

FOR OFFICE USE ONLY											
Employer No.											
Branch No.											

EMPLOYER APPLICATION FORM

A. EMPLOYER DETAILS

Please complete in **Black Ink** and use large block letters. Where there are **YES/NO** questions mark like this [Y] for a yes and [N] for a No answer. Where there are tick boxes, mark with a tick.

Name of employer													
Legal entity (Pty. Ltd, partnership etc.)													
Registration No													
Owners/Directors Details							ID No or Passport No						
Name and Surname													
Name and Surname													
Name and Surname													
Name and Surname													
Business Address							Postal Address						
	Code							Code					

B. EMPLOYER CONTACT PERSONAL DETAILS - Medical Scheme Liaison

Surname													
First names (s)													
Initials				Title				Gender	M	F	Are you a member of Mutual Alliance Health Plan?	Y	N
Date of Birth	DD	MM	YYYY	Branch									
Tel (W)	CO	DE									Cell		
Fax (W)	CO	DE											
E-mail Address													
Position / Designation													

C. BRANCH DETAILS

* Only complete this section if we need to establish contact at branch level and please attach separate list if more than 3 branches

Branch 1 - Name													
Contact Person													
Tel No	CO	DE									E-mail		
Fax No	CO	DE											
Branch 2 - Name													
Contact Person													
Tel No	CO	DE									E-mail		
Fax No	CO	DE											
Branch 3 - Name													
Contact Person													
Tel No	CO	DE									E-mail		
Fax No	CO	DE											

H. COMMENCEMENT OF MEMBERSHIP

We hereby apply for our membership to commence on

D	D	M	M	Y	Y	Y	Y
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I. TERMS AND CONDITIONS

1. As a participating employer we hereby apply for our membership for our employees of the Mutual Alliance Health Plan ("the Scheme") administered by Momentum Health.
2. On behalf of our employees, we accept the benefits provided for in terms of the Rules of the Scheme and we agree to be bound by such rules, especially in terms of notice period of cancellation requirements.
3. We warrant the correctness of the statements and information contained in this application.
4. We consent to our employees and their listed dependants participating in this agreement, to submit medical examinations and tests the Scheme may request.
5. We acknowledge that all information pertaining to employees is confidential and we undertake to respect confidentiality in so far as this confidentiality is determined by the Scheme in its sole discretion at all times.
6. We undertake to pay the full contributions to the Scheme in advance as per scheme rules, unless indicated otherwise in the service level agreement signed between the employer and the Scheme.
7. We acknowledge that the Scheme reserves the right to cancel membership if any of the contributions are not paid on the due date. The Scheme shall have the right to suspend all benefit payments in respect of claims which arose during the period of default.
8. We understand that the Scheme assumes no liability for any employee until such time as notice of acceptance of the risk is given by the Scheme.
9. We undertake to give the Scheme immediate written notice should any changes material to this assessment of this application occur before the date upon which the Scheme grants written acceptance. This will enable the Scheme to reconsider the terms of acceptance.
10. We understand that we may terminate our participation with the Scheme on giving three (3) months written notice in advance.
11. We acknowledge that should this application be submitted via the internet it is solely for the purposes of convenience and neither our employees, ourselves or the Scheme (subject to its sole discretion) shall rely on the information herein contained without us providing the Scheme with a signed hard copy of this application. We further agree that the hard copy submitted pursuant to an Internet application shall constitute an offer on our part for membership of our employees to the Scheme.

Signed at

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this

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day of

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Authorised signatory (ies)

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On behalf of the employer and employee, duly authorised

Name (s)

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Designation (s)

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