



MOIRIVIERTM

MEDIESTE FONDSE • MEDICAL AID

Moorivier Mediese Fondse (Pty) Ltd

Reg No: 2018/417415/07

(Directors:

E Schoch & SC Van Staden)

Walter Sisulu Street No. 11, Potchefstroom, 2531

Email: mooimed@moorivier.com

Phone: (018) 294-8109

www.mooriviermedies.co.za

Name of Applicant: _____ Date: _____

Important information for clients of Moorivier Mediese Fondse Pty Ltd

Thank you for giving us the opportunity of presenting you with medical aid options. Medical aid is about your needs, risk, affordability and getting the best value for your money. The following schemes have accredited and permitted us to advise you in your choice of medical scheme; Discovery Health, Bonitas, Fedhealth, Profmed. Gap cover such as Stratum GAP cover.

Moorivier Mediese Fondse will always offer you the best advice for your circumstances; however, the final choice of medical aid and option will remain yours. Regardless of your choice we guarantee excellent after-sales client service.

Please note that all new applications will be looked at individually.

- Any person can be given a three-month general waiting period. Kindly note if you have been registered on a medical aid for longer than 2 years, and the break between one medical and another is less than a 90-day break period you will have cover for PMB conditions, such as an accident and your life is on the line. However, if you were registered on a medical aid for less than 2 years and had a break between one medical aid and another medical aid was more than 90 days you will not at all be covered during the 3-month waiting period.
- Any person with less than 2 years on a registered medical aid and more than 90 days break between the medical aid can get 12 months' exclusion on existing conditions. It is the applicant's responsibility to ensure that he/she is aware of any further excluded conditions as set out in the relevant brochure.
- Late joiner penalty fees can be imposed after the age of 35. 1 - 4 years = 5%; 5 - 14 years = 25%; 15 - 24 years = 50% and 25 years = 75%. For this penalty not to apply we need all previous membership certificates.
- Declaration: All medical conditions which you do not declare on your application will automatically be seen as excluded. It is the applicant's responsibility to ensure that the application form is correctly completed in full.
- Chronic Medication: 27 PMB chronic conditions must be covered by all the medical aids. Please note a formulary list apply and depending on the medication that you are using it might not be covered in full or at all subjects to your plan option of choice.
- Hospital authorization: If you need to go for a scheduled procedure within the first year of membership the medical aid will request a PMR report from your doctor as well as motivation from your specialist. Prior authorization will only then be considered.
- Scheme rules: Please read your scheme rules very carefully. It is your responsibility to ensure which procedures should be followed in advance. Take note of the declaration, financial stability, and cancellation period of the medical aid that you choose. Also take note when premiums are payable – do you pay upfront or in arrears?
- Contributions: It is your responsibility to ensure that your premiums, especially your first premium, are paid as agreed with the medical aid.



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- Please note: Most medical schemes only pay 100% of the NRPL (medical aid rates). If providers charge more, you will be responsible for any additional costs.
- We also receive 3% commission of your premium monthly to a maximum amount of R116.74 + VAT per application
- Cut-off date for applications is the 15th of each month for the upcoming month as entry date.
- According to FICA legislation proof of residential address is required for all new applications.
- You can only upgrade your plan at the end of each year. It is your responsibility to contact our offices if you wish to review your options.

IMPORTANT TO NOTE:

1. Newborns must be registered within 30 days of birth.
-It is the responsibility of the parents to provide the broker with a birth certificate or proof of birth from the hospital.
2. It is the responsibility of the family to provide the broker with a death certificate. In this case, please provide your broker with a third party contact number.
3. It is the member's responsibility to inform the broker that the necessary change on the medical scheme needs to be updated with their gap. If the member does not indicate that they have a gap in cover when making an option change, the gap in cover will not be updated accordingly.

See attached signed comparative quotes.

1. I, HEREBY CONFIRM THAT I DO UNDERSTAND MY RESPONSIBILITIES AS THE MAIN MEMBER OF THE MEDICAL AID.
2. I accept the comparative quote given by SC van Staden and understand the information mentioned above, and that I have chosen the best medical aid plan according to my risk, needs and affordability.

Client name: _____

Client signature: _____ Date: _____