

**Contact details**

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

## Continuation form 2025

### Application to change a main member

This document is an application form to change the main member on an existing membership. It also contains some terms and conditions for membership. Please make sure you read and understand the rules.

### Who we are

The BMW Employees Medical Aid Society (referred to as 'BEMAS'), registration number 1526, is a not-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 or complete electronically by completing the fields below.
2. This form must be completed by the person applying to be the main member.
3. To avoid administration delays, please ensure this application is completed in full and signed.
4. To be completed and returned to your Human Resources department.
5. When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.
6. If you have any questions, please let us know. Once we have assessed your application, we will let you know what will happen next.

### 1. About your employer (if applicable)

Employer name	<input type="text"/>	Date of employment	<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"/>
Employer number	<input type="text"/>												
Branch name	<input type="text"/>	Branch 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"/>

### 2. About the new main member

Start date of new membership	<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"/>	Membership 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"/>
Job title	<input type="text"/>																		
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials	<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"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>																		
First name(s) (as per identity document)	<input type="text"/>																		
ID or passport 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Date of birth	<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"/>	<input type="text"/>	<input type="text"/>
Marital status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>											
Telephone (H)	<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"/>	Telephone (W)	<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"/>
Cellphone	<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"/>										
Email address	<input type="text"/>																		
Preferred means of communicating (where appropriate)	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>	Email type	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>										

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### 3. Details about previous main member

If you need to change the main member due to the death of the previous main member, please attach a certified copy of the death certificate.

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		

### 4. Banking details for the new main member's monthly contribution (if applicable)

#### What you must do

Submit the following with this form if bank details belong to a Third Party(spouse,parent,aunt,uncle,etc): Copy of ID of account holder and Bank Statement/letter of confirmation from the bank not older than three months.

Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account number	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Name of account holder	<input type="text"/>		

I agree to inform BEMAS in writing of any changes that may occur.

Signature of account holder	<input type="text"/>
Signature of new main member	<input type="text"/>

**Please note:** If you are using someone else's bank account, the accountholder must sign above to confirm this.

#### Accountholder's Physical Address

Own <input type="checkbox"/>	3rd party <input type="checkbox"/>	Company or trust <input type="checkbox"/>	
Unit/Suite number	<input type="text"/>	Complex name	<input type="text"/>
Street number	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>		
City	<input type="text"/>	Postal code	<input type="text"/>
Account holders email address	<input type="text"/>		
Account holders contact number	<input type="text"/>	<input type="text"/>	<input type="text"/>

As part of Payment Association of South Africa (PASA) debit order mandate requirements you are required to supply the account holders residential address, email address and contact number. Please note that the details you supply will only be used for the PASA debit order mandate requirement and will not be used to update the contact details we have on system, if you wish to update any contact details please visit [www.bemas.co.za](http://www.bemas.co.za).

## 5. Banking details for claim refunds

### What you must do

Submit the following with this form if bank details used belong to a Third Party (spouse, brother, uncle, etc): Copy of ID of account holder and Bank statement/letter of confirmation from the bank.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account.

Same as section 4? Yes  No

Bank name					
Branch name				Branch code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Type of account	Cheque <input type="checkbox"/> Savings <input type="checkbox"/>
Name of account holder					

I agree to inform the Scheme in writing of any changes that may occur.

Signature of new main member

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will no longer be responsible in any way for the amounts refunded.

## 6. 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;

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- 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.
  - to investigate and/or remedy fraud, waste and abuse.
- 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 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 credit worthiness 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 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.bemas.co.za](http://www.bemas.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, 2002

Legislation 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)  
 JD House | 27 Stiemens Street | Braamfontein  
 POBox 31533  
 Braamfontein | 2017  
 Tel: +27 (0) 10 023 5200  
[POPIAComplaints@info regulator.org.za](mailto:POPIAComplaints@info regulator.org.za).

## 7. Debit order mandate

This signed authority and mandate refers to the application on the signed date ("the agreement")

I/We, the undersigned:

- Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority and mandate is true and correct;
- Authorise BMW Employees Medical Aid Society to issue and deliver payment instructions to my bank, recorded above, for the collection by BMW Employees Medical Aid Society from the bank account (or any other bank or branch to which I may transfer my account) any amounts due under or in terms of this application to change banking details on condition that the sum of such payment instructions will never exceed my obligations as framed in the which shall commence on the date that the banking details are effective and shall continue until this authority and mandate is terminated by me by giving BMW Employees Medical Aid Society no less than 20 ordinary working days written notice thereof or immediately in the event that I instruct my bank to withdraw this authority and mandate.
- Confirm that the payment instructions mentioned above must be issued on the first working day of the month. If the change in banking details are not activated in time for the debit order collection and there is an amount outstanding BMW BMW Employees Medical Aid Society can collect that amount in the interim, upon activation of the banking details. If I change the date of the debit order after activation of the banking details, I confirm that the payment instructions must be issued and delivered on the day that I have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- Authorise BMW Employees Medical Aid Society to track my bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my bank account to meet my obligations under or in terms of this Agreement
- Acknowledge that my bank will treat each payment instruction to pay premiums or amounts due under this agreement to BMW Employees Medical Aid Society as if each payment instruction came from me personally as the account holder.
- Undertake to advise BMW Employees Medical Aid Society in writing of any changes to my account details and acknowledge that BMW Employees Medical Aid Society will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of me providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my failure to notify BMW Employees Medical Aid Society of a change in banking details or if the bank account has insufficient funds to meet my obligations under or in terms of the agreement.
- Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my bank account will be printed on my bank statement and must show the reference number of the membership inserted in the agreement so as to enable me to identify this membership;
- Acknowledge that although this authority and mandate may be terminated by me, such termination does not necessarily terminate this agreement. In the event of such termination I am not entitled to any refund of any premiums or amounts due that was withdrawn by BMW Employees Medical Aid Society whilst this authority and mandate was in force if such premiums or amounts were legally owing to BMW Employees Medical Aid Society in terms of the agreement;
- Acknowledge that by signing this authority and mandate I am bound by the payment terms applicable to this agreement.

### Reference number

This Agreement reference number: Your membership number

### Abbreviated name

Abbreviated Name as Registered with the Bank BMW CONT/BMW CLWBK

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment start date: as per signed contract

Signature of bank account holder

Date 

D	D	M	M	Y	Y	Y	Y
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**Please only sign if you have read and understand this statement**

In addition to the above terms, the policyholder must agree to the following:

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1. I confirm that I have the right to give BMW Employees Medical Aid Society the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by BMW Employees Medical Aid Society to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorize BMW Medical Aid Society to verify the banking details as provided above for the purpose of setting up a debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a premium collection date I authorize that BMW Employees Medical Aid Society may deduct a double debit of my premiums the following month.

I,

(Full name(s) and surname according to your identity document), as the policy holder, give BMW Medical Aid Society and its subsidiaries in their relevant capacities permission to change my banking details.

Signed at (town or city)  Date 

D	D	M	M	Y	Y	Y	Y
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Signature of policy holder

**Please only sign if you have read and understand this statement**

## 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. Administered by 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 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.

### 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, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers). 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

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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