

Contact details

Tel: 0860 002 107 • PO Box 652509, Benmore 2010 • www.bemas.co.za

Applying to become a member in 2022 (with underwriting)

Thank you for deciding to apply to join the BMW Employees Medical Aid Society. This document is an application form for membership. It also contains some terms and conditions. Please make sure you read and understand these Terms.

Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is the medical scheme that you are applying to become a member of. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for BEMAS.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. Read and understand the terms and conditions (section 8).
3. Main applicant to sign and date section 5, 8 and 9 and any changes.
4. Please make sure the main applicant signs and dates any changes.
5. Once completed, your employer contact must fax the completed and signed form to 011 539 3000 or email it to **application@discovery.co.za**
6. Please attach a copy of each applicant's identity document to this application form. We also accept valid passports and birth certificates for children.
7. Provision is made in this form for you and your dependants to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.

Once you send Discovery Health (Pty) Ltd your application form, here is what will happen:

- Discovery Health (Pty) Ltd will capture and check your details.
- If any details are missing or if we need more information for underwriting purposes, Discovery Health (Pty) Ltd will contact you.
- Discovery Health (Pty) Ltd will send you or your HR contact a letter, SMS or an email to let you know when your application is considered to have been fully and completely made. This date may differ from the date on which you sign the application form.
- After accepting your application to join BMW Employees Medical Aid Society, we will send you or your HR contact a SMS and an email letter confirming acceptance. The SMS and email will advise you of when your membership will commence. Depending on your circumstances, it may also indicate any conditions applicable to your membership such as waiting periods or late joiner penalties.
- You will then get a pack in the post.

If you do not hear from Discovery Health (Pty) Ltd seven days after sending us your application form, please contact Discovery Health (Pty) Ltd on **0860 100 345** or your HR contact.

When you sign this application, you confirm that you have read and understood the terms and conditions (Section 8 of this form) for membership and agree to them.

1. About yourself (main applicant)

When do you want your cover to start? Employee number

Title Initials Surname

First name(s) (as per identity document)

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want disclose

Date of birth Preferred communication Email Post

ID or passport number Country of issue

Telephone (H) Telephone (W)

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Cellphone Fax

Email

Postal address (Post collected from post box, suite or private bag)

P O Box Private Bag Box number

Suite Postnet Suite Number

Suburb Post Code

If your post is delivered to your street address, please complete these details under physical address.

Physical address:

Suite number Complex name

Street number Street name

Suburb Postal code

2. About your spouse or partner (only complete if applying for cover)

Title Initials Surname

First name(s)
(as per identity document)

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose

Date of birth ID or passport number

Country of issue

Telephone (H) (W)

Cellphone Fax

Email address

3. About your dependant/s (only complete if applying for cover)

Dependant 1

Title Initials Surname

First names

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose

Date of birth

Relationship to main member (for example, mother, child)

ID or passport number Country of issue

If your dependant is 21 years and older, are they:

Married? Yes No Financially dependent on you? Yes No

Disabled? Yes No A full-time student? Yes No

Does your dependant earn an income? Yes No

How much does your dependant earn each month? R

Dependant 2

Title Initials Surname

First names

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose

Date of birth

Relationship to main member (for example, mother, child)

ID or passport number Country of issue

If your dependant is 21 years and older, are they:

Married? Yes No Financially dependent on you? Yes No

Disabled? Yes No A full-time student? Yes No

Does your dependant earn an income? Yes No

How much does your dependant earn each month? R

Dependent 3

Title Initials Surname

First names

Preferred name Gender M F

Race African Coloured Indian/Asian White Other

You are not compelled to provide this information. The scheme is required by the Council for Medical Schemes to collect this data and it will be used for statistical purposes.

Do not want to disclose

Date of birth

Relationship to main member (for example, mother, child)

ID or passport number Country of issue

If your dependant is 21 years and older, are they:

Married? Yes No Financially dependent on you? Yes No

Disabled? Yes No A full-time student? Yes No

Does your dependant earn an income? Yes No

How much does your dependant earn each month? R

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of account

Cheque Savings Account number

Account Holder

If third party bank details, please insert the third party ID number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If the third party bank account is a

joint account

company account

or trust account

Please provide proof of bank account. Refer to Annexure A at the back of the application form for the proof of bank account required.

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

Signature of account holder

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 registered	Reason for leaving
		D D M M Y Y Y Y	Yes <input type="checkbox"/> No <input type="checkbox"/>	D D M M Y Y Y Y	
		D D M M Y Y Y Y	Yes <input type="checkbox"/> No <input type="checkbox"/>	D D M M Y Y Y Y	
		D D M M Y Y Y Y	Yes <input type="checkbox"/> No <input type="checkbox"/>	D D M M Y Y Y Y	
		D D M M Y Y Y Y	Yes <input type="checkbox"/> No <input type="checkbox"/>	D D M M Y Y Y Y	

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

If any of your dependants applying for cover belonged to different medical schemes, please complete below:

Spouse or partner

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

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Dependant name

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

Dependant name

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

Dependant name

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

7. Your health questions

Have you or any dependant/s 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

7.1 Tumours, growths, or other skin conditions

Yes No

Example: abnormal pap smear results, skin lesions, eczema, psoriasis, breast disease, non-cancerous tumours, cancerous tumours, cancer of any organ, fibrocystic breast disease, fibroadenoma, lump in breast, abnormal mammogram result, abnormal PSA (prostate specific antigen) result, abscess, any autoimmune conditions, any congenital conditions, or other skin conditions.

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

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, rheumatic fever, high cholesterol, previous heart surgery, stents, pacemaker, any autoimmune conditions, any congenital conditions, peripheral vascular disease.

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

7.3 Gynaecological and obstetrics conditions

Yes No

Example: abnormal pap smear results, abnormal menstrual bleeding, endometriosis, miscarriage, polycystic ovarian syndrome, infertility, ectopic pregnancy, any autoimmune conditions, any congenital conditions.

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

7.4 Are any of your dependant/s pregnant?

Yes No

Patient name

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, dementia, attention deficit-hyperactivity disorder, drug and/or alcohol abuse or rehabilitation, suicide attempt, post traumatic stress disorders, counselling, and any other psychological conditions, any autoimmune conditions, any congenital conditions.

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

7.6 Metabolic or endocrine conditions

Yes No

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

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

7.7 Abdominal conditions

Yes No

Example: hepatitis, cirrhosis, portal hypertension, liver disease, liver failure, pancreatitis, cystic fibrosis, gall bladder/stones, GORD (reflux), heartburn, oesophageal disease, hernias, gastritis, ulcers, malabsorption, Crohn's disease, ulcerative colitis, diverticulitis, Irritable bowel syndrome (IBS), Hemorrhoids, long standing constipation/diarrhea, ongoing abdominal pain, ascites (fluid in the abdomen), any autoimmune conditions, any congenital conditions.

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

7.8 Brain and nerve conditions

Yes No

Example: stroke, epilepsy, seizures, multiple sclerosis, motor neuron disease, myasthenia gravis, migraine, other chronic headaches, cerebral palsy, Parkinson's disease, paraplegia, hemiplegia, quadriplegia, spinal cord injury, hydrocephalus, brain shunt (VP shunt), Intellectual disability, CVA, bleeding on the brain, any autoimmune conditions, any congenital conditions.

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

7.9 Breathing and respiratory conditions

Yes No

Example: asthma, chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, bronchitis or emphysema, cystic fibrosis, sarcoidosis, pneumonia, interstitial lung disease-chronic cough > 3months, any autoimmune conditions, any congenital conditions.

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

7.10 Musculoskeletal (back, bone and muscle pain)

Yes No

Example: arthritis (any form), ongoing joint or muscular pain, ankylosing spondylitis, degenerative disc disease, scoliosis, kyphosis, spinal stenosis, neurogenic bladder, gout, injury, physical disability, any autoimmune conditions, any congenital conditions.

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

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, neurogenic bladder, bladder infections, other bladder or kidney problems, any autoimmune conditions, any congenital conditions.

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

7.12 Blood conditions

Yes No

Examples: deep vein thrombosis, anaemia, polycythaemia vera, blood clotting diseases, leukaemia, lymphoma, pulmonary embolus, haemophilia, haemochromatosis and other bleeding disorders, any autoimmune conditions, any congenital conditions.

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

7.13 Eye conditions

Yes No

Example: cataract, keratoconus, corneal ulcer, uveitis, glaucoma, squint, ptosis, retinopathy, macular degeneration, cornea transplant, eye surgery, blurred vision, eye infections, blindness (partial or full), retinal detachment, any autoimmune conditions, any congenital conditions.

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

7.14 Ear, nose and throat (ENT) and dentistry conditions

Yes No

Examples: otitis media (middle ear infection), otitis externa (ear canal infection), hearing problems, hearing aid, cochlear implant, tonsillitis, adenoiditis, vertigo, deafness, sinus problem, nasal surgery, dental treatment or dental surgery, any autoimmune conditions, any congenital conditions.

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

7.15 Male urogenital conditions

Yes No

Example: prostate disorders, urogenital defects, varicocele, undescended testes, phimosis, urinary incontinence, any autoimmune conditions, infertility, any congenital conditions.

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

7.16 Are any of your dependant/s expecting 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	Symptoms/Medical diagnosis	Date first diagnosed/symptoms	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		D D M Y Y Y Y Y	D D M Y Y Y Y Y		D D M M Y Y Y Y
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y

7.17 Have 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	Symptoms/Medical diagnosis	Date first diagnosed/symptoms	Date of last consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y

7.18 Have 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? 7.18 Have 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	Symptoms/Medical diagnosis	Date first diagnosed/symptoms	Date of last symptoms, consultation and/or hospitalisation	Medicine used for this condition and dosage	Date of last treatment taken
		D D M Y Y Y Y Y	D D M Y Y Y Y Y		D D M M Y Y Y Y
		D D M M Y Y Y Y	D D M M Y Y Y Y		D D M M Y Y Y Y

HIV or AIDS

You do not need to disclose your dependants' HIV status on this form if you do not feel comfortable doing so. However, if one or more of your dependant/s are HIV positive, you or they must call us on 0800 001 615 within seven working days from the date we activate their BMW Employees Medical Aid Society membership. We treat all information in the strictest confidence if you or one or more of your dependants are HIV positive, it is in your and your dependant/s interest to register on the HIV Programme. A 12-month condition specific waiting period may apply to this condition, if you do not let us know about your HIV status within seven days of your membership being active.

7. 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 all personal information the Discovery Group has on you, or data subjects which are related to you or under your authority ("other data subjects") (as relevant). It includes:

- financial information;
- information about your health, race or ethnic origin, biometrics, criminal behaviour or religion;
- your gender;
- your age;
- unique identifiers such as your identity number or 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

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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:

- 9.1. 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;
 - 9.2. 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;
 - 9.3. 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 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, including cross-company analytics; and
 - to customise our benefits and services to meet your needs; and
 - to market our services to you.

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.
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

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time. The Scheme, Administrator, any entity within the Discovery Group and contracted third-party service providers may communicate with you about these.

- 18.1. Logging into your profile on www.discovery.co.za or the Discovery App;
 - 18.2. Following the unsubscribe prompts on the electronic marketing communication received;
 - 18.3. By informing your appointed financial adviser.
You may opt out of Electronic Marketing by:
We will store your personal information for the purpose of actioning 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, for the pursuit of our legitimate business purpose. Where we cannot delete your personal information, we will take all practical steps to anonymise it. 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, for the pursuit of our legitimate business purpose. Where we cannot delete your personal information, we will take all practical steps to anonymise it.
 21. You have the right to ask us to update, correct or delete your personal information by completing the Request for Deletion or Correction of Information Form available on the Scheme's Website at <https://www.discovery.co.za/corporate/privacy/>.
 22. 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
 23. 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).
 24. 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.
 25. You have the right to know what personal information the Scheme holds about you. If you wish to access this information, please complete a 'PAIA Form to Request Access to Records' available. This form can be found on www.bemas.co.za and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
 26. The Scheme may change this Privacy Statement at any time. The most updated version will always be available on www.bemas.co.za.
 27. If you believe that the Scheme or Administrator have used your personal information contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator. However, we encourage you to first follow our internal complaints process to resolve the complaint or contact the Information Officer at privacy@discovery.co.za. If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: JD House |27 Stiemens Street | Braamfontein |Johannesburg |PO Box 31533 |Braamfontein |Johannesburg |2001 | POPIACComplaints@infoeregulator.org.za or PAIACComplaints@infoeregulator.org.za.

Signature of main applicant

Date

D	D	M	M	Y	Y	Y	Y
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8. BMW Employees Medical Aid Society (BEMAS) terms and conditions

8.1. 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

8.2. Terms and conditions for membership

The terms and conditions 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 terms and conditions 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 representative, 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.

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8.3. 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 terms and conditions. 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.

8.4. Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

8.4.1. you have the right to apply for membership and to act for those you apply for in any matter relating to this application;

8.4.2. you have received permission from your spouse and any dependant/s' over 18 to act for them in any matter relating to this application.

8.5. 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.

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:

8.5.1. do not give us information that later turns out to be relevant to this application.

8.5.2. give us any information that is not true, correct and complete.

8.5.3. 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

8.6. 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.

8.7. 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.

Signature of main applicant

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Date

D	D	M	M	Y	Y	Y	Y
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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**

Annexure A -Third party Bank details

Please attach the relevant proof of bank account if you providing a third party bank account for claims refund.

THIRD PARTY ACCOUNT (e.g. spouse, aunt, uncle, friend, father, son)

- Proof of the account (bank statement or bank letter not older than three months)
- A copy of the third party's (account holder) ID, Passport or Driver's Licence
- A copy of the main members ID, Passport or Driver's Licence.

JOINT ACCOUNT

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of each of the joint

COMPANY ACCOUNT

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of the signatories who have authority to sign on behalf of the company
- A letter of authority stating that the account can be used including the details of the signatory and stating the membership details for which the bank account will be used. The letter must be dated, signed by an authorized person on behalf of the company and it must contain the membership or policy number(s).
- A copy of the company's certificate of
- A copy of the main members ID, Passport or Driver's Licence.

TRUST ACCOUNT

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of each of the trustees of the account
- A copy of the Trust's certificate of registration
- A copy of the Trust resolution, showing the The resolution must be dated, signed by an authorized person on behalf of the Trust and it must contain the membership or policy number(s).
- A copy of the main members ID, Passport or Driver's Licence.

If you are completing the request on behalf of the main member, please include proof that you have obtained the necessary authority (example, Letter of Authority or Letter of Executorship).