 5. TERMS & CONDITIONS

- We hereby apply for a group insurance policy (as specified in section 3) from Essmed Medical Cover (Pty) Ltd (Essential Med).
- We hereby agree to participate in the benefit options as per the terms and conditions of Essential Med.
- We agree that the rules of Essential Med, as amended from time to time, shall be binding on us. We undertake to observe and carry out (in so far as is applicable to us) our obligations in terms of the agreement with Essential Med.
- We agree that the contract will not bind Essential Med until written acceptance is received from Essential Med.
- We agree that no statements, promises or information made or given to us by any other persons shall be binding on Essential Med or affect its rights in any way whatsoever, unless such statements, promises and information is incorporated in writing and acceptance by Essential Med.
- We declare and warrant that the answers to the foregoing questions are complete and true, and agree that this Application shall form the basis of the agreement with Essential Med and that, if any statements are untrue, the policy may be terminated, all benefits reversed and contributions shall be forfeited.
- We confirm that it will be a condition of employment for all new employees falling into the nominated categories, other than those registered as dependants under a medical scheme, to become a beneficiary of this policy with Essential Med.
- We confirm that no beneficiary qualifying for compulsory group benefits under this policy may terminate his/her benefits while in the employment of this company, except for becoming a dependant of his/her partner's medical scheme.
- We acknowledge that Essential Med does not accept liability for any employee until a notice of acceptance is given by Essential Med.
- We undertake to notify Essential Med immediately of any changes which affects the answers to the application occur before Essential Med grants written acceptance. This will enable Essential Med to reconsider the terms of acceptance.
- We agree that contributions will be paid monthly and will be submitted to reach Essential Med by no later than the 5th day of the month for which the amounts are due.
- We accept that if contributions are not paid by its due date for a beneficiary, Essential Med will suspend benefits with immediate effect.
- We confirm that we have an arrangement in place with every beneficiary according to which we will recover amounts due to Essential Med from such beneficiary's income.
- We shall give Essential Med one months' written notice of our intention to cancel our policy with Essential Med. We acknowledge that failure to give proper notice will result in the full three months' contributions becoming immediately due and payable.
- When the employer's policy with Essential Med terminates, the employer will ensure that the benefits of all pensioners linked to that employer's policy with Essential Med is terminated, even though we no longer employ such pensioners. The employer will be responsible for, and hereby indemnifies Essential Med against, any loss or damage, including but not limited to any underwriting loss, which Essential Med may suffer as a result of such pensioners continuing as beneficiaries of the policy with Essential Med.

## 6. AUTHORISATION

### On behalf of the employer / group / employees duly authorised:

Initials and surname	<input type="text"/>	Signature	<input type="text"/>
Designation	<input type="text"/>		
Initials and surname	<input type="text"/>		
Designation	<input type="text"/>		
Date	<input type="text"/>		