

4: Select preferred package

All plans include accident cover, an emergency booster, and funeral benefits

Choose a plan	Choose payment option:		
Bronze per month Adult: R397 Child: R340	Per Month	Every 6-months	Every 12-months
Silver per month Adult: R461 Child: R404	Per Month	Every 6-months	Every 12-months
Gold per month Adult: R540 Child: R292	Per Month	Every 6-months	Every 12-months

As per the plan I have selected here, I agree that The Plain Simple Association may debit my bank account as per my selection, for:

	Monthly	Every 6-months	Every 12- months
Adult	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text"/>

Maximum 2 spouses and 6 children

Total R

5: Banking details

Account holder	<input type="text"/>
Account type	<input type="text"/>
Bank name	<input type="text"/>
Account number	<input type="text"/>
Branch code	<input type="text"/>
Signature	<input type="text"/>

By providing my banking details on this form, I confirm that the information supplied is accurate, complete, and belongs to the account holder authorised to make or receive payments related to this application/transaction – I attach my proof of banking.

6: Beneficiary details

If you pass away, and you have the funeral benefit as part of your benefit option, the funeral will be paid to your spouse or to the person responsible for making your funeral arrangements. If your spouse(s) or one of your children passes away, the funeral benefit will be paid to you. Please provide the relevant information below if you want to nominate a special beneficiary to receive your funeral claim payment in the event of your death.

Title	<input type="text"/>	Initial(s)	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
Date of birth	<input type="text"/>	Gender	F <input type="checkbox"/>	M <input type="checkbox"/>	
ID number	<input type="text"/>	Passport	<input type="text"/>		
Passport country of origin	<input type="text"/>				
Contact number	<input type="text"/>				
Email address	<input type="text"/>				

7: Terms and conditions

- The Association is the policyholder in terms of the Momentum Health4Me policy/policies
 - The benefit details and further terms and conditions of Health4Me are contained in the policy document(s), which have been shared with Association as the policyholder.
 - The Momentum Health4Me policy/policies will be activated once we have received all the activation requirements.
 - The Momentum Multiply programme will be activated once we have received all the requirements.
 - I consent to the recording of all conversations between Momentum Group Limited and my dependents and I, and that all information obtained through these conversations will form part of Momentum's records. I further consent to all these records remaining the sole property of Momentum.
 - I declare that the answers provided in the application are true and complete.
 - I understand that once my dependents and I are accepted as members of the Momentum products, the answer on this application will form the basis of the membership.
 - I understand that it is my responsibility to ensure that the details provided in this application are true and complete for my dependents, even if this application was completed by any other third party on my behalf.
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8: Complementary products and benefits

Momentum Multiply

Please note that as a result of your Health4Me membership, the following is provided to you at no charge and is mandatory to the Health4Me product:

- Membership of the Momentum Multiply Engage programme.

Therefore, as a result of the following terms and conditions apply:

8.1 Multiply reserves the right to amend its rules and benefits unilaterally. A copy of the terms and conditions and rules can be obtained from the multiply.co.za/engage/terms-and-conditions or from the Multiply client contact on 0861 88 66 00.

8.2 I understand that I will receive mandatory communication from Multiply as a legal requirement of my membership and that I am able to review and update my communication preferences by visiting the terms and conditions on the Multiply website.

8.3 If I have a complaint related to the product or services received, I understand that I should first refer the complaint to Multiply by calling 0861 88 66 00 or emailing multipl@momentum.co.za to resolve the complaint according to the internal processes. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the National Consumer Commission by calling 021 428 7000 or emailing complaints@thenc.org.za.

9: Protection of personal information and consent

Momentum Health, Momentum Metropolitan Life Limited, Multiply and Momentum Group, herein collectively referred to as "Momentum" personal information confidential and will adhere to the Protection of Personal Information Act 4 of 2013 when processing your personal information. Momentum requests your consent to collect, process and share your personal information for the purposes set out below. While your consent is voluntary, it is a requirement for membership of the Momentum products.

9.1 I authorize and give consent to Momentum to collect, store, process and share my personal information and that of dependants for purposes of my Momentum membership and the administration thereof and for fraud prevention, monitoring, analytical reviews and statistical purposes.

9.2 I hereby authorize and give consent to Momentum to share my personal information, including health information regarding my dependants, with Momentum Health, with whom I or my dependants have a contractual relationship.

9.3 I acknowledge that my dependents and I must give Momentum all information and supporting evidence that may be required from time to time. I authorize Momentum to obtain any information they may require concerning me or any of my dependents in relation to my Momentum membership from any person including Momentum Health, to which my dependents and I belong and its administrator. I consent to that person providing and instruct that person to provide Momentum with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.

9.4 I have the right to withdraw my consent to have my personal information processed provided that lawfulness of the processing of personal information before my withdrawal will not be affected.

9.5 I have the right to object on reasonable grounds relating to my particular situation, to the processing of my person information unless processing is require by law.

9.6 I understand that if I fail to provide the personal information required or if I am not willing to agree to the processing of my personal information, then Momentum will not be able to offer me the products or administer them.

9.7 I understand that I have the right to request my personal information, which is under the control of Momentum, provided that I furnish adequate identity and that a fee may be charged for this service.

9.8 I have the right to request Momentum, where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading or obtained unlawfully.

9.9 The full privacy policy can be accessed at the momentumgroupLtd.co.za/privacy-notice.

9.10 I declare that all my personal information and that of my dependents supplied to Momentum is accurate, up to date, not misleading and that it is complete in all respects and will held and stored securely for the purpose for which it was collected and that I will immediately advise Momentum of any changes to my personal information and that of dependents should any of these details change.

9.11 I confirm that I am authorized to provide consent of behalf of my spouse(s) or dependats(s) and that I give permission to share such information with Momentum. Where I give consent for a minor, I confirm that I a competent person in respect of such minor and I have the authority to give consent for them.

9.12 I hereby authorize and give consent to Momentum Health and Momentum Metropolitan Life to share my personal information, and that of my dependents, with any entity (including an entity forming part of Momentum Group and its subsidiaries), with who I and/or my dependants have a contractual relationship, or have applied for a product or services from such entity. This personal information will be processed and/or used for further processing in order to administer the product or service.

10: Association/member consent

I authorize Momentum Metropolitan Life Limited to:

- Obtain from Momentum Health (Pty) Ltd or any health service provider any medical information relating to an insurance claim, so that Momentum Metropolitan Life Limited can assess and evaluate in terms of the policy. I hereby authorize Momentum Health (Pty) Ltd or any health service provider to release the required information to Momentum Metropolitan Life Limited.
- Share any information required between Momentum Metropolitan Life Limited, Momentum Health (Pty)Ltd and any other health service provider.
- Disclose my medical information to any parties that Momentum Metropolitan Life Limited and Momentum Health (Pty) Ltd have contracted with in order to provide services in respect of the policy.

I accept and understand that my consent to the disclosure of my medical information may affect my right to privacy. This consent shall remain in force for the full duration of my membership, unless expressly withdrawn by me in writing. I understand that Momentum Metropolitan Life Limited will not disclose my medical information without my consent, except where required by law. I further understand that this consent applies only for the specific purpose indicated above and that such medical information will not be shared with any other parties outside of that purpose.

Date of birth

Name and surname of member

Signature of member

Date

Signature of Director for The Association or authorised signatory

Date

Name of Director or authorised signatory