

Employer Application Form



Metropolitan House, 81 Tabon Link North Ridge Crescent, Accra-North, Ghana
PO Box AN 12408, Accra-North, Ghana

Employer No.

Branch No.

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 answer 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.

DETAILS OF OWNERS/DIRECTORS

1. Name and Surname

ID/Passport no.

2. Name and Surname

ID/Passport no.

3. Name and Surname

ID/Passport no.

4. Name and Surname

ID/Passport no.

Postal address

Postal Code

Business address

Postal Code

B: Employer Contact Person Details - Medical Scheme Liaison

Surname

First name

Title

Initials

Gender Male Female

Date of birth (dd mm yyyy)

Branch

Tel no. (w)

(fax)

Cell no.

Email address

Position/Designation

Are you a member of the Metropolitan Health Plan?

Y N

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

Code

Contact Person

Email

Tel no. (w)

(fax)

Cell no.

Branch 2 - Name

Code

Contact Person

Email

Tel no. (w)

(fax)

Cell no.

Branch 3 - Name

Code

Contact Person

Email

Tel no. (w)

(fax)

Cell no.



D: Membership Details

Current Medical Scheme details (if applicable)			
Scheme 1	<input type="text"/>	Date joined (dd mm yyyy)	<input type="text"/>
Scheme 2	<input type="text"/>	Date terminated (dd mm yyyy)	<input type="text"/>
Details of your company's employee base			
Number of staff employed by your company, including temporary staff and staff paid on hourly basis.			<input type="text"/>
Total number of main members to be covered on the Metropolitan Health Plan.			<input type="text"/>
Is Metropolitan Health Plan compulsory for all employees within a specific group of your company (e.g. Management etc)			<input type="text"/> Y <input type="text"/> N
If "Yes"	(i) Define the compulsory group <input type="text"/>		
	(ii) Is the Metropolitan Health Plan compulsory for all future employees within the group? <input type="text"/> Y <input type="text"/> N		

E: Option Selection (Please tick appropriate boxes)

Indicate the options approved by the employer for the respective employee groups <i>(Subsidised by the employer)</i>	
<input type="checkbox"/> Champagne	Group <input type="text"/>
<input type="checkbox"/> Burgundy	Group <input type="text"/>
<input type="checkbox"/> Turquoise	Group <input type="text"/>
<input type="checkbox"/> Orange	Group <input type="text"/>
<input type="checkbox"/> Beige	Group <input type="text"/>

F: Billing Method

Quarterly bill in <input type="checkbox"/> advance	OR	Yearly <input type="checkbox"/> in advance
Monthly statement required <input type="checkbox"/>	<input type="checkbox"/>	day of the month (select 15th or 21st)
Breakdown of billing required <input type="checkbox"/>	<input type="checkbox"/> One statement for entire group	<input type="checkbox"/> Statement per branch/paypoint
Detail in billing statement required <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

G: Payment Details

Debit Order <input type="checkbox"/>	Stop Order <input type="checkbox"/>
Name of bank/ building society <input type="text"/>	Branch name <input type="text"/>
Account type <input type="text"/>	Branch code <input type="text"/>
Name of account holder <input type="text"/>	Account no. <input type="text"/>
The scheme may debit this bank account with the amount due in terms of this agreement, wherever it may be conducted, in accordance with the Scheme's debit order system. We further agree to advise the Scheme in writing of any changes which may occur.	
Cheque <input type="checkbox"/>	We hereby agree that, if sent by mail, the Post Office becomes our agent and that we are liable for the consequences of late or non-receipt of payment by the scheme.
Electronic Funds Transfer (EFT) <input type="checkbox"/>	
Authorised signatory (ies)	<input type="text"/>
Name (s)	<input type="text"/>
Designation (s)	<input type="text"/>



H: Commencement of Membership

We hereby apply for our membership to commence on

(dd mm yyyy)

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I: Terms and Conditions

1. As a participating employer we hereby apply for membership of our employees to the Metropolitan Health Plan ("the Scheme").
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 the 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 monthly 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 the 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 and absolute 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 on this day of 20

Authorised signatory (ies)

On behalf of the employer and employee, duly authorised.

Name (s)

Designation (s)



J: Intermediary Details (For office use only)

1 Name	<input type="text"/>	Code	<input type="text"/>	Comm Split	<input type="text"/>	<input type="text"/>	%
2 Name	<input type="text"/>	Code	<input type="text"/>	Comm Split	<input type="text"/>	<input type="text"/>	%
3 Name	<input type="text"/>	Code	<input type="text"/>	Comm Split	<input type="text"/>	<input type="text"/>	%
Broker House	<input type="text"/>	Code	<input type="text"/>	Comm Split	<input type="text"/>	<input type="text"/>	%
Broker House	<input type="text"/>	Code	<input type="text"/>	Comm Split	<input type="text"/>	<input type="text"/>	%

Broker Consultant Code (Office use)

Signature of intermediary (ies)

For Office Use Only

Underwriting criteria/results

Window period

Ruling pertaining to employer group

Membership cards Deliver to employer Deliver to broker

Other specific requirements

