



# Company Application Form

P.O. Box 1101, Florida Glen 1708 Call Centre 0860 002 108  
Fax (011) 671 5380 Email bontakeons@bonitas.co.za

## Section 1: Intermediary details

This section must be completed by the broker or agent.

Name of broker/agent:	<input type="text"/>
Broker code:	<input type="text"/>
Name of brokerage:	<input type="text"/>
Telephone (w):	<input type="text"/>
Cellphone:	<input type="text"/>
Email:	<input type="text"/>

Signature of broker/agent: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2: Company details

Company name:	<input type="text"/>		
Legal entity:	<input type="text"/>		
Company / registration number:	<input type="text"/>		
Business postal address:	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Business physical address:	<input type="text"/>		
	<input type="text"/>	Postal code:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

## Contact person:

Title:	<input type="text"/>	Initials:	<input type="text"/>	First name/s:	<input type="text"/>
Surname:	<input type="text"/>				
ID number:	<input type="text"/>	Gender:	<input type="text" value="M"/>	<input type="text" value="F"/>	
Position in company:	<input type="text"/>				
Telephone (w):	<input type="text"/>	Cell:	<input type="text"/>		
Email address:	<input type="text"/>				

## Additional contact person:

Title:	<input type="text"/>	Initials:	<input type="text"/>	First name/s:	<input type="text"/>
Surname:	<input type="text"/>				
ID number:	<input type="text"/>	Gender:	<input type="text" value="M"/>	<input type="text" value="F"/>	
Telephone (w):	<input type="text"/>	Cell:	<input type="text"/>		
Email address:	<input type="text"/>				



**Section 3: Industry (please indicate by inserting an 'X')**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Electrical	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Publishing
<input type="checkbox"/> Bank & Finance	<input type="checkbox"/> Electronics	<input type="checkbox"/> Media	<input type="checkbox"/> Government Sector
<input type="checkbox"/> Chemical	<input type="checkbox"/> Engineering	<input type="checkbox"/> Medical	<input type="checkbox"/> Steel & Allied
<input type="checkbox"/> Clothing & Footwear	<input type="checkbox"/> Food & Beverage	<input type="checkbox"/> Mining	<input type="checkbox"/> Textile
<input type="checkbox"/> Community Organisation	<input type="checkbox"/> Hotel	<input type="checkbox"/> Motor	<input type="checkbox"/> Tourism
<input type="checkbox"/> Computer	<input type="checkbox"/> Insurance	<input type="checkbox"/> Oil & Petroleum	<input type="checkbox"/> Transportation
<input type="checkbox"/> Construction	<input type="checkbox"/> Investment Trusts	<input type="checkbox"/> Paper & Packaging	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Education	<input type="checkbox"/> Leisure	<input type="checkbox"/> Pharmaceutical	

**Section 4: Contribution details**

Please submit a completed application form plus supporting documents for each member that indicates the option they have selected. Note: contributions are payable by no later than the 3<sup>rd</sup> day of the month in which the contributions are due.

Starting date for the company: 

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

All principal members must have commenced employment with the company by the above starting date to be recognised as an active member.

Principal member subsidised? 

YES	NO
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 If yes, % value of subsidy: 

			%
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Dependant member subsidised? 

YES	NO
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 If yes, % value of subsidy: 

			%
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NOTE- All contributions are paid in advance

**Section 5: Banking details for contribution payments**

I instruct Medscheme, on behalf of Bonitas Medical Fund, to electronically collect contributions via 

Debit order:	YES	NO
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The company bank details are as follows:

Name of account holder:

Bank:

Branch name:  Branch code:

Account number:

Account type:

Name and surname:

Designation:

Authorised signatory / ies: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 6: Company's previous and current scheme information**

Name of current medical scheme:

Date joined: 

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

 Date terminated: 

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

Name of previous medical scheme:

Date joined: 

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

 Date terminated: 

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

**Section 7: Employee base details**

Name of current medical scheme:  Number of employees that Bonitas Medical Fund will cover:

Is membership of a medical fund compulsory for all employees in the company within a specific group?

If yes, define the group:

Will the company offer any other scheme membership to employees? 

YES	NO
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**Section 8: Terms and conditions**

1. The applicant is to be recognised as an employer and is made by the person identified in Section 2 of this application form ("Employer").
2. In making this application, the employer warrants that:
  - It and the person signing this application are duly authorised to make this application on behalf of those employees who will become members of Bonitas, upon Bonitas' acceptance of this application form and the individual member application forms.
  - It is authorised to disclose the member's personal information to Bonitas for purposes of this application process.
  - The person signing the application on behalf of the employer warrants that he / she is duly authorised to do so and acknowledges that he / she has received a set of Bonitas rules and that he / she has read them prior to signing the application form.
  - It is duly authorised by the employees, in its capacity as employer, to deduct all amounts due to Bonitas from the members' remuneration and to pay such amounts to Bonitas in respect of the individual memberships.
3. This application and the eventuating relationship between Bonitas, the employer and the individual member, will be governed in terms of the Rules of Bonitas, as registered and duly amended from time to time, and the Medical Schemes Act, 131 of 1998, as amended.
4. Upon acceptance of this application, the employer will send to Bonitas, within 3 (three) days of acceptance of this application by Bonitas, a list of all employees who will become members, and provide all information in respect of the Members as may reasonably be required by Bonitas, including (where applicable); the employer contribution in respect of each Member, and the Bonitas option chosen by each of the Members.
  - The employer will pay all Member contributions in accordance with the provisions of Section 3 of this application form, or in the absence of any date for payment of contributions being specified, no later than the 3<sup>rd</sup> day of the month in which the contributions are due, or in accordance with Section 4 of the agreement.
  - The employer will take all responsible steps to assist Bonitas in the distribution of all relevant information to Members which pertains to Bonitas and members thereof as may be required from time to time.
5. Rights and obligations of Bonitas
  - Bonitas will send monthly statements to the employer and / or each member with regard to any or all outstanding amounts due and owing to Bonitas.
  - Bonitas will not be liable for the payment of any benefits should:
    - The employer or member fail to comply with any of the employer's or member's obligations
    - Any contributions or part of a contribution be in arrears.
    - Should the employer fail to pay contribution or other amounts due to Bonitas in respect of any member, Bonitas will have the right to suspend or terminate such a membership. Should termination of a membership occur as a consequence of the provisions of this clause, then the employer hereby indemnifies Bonitas against all claims instituted and damages suffered as a result of such termination.
6. For the purpose of this application, the employer will act as the agent of the member, and warrant that it has the requisite authority to act in this capacity.
7. The employer will notify Bonitas within 30 (thirty) days of any change of address or material change to its own or a member's circumstance. Bonitas will not be held liable should the employer fail to give notice and should a member be prejudiced in any way. The employer indemnifies and holds Bonitas harmless against any loss or damage that may be suffered by a member in this regard.
8. The employer will have the right to terminate the Employer's group membership with Bonitas by giving not less than 3 (three) calendar months written notice of termination.
9. On termination of the employers' group membership with Bonitas, the employer will ensure that the membership of all employees, of the employer are terminated simultaneously. The employer will indemnify and hold Bonitas harmless against any loss or damage which Bonitas may suffer as a result of the employer failing to comply with the provisions of this clause.
10. The Employer will notify Bonitas within 7 (seven) days of a member resigning or otherwise being terminated as an employee of the employer. The employer indemnifies Bonitas against all damages that Bonitas may suffer, irrespective of the nature or cause thereof, in the event of the employer failing to notify Bonitas as contemplated by this clause.
11. The employer will cooperate fully and will share all appropriate information in the event that Bonitas investigates and prosecutes an act of fraud or dishonesty relating to membership of Bonitas.
12. We, the employer group also acknowledge that we will be liable to the Fund for claims incurred by dismissed/retrenched/suspended /terminated employees, where the claims were incurred after the employee left the employment of our organisation, and we ("the employer") failed to notify the fund within 7 days of the relevant employee's dismissal/retrenchment/suspension /termination.

**Signed for and on behalf of the employer / individual / we warrant that I am / we are duly authorised to bind the employer.**

Name and surname:	
Designation:	
Name and surname:	
Designation:	

**Authorised signatory / ies:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorised signatory / ies:** \_\_\_\_\_ **Date:** \_\_\_\_\_