



MEDICAL AID SCHEME

For your well-being.

APPLICATION FOR CORPORATE MEMBERSHIP

(For Firm, Business, Club, Commission, Authority, Partnership, Trade or Profession)

On behalf of our Group we hereby apply to become members of Bon Vie Medical Aid Scheme with effect from.....
If approved by the Committee we undertake to abide by the rules of the Scheme as amended from time to time.

We have noted in particular the following rules of importance and understand:-

- (a) That it is our responsibility to appoint a representative / liaison Officer and advise Bon Vie of the Person's name. Such Officer should liaise with the Scheme on all matters relating to medical aid and arrange for an appropriate person to make relevant contribution deductions from salaries and prepare a monthly Statement of contributions and membership changes that should reconcile to the Bon Vie Statement.
- (b) That all monthly contributions are due and payable by the first day of the month for that month.
- (c) That should payments remain unpaid until the seventh day of the month all Medical/Dental claims will be suspended. Penalties may be imposed if contributions have not been received within 30 days and thereafter membership will be terminated.
- (d) It will be the responsibility of the appointed Liaison Officer to ensure that all new entrants complete the necessary application forms detailing the employee's/dependants' particulars and choice of doctor/ pharmacists. The contact person shall be responsible for reconciling the group's payment schedule against the Bon Vie bill statement to ensure that subs paid are correct and the due/billed amount is paid. Failure to reconcile the two schedules will result in the group incurring the liability of the billed amount which shall become due and payable by the group client.

Name of Group:.....

Contact Person (Liaison Officer):.....

Address:.....

P.O. Box: Tel:..... Fax:..... E-Mail(s) for bills/statements:

1) _____

2) _____

Banking Details

Account Name:..... Bank:.....

Account Number:..... Branch Code:.....

Account Type:.....

Date:.....

Signature.....

Official Position.....

STAMP: