





#### 4. Your employment details

This section must be completed by your employer:

Name of employer  Employer or billing number

Date of employment

Branch name  Branch number

Please ensure your employer completes this warranty:

**Employer warranty**

1. We warrant that the main applicant detailed in section 1 is an employee of our organisation.
2. BMW Employees Medical Aid Society may bill us for the amount due for this member in the same way as it does for our other employees with the BMW Employees Medical Aid Society.

Authorised signatory

**Please do not sign an incomplete application form**

Name

Designation

#### 5. Your claims refund

Please provide us with the banking details you would like us to use to refund your claims back to you

Please note: we cannot accept credit card account details

Bank name  Branch name

Branch code  -  -  -  Account number

Type of account Cheque  Savings

Account holder  Signature

By signing this application, you agree that once claims have been refunded into the bank account you have chosen, the BMW Employees Medical Aid Society will not be responsible in any way for the amounts refunded.

#### 6. Previous medical scheme details

Please give us the details of all registered South African medical schemes that you previously belonged to. We will use this information to determine if we need to apply any waiting periods, late-joiner penalty fees, or both. Please give us proof in the form of a membership certificate.

**Main applicant**

Scheme name	Membership number	Start date	Are you still a member?	End date if you have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

If all dependant/s were on the same medical scheme/s as completed above, please tick here to confirm this.

If any of your dependant/s applying for cover belonged to different medical schemes, please complete them below:

Spouse or partner

Scheme name	Membership number	Start date	Are they still a member?	End date if they have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

Dependant name

Scheme name	Membership number	Start date	Are they still a member?	End date if they have already resigned	Reason for leaving
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	
		Y Y Y Y M M D D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y Y Y Y M M D D	

## 6. Previous medical scheme details (continued)

Dependant name																													
Scheme name	Membership number	Start date								Are they still a member?	End date if they have already resigned								Reason for leaving										
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											

Dependant name																													
Scheme name	Membership number	Start date								Are they still a member?	End date if they have already resigned								Reason for leaving										
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											
		Y	Y	Y	Y	M	M	D	D	Yes <input type="checkbox"/> No <input type="checkbox"/>	Y	Y	Y	Y	M	M	D	D											

## 7. Your health questions

7.A. Only the main applicant, spouse or partner and any adult dependant applying for cover need to complete section 7.A.

### Main applicant

How tall are you?  .  metres      How much do you weigh?    kilograms

Your blood type       Your allergies

Do you drink alcohol? Yes  No       How many units of alcohol do you drink each week?      
 1 unit of alcohol = 1 measure of spirits or ½ pint of beer or 1 glass of wine

Do you smoke? Yes  No       Amount each day     
 If **no**, have you smoked in the last 24 months? Yes  No       If **yes**, amount each day

If you stopped smoking, what was your reason for stopping?

### Spouse or partner

How tall are you?  .  metres      How much do you weigh?    kilograms

Your blood type       Your allergies

Do you drink alcohol? Yes  No       How many units of alcohol do you drink each week?      
 1 unit of alcohol = 1 measure of spirits or ½ pint of beer or 1 glass of wine

Do you smoke? Yes  No       Amount each day     
 If **no**, have you smoked in the last 24 months? Yes  No       If **yes**, amount each day

If you stopped smoking, what was your reason for stopping?

### Dependant 1

Name

How tall are you?  .  metres      How much do you weigh?    kilograms

Your blood type       Your allergies

Do you drink alcohol? Yes  No       How many units of alcohol do you drink each week?      
 1 unit of alcohol = 1 measure of spirits or ½ pint of beer or 1 glass of wine

Do you smoke? Yes  No       Amount each day     
 If **no**, have you smoked in the last 24 months? Yes  No       If **yes**, amount each day

If you stopped smoking, what was your reason for stopping?

### Dependant 2

Name

How tall are you?  .  metres      How much do you weigh?    kilograms

Your blood type       Your allergies

Do you drink alcohol? Yes  No       How many units of alcohol do you drink each week?      
 1 unit of alcohol = 1 measure of spirits or ½ pint of beer or 1 glass of wine

Do you smoke? Yes  No       Amount each day     
 If **no**, have you smoked in the last 24 months? Yes  No       If **yes**, amount each day

If you stopped smoking, what was your reason for stopping?

## 7. Your health questions (continued)

### Dependant 3

Name

How tall are you?  .  metres

How much do you weigh?  kilograms

Your blood type

Your allergies

Do you drink alcohol? Yes  No

How many units of alcohol do you drink each week?

1 unit of alcohol = 1 measure of spirits or ½ pint of beer or 1 glass of wine

Do you smoke? Yes  No

Amount each day

If **no**, have you smoked in the last 24 months? Yes  No

Yes  No

If **yes**, amount each day

If you stopped smoking, what was your reason for stopping?

**7.B** Have you or **any dependant** in this application ever experienced, been treated for, or are you currently suffering from any of the following symptoms, conditions or disorders? We have listed some examples of conditions, symptoms or disorders under each question. These are only examples and not the full list of conditions, symptoms or disorders. Please include congenital abnormalities.

**Please take note that if you have any symptom or condition not listed in the questions below, you should highlight and provide full details of this symptom or condition in response to question 7.18 below. Indication of existing medical conditions on this application does not automatically enroll you/your dependants onto the Scheme's Disease Management programme. For more information with regards to the Schemes disease management enrollment visit [www.bemas.co.za](http://www.bemas.co.za)**

#### 7.1 Tumours and growths Yes No

Example: abnormal pap smear results, skin lesions, breast disease, non-cancerous tumors, cancerous tumors, cancer of any organ, fibrocystic breast disease, fibroadenoma, lump in breast, abnormal mammogram result, abnormal PSA (prostate specific antigen) result.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

#### 7.2 Heart and circulation conditions Yes No

Example: chest pain, palpitations, shortness of breath, coronary heart disease, angina, heart attack, arrhythmia, high blood pressure (hypertension), cardiomyopathy, valvular heart disease or heart valve replacement, congenital heart disease, rheumatic fever, high cholesterol, previous heart surgery, stents, pacemaker.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

#### 7.3 Gynaecological and obstetrics conditions Yes No

Example: abnormal Pap smear results, abnormal menstrual bleeding, endometriosis, miscarriage, polycystic ovarian syndrome, infertility, ectopic pregnancy, missed periods, ovarian cyst.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

#### 7.4 Are you or any of your dependants pregnant or undergoing treatment/investigation for pregnancy Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

#### 7.5 Mental health Yes No

Example: mood disorders (depression, bipolar disorder), anxiety disorders, schizophrenia, personality disorders, sleeping disorders (like narcolepsy), eating disorders, Alzheimer's disease, autism, dementia, attention deficit-hyperactivity disorder, drug and/or alcohol abuse or rehabilitation, suicide attempt, counselling, bulimia and any other psychological conditions.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

## 7. Your health questions (continued)

### 7.6 Metabolic or endocrine conditions Yes No

Example: diabetes (high blood sugar), thyroid disease, Addison's disease, Cushing's syndrome, metabolic syndrome, parathyroid disease, Paget's disease, osteoporosis, growth deficiency, metabolic disorders, Conn's syndrome.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.7 Abdominal conditions Yes No

Example: hepatitis, cirrhosis, portal hypertension, alcoholic liver disease, liver failure, haemochromatosis, pancreatitis, cystic fibrosis, gall bladder, gall stones, GORD (reflux), heartburn, oesophageal disease, hernias, atrophic gastritis, ulcers, stomach ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.8 Brain and nerve conditions Yes No

Example: stroke, epilepsy, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia, quadriplegia, spinal cord injury, hydrocephalus, ventriculo-peritoneal shunt (VP shunt), mental retardation, CVA bleeding on the brain.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.9 Breathing and respiratory conditions Yes No

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis, pneumonia.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.10 Musculoskeletal (back, bone and muscle pain) Yes No

Example: arthritis (any form), ongoing neck and/or back pain, ankylosing spondylitis, lupus, Sjögren's syndrome, scleroderma, polymyositis, dermatomyositis, polyarteritis nodosa, Wegener's granulomatosis, sarcoidosis, fibromyalgia, degenerative disc disease, scoliosis, kyphosis, spinal stenosis, neurogenic bladder, gout, fractures, physical disability, prosthesis, amputation.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.11 Kidney or urinary conditions including current or past dialysis Yes No

Example: kidney and /or renal failure, kidney stones, recurrent urinary infections, glomerulonephritis, nephrotic syndrome, polycystic kidney disease, urinary incontinence, bladder infections, other bladder or kidney problems.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.12 Blood conditions Yes No

Example: deep vein thrombosis, anaemia, ITP (platelet deficiency), polycythaemia vera, blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia and other bleeding disorders.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

## 7. Your health questions (continued)

### 7.13 Eye conditions Yes No

Example: cataract, keratoconus (cross linkage), corneal ulcer, uveitis, glaucoma, squint, ptosis, any abnormality of eyelids, retinopathy, macular degeneration, cornea transplant, eye surgery, blurry vision, blindness (partial or full), retinal detachment.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.14 Ear, nose and throat (ENT) conditions and dentistry conditions Yes No

Example: chronic otitis media (middle ear infection), chronic otitis externa, hearing problems, hearing aid, cochlear implant, tonsillitis, adenoiditis, vertigo, deafness, sinus problem, nasal surgery, dental treatment or dental surgery.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.15 Male urogenital conditions Yes No

Example: prostate disorders, urogenital defects, varicocele, tumours, undescended testes, phimosis, urinary incontinence, retention.

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.16 Are you or any of your dependant/s expecting to have medical investigations or surgery or planning hospitalisation or treatment in the next 12 months or have you been admitted to hospital in the last 12 months? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.17 Have you or any of your dependant/s received or not yet received medical advice or treatment for symptoms, not yet diagnosed by a medical professional, in the last 12 months before this application? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

### 7.18 Have you or any of your dependant/s been diagnosed with or received treatment for, any condition not mentioned in the questions above, in the last 12 months before this application? Yes No

Patient name	Medical diagnosis	Date first diagnosed	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D
		Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y Y M M D D

## HIV and AIDS

You do not need to disclose the HIV status of you or your dependant/s on this form if you do not feel comfortable doing so. However, if you, or one or more of your dependant/s, are HIV-positive, you or they must call us on **0860 002 107** within seven working days from the date we activate your BMW Employees Medical Aid Society membership. We treat this information in the strictest confidence. If you, or one or more of your dependant/s, are HIV-positive, it is in your interest to register on the HIV Care Programme. A 12-month condition specific waiting period may apply to this condition or any related conditions. If you do not let us know about your HIV status within 7 days of your membership being active, we may end your BMW Employees Medical Aid Society membership.

## 8. BMW Employees Medical Aid Society (“BEMAS”) – Privacy Statement

### How we will process and disclose your Personal Information and communicate with you

#### Definitions

**The Scheme** refers to BMW Employees Medical Aid Society, registration number 1526, registered with the Council for Medical Schemes.

**Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed care organisation for the Scheme and a subsidiary of the Discovery Group.

**Competent person** means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent or legal guardian.

**Discovery Group** refers to Discovery Limited, registration number 1999/007789/06, including all subsidiaries of the group. Subsidiaries in the Group are authorised financial services providers.

**Process(ing) (of) information** means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.

**Sanction screening** refers to the checking of a person’s profile against specific sanction lists to enable the imposition of restrictive measures by competent authorities against countries, persons, groups and/or legal entities. The extent of the restriction will be guided by our applicable policies.

**You and your refers** to the member and your registered dependants on your medical scheme plan.

**Your personal information** refers to personal information about you, your spouse, your dependants, your beneficiaries, and your employees (as relevant). It includes information about health, financial status, gender, age, contact numbers and addresses.

1. When you engage with the Scheme and Administrator, you trust us with personal information about yourself, your family, and in some cases, your employees. We are committed to protecting your right to privacy.
2. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
3. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third party data sources.
4. You have the right to object to the processing of your personal information and have a choice whether or not to accept these terms and conditions. However, it is important to note that the Scheme and Administrator require your acceptance to activate and service your medical scheme membership. If you do not accept these terms and conditions, we cannot activate and service your medical scheme membership.
5. The Scheme and Administrator will keep your personal information confidential. You may have given us this information yourself or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you or your employer (where applicable).
6. You understand that when you include your spouse and/or dependants on your application, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate interest. By submitting your dependants’ relevant personal information, you hereby confirm that you are duly authorised to share such information with us. We will furthermore process their information for the purposes set out in this Privacy Statement.
7. Each party accepts responsibility to the extent that the processing activities of personal information fall under the control of that party and agrees to indemnify the other party/ies against any loss or damage, direct or indirect, that an employee may suffer because of any unauthorised use of the employees’ personal information or if a breach of the employees’ information occur, but only if the processing of that personal information is controlled by that party.
8. If you are giving consent for a person under 18 (a minor) you confirm that you are a competent person and that you have authority to give their consent for them.
9. You agree that the Scheme and Administrator may process your personal information for the following purposes:
  - for the administration of your health plan;
  - for the provision of managed care services to you on your health plan;
  - for the provision of relevant information to a contracted third

party who requires this information in order to provide a healthcare service to you on your health plan;

- to analyse risks, trends and profiles;
- to share your personal information with external health providers for the purposes of evaluating certain clinical information, in the event that you require medical treatment.

Examples of how this will happen include:

- i. Obtaining and sharing your personal information with other relevant sources, including medical practitioners, contracted service providers, health information exchanges, financial advisers, credit bureaus, entities that are part of Discovery Group or industry regulatory bodies (“relevant 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 relevant sources that your personal information is true, correct and complete;
  - ii. If you have joined as a member of an employer group, getting information from and sharing with your employer that is relevant to your application for membership with due regard for considerations of confidentiality in respect of your state of health;
  - iii. 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;
10. If a third party asks the Scheme and Administrator for any of your personal information, we will share it with them only if:
    - you have already given your consent for the disclosure of this information to that third party; or
    - we have a legal or contractual duty to give the information to that third party; or
    - we need to share it with them for risk analytical or fraud detection, prevention or recovery purposes.
  11. You consent and agree that:
    - We may process your information, including personal and special personal information, to conduct sanction screening against all mandatory and non-mandatory sanctions lists and to perform transaction monitoring activities;
    - We may communicate such personal information to local and international Regulatory Bodies as well as to other entities in the Discovery Group if you are matched to one of these sanctions lists.
  12. The Scheme and the Administrator may provide your personal information to any other entity within the Discovery Group with whom you or your dependant/s already have a relationship; or where you or your dependant/s have applied for a product, service or benefit from such entity. This information will be provided for the administration of your or your dependant/s products or benefits with other entities within the Discovery Group, and for fraud detection, prevention or recovery purposes.
  13. The Scheme and Administrator may share and combine all your personal information for any one or more of the following purposes:
    - market, statistical and academic research; and
    - to customise our benefits and services to meet your needs.Information about you may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to a third party unless that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this research, you will not be identified by name.

If we want to share your personal information for any other reason, we will do so only with your permission.
  14. By accepting this privacy statement, you authorise the Scheme and Administrator to obtain and share information about your creditworthiness with any credit bureau or credit providers’ industry association or industry body. This includes information about credit history, financial history, judgments and default history. It also includes sharing of information for purposes of risk analysis, tracing and any related purposes.
  15. The Scheme and Administrator have the right to communicate with you electronically about any changes on your health plan, including your contributions or changes and improvements to the benefits you are entitled to on the health plan you have chosen.

## 8. BMW Employees Medical Aid Society ("BEMAS") – Privacy Statement

### How we will process and disclose your Personal Information and communicate with you (continued)

16. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
17. The Scheme and Administrator have a duty to keep you updated about any offers and new products that are made available from time to time. The Scheme, Administrator, any entity within the Discovery Group and contracted third-party service providers may communicate with you about these.
18. You may opt out of Electronic Marketing on [www.discovery.co.za](http://www.discovery.co.za) or the Discovery App. We will store your personal information for the purpose to action this request and action it as soon as reasonably possible.
19. You have the right to know what personal information the Scheme holds about you. If you wish to receive this information please complete an 'Access to Records', attached to the PAIA manual on <https://www.discovery.co.za/portal/individual/bemas-paia> and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information.  
We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
20. You agree that the Scheme and Administrator may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
21. Where the Scheme and Administrator are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
  - Medical Schemes Act, 1998
  - The Consumer Protection Act, 2008
  - The Protection of Personal Information Act, 2013
  - Electronic Communications and Transactions Act, 2002
  - Promotion of Access to Information Act, 2002Legislation specific to Discovery Health (Pty) Ltd only:
  - Financial Advisory and Intermediary Services Act, 2002
  - Companies Act, 2008
22. You agree that the Scheme and Administrator may transfer your personal information outside South Africa:
  - if you give us an email address that is hosted outside South Africa; or
  - for processing, storage or academic research, or
  - to administer certain services, for example, cloud services.When we share your information to administer certain services, we will ensure that any country, company or person that we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to do in South Africa. Unless you specifically give us consent to share your personal information with such person (or company).
23. If the Scheme or Administrator becomes involved in a proposed or actual amalgamation or merger, acquisition or any form of sale of any assets, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information. The terms of this Privacy Statement will continue to apply.
24. The Scheme may change this Privacy Statement at any time. The current version is available on [www.bemas.co.za](http://www.bemas.co.za).
25. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, we encourage you to first follow our internal complaints process to resolve the complaint. We explain the complaints and disputes process on the website [www.bemas.co.za](http://www.bemas.co.za).  
Contact details for the Information Regulator:  
The Information Regulator (South Africa)  
SALU Building  
316 Thabo Sehume Street  
Pretoria  
Tel: 012 406 4818  
Fax: 086 500 3351  
[inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)

Signature of main applicant

Please do not sign an incomplete application form

## 9. BMW Employees Medical Aid Society (BEMAS) rules for membership

### 9.1 Who "we" are

BMW Employees Medical Aid Society, registration no 1526, registered with the Council of Medical Schemes, Discovery Health (Pty) Ltd, registration number 1997/013480/07, the administrator and managed care organisation for BEMAS, and an authorised financial services provider

### 9.2 Rules for membership

The rules of BEMAS records your rights and responsibilities for your membership of BEMAS. They may change from time to time. You may ask us for a copy at any time.

When you sign this application, you confirm that you have read and understood the rules and you agree that you and those you apply for will be bound by them.

Where applicable you also acknowledge and confirm that your employer appointed, may communicate with us on this application and your membership of BEMAS.

You give permission that we share your medical information and other relevant Personal Information about you and your dependant/s. The information will be shared so that he or she can help us if necessary while we process your membership application.

### 9.3 Who you are applying for

You may apply to join BEMAS on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in BEMAS rules. For anyone to be treated as financially dependent for this application, you must have a legal responsibility to provide financially for that dependant. We might ask you to give us proof of financial or legal responsibility. You

may be called the principal member or main member in our future communications to you.

### 9.4 Acting for others

#### You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to apply for membership and to act for those you apply for in any matter relating to this application;
- you have received permission from your spouse and any dependant/s' over 18 to act for them in any matter relating to this application.

### 9.5 Giving and getting information

You must give true, correct and complete information.

To consider your application for membership, BEMAS must learn more about you and those you apply for. Information about you and those you apply for must be true, correct and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for more information about themselves.

### 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.

BEMASNB01

## 9. BMW Employees Medical Aid Society (BEMAS) rules for membership (continued)

### **BEMAS and Discovery Health (Pty) Ltd may record telephone calls**

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

### **BEMAS and Discovery Health (Pty) Ltd may get information about you from other relevant sources**

To consider your application for membership, conduct underwriting or risk assessments or to consider a claim for medical expenses, you agree that we can get information about you and those you apply for from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give on this application and in respect of any matter pertaining to or that arose during your membership of BEMAS, is true, correct and complete. You give your permission that we may get any information that is relevant to your application from your employer.

### **Tell BEMAS or Discovery Health (Pty) Ltd immediately if your information changes**

You or your employer must inform us in writing if any of the information you gave, in your application for membership, changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

### **When BEMAS may cancel your membership**

BEMAS may cancel any memberships immediately, if you and those you 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 relevant changes (including about your health and the health of those you apply for) between the day you sign this document and the day cover starts.

### **9.6 About becoming a member**

#### **BEMAS might not pay for certain expenses immediately after you become a member**

BEMAS may have waiting periods that apply in certain circumstances.

This means there may be a set time period before BEMAS starts paying for any general or specific medical conditions. Please speak to your employer to find out if waiting periods apply to your membership and the memberships of those you apply for.

### **Resign from current medical schemes when accepted**

It is illegal to be a member of more than one medical scheme at the same time. You and those you apply for must resign from your current medical schemes when you receive notice from BEMAS by letter, email or SMS telling you that you and those you apply for have been accepted.

### **You must ensure contributions are paid on time**

As the main member of BEMAS, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time. If you pay your own contributions, you will be able to identify the debit order for your monthly contributions on your bank statement, the reference number BMW CONT will be used.

### **9.7 Repaying money owed to the Scheme**

BEMAS has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you if there is any amount that you owe to the Scheme.

### **You must repay any medical savings owing if you leave BEMAS**

When you become a member, depending on the plan you chose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the 'Medical Savings Account'. If you leave BEMAS before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to BEMAS over the year.

By signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you. You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number BMW CLWBK will be used.

Signature of main applicant

Date

2	0	Y	Y	M	M	D	D
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**The main applicant must sign and date any changes  
Please do not sign an incomplete application form  
I confirm the information is accurate and complete**