STAATSKOERANT
VAN DIE REPUBLIEK VAN SUID-AFRIKA

REPUBLIC OF SOUTH AFRICA
GOVERNMENT GAZETTE

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GOEWERMENTSKENNISGEWING

DEPARTEMENT VAN GESONDHEID

No. R. 1470 29 Julie 1977

WET OP NYWERHEIDSVERSOENING, 1956

BEROEP VAN TANDWERKTUIGKUNDIGE, REPUBLIEK VAN SUID-AFRIKA.—MEDIESE FONDS-OOREENKOMS

Ek, Stephanus Petrus Botha, Minister van Arbeid, verklaar hierby—

(a) kragtens artikel 48 (1) (a) van die Wet op Nywerheidsversoening, 1956, soos toegepas by artikel 25 (1) van die Wet op Tandwerktuigkundiges, 1945, dat die bepalings van die Ooreenkoms wat in die Bylae hiervan verskyn en op die Beroep van Tandwerktuigkundige betrekking het, met ingang van 1 Oktober 1977 en vir die tydperk wat op 30 September 1987 eindig, bindend is vir die werkgewers en werknemers wat in die Arbeidskomitee vir Tandwerktuigkundiges verteenwoordig is;

(b) kragtens artikel 48 (1) (b) van die Wet op Nywerheidsversoening, 1956, soos toegepas by artikel 25 (1) van die Wet op Tandwerktuigkundiges, 1945, dat die bepalings van genoemde Ooreenkoms, uitgesonderd dié vervat in klousules 1 en 2, met ingang van 1 Oktober 1977 en vir die tydperk wat op 30 September 1987 eindig, bindend is vir alle ander werkgewers en werknemers as dié genoem in paragraaf (a) van hierdie kennisgewing, wat betrokke is by of in diens is in genoemde Beroep in die Republiek van Suid-Afrika; en

(c) kragtens artikel 48 (3) (a) van die Wet op Nywerheidsversoening, 1956, soos toegepas by artikel 25 (1) van die Wet op Tandwerktuigkundiges, 1945, dat die bepalings van genoemde Ooreenkoms, uitgesonderd dié vervat in klousules 1 en 2, met ingang van 1 Oktober 1977 en vir die tydperk wat op 30 September 1987 eindig, in die Republiek van Suid-Afrika *mutatis mutandis* bindend is vir alle Bantoes in diens in genoemde Beroep by dié werkgewers vir wie enigeen van genoemde bepalings ten opsigte van werknemers bindend is en vir daardie werkgewers ten opsigte van Bantoes in hul diens.

S. P. BOTHA, Minister van Arbeid.

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 1470 29 July 1977

INDUSTRIAL CONCILIATION ACT, 1956

DENTAL MECHANICIAN OCCUPATION, REPUBLIC OF SOUTH AFRICA. — MEDICAL FUND AGREEMENT

I, Stephanus Petrus Botha, Minister of Labour, hereby—

(a) in terms of section 48 (1) (a) of the Industrial Conciliation Act, 1956, as applied by section 25 (1) of the Dental Mechanicians Act, 1945, declare that the provisions of the Agreement which appears in the Schedule hereto and which relates to the Dental Mechanician Occupation, shall be binding, with effect from 1 October 1977, and for the period ending 30 September 1987, upon the employers and employees who are represented on the Dental Mechanicians Labour Committee;

(b) in terms of section 48 (1) (b) of the Industrial Conciliation Act, 1956, as applied by section 25 (1) of the Dental Mechanicians Act, 1945, declare that the provisions of the said Agreement, excluding those contained in clauses 1 and 2, shall be binding, with effect from 1 October 1977 and for the period ending 30 September 1987, upon all employers and employees other than those referred to in paragraph (a) of this notice, who are engaged or employed in the said Occupation in the Republic of South Africa; and

(c) in terms of section 48 (3) (a) of the Industrial Conciliation Act, 1956, as applied by section 25 (1) of the Dental Mechanicians Act, 1945, declare that in the Republic of South Africa and with effect from 1 October 1977 and for the period ending 30 September 1987, the provisions of the said Agreement, excluding those contained in clauses 1 and 2, shall *mutatis mutandis* be binding upon all Bantu employed in the said Occupation by the employers upon whom any of the said provisions are binding in respect of employees and upon those employers in respect of Bantu in their employ.

S. P. BOTHA, Minister of Labour.

BYLAE

DIE ARBEIDSKOMITEE VIR TANDWERKTUIGKUNDIGES, INGESTEL INGEVOLGE ARTIKEL 22 VAN DIE WET OP TANDWERKTUIGKUNDIGES, 1945 (WET 30 VAN 1945), WAT AS 'N NYWERHEIDSRAAD VIR DIE BEROEP VAN TANDWERKTUIGKUNDIGE IN DIE REPUBLIEK VAN SUID-AFRIKA GEAG WORD

OOREENKOMS

ingevolge die Wet op Nywerheidsversoening, 1956 (Wet 28 van 1956), soos toegepas by die Wet op Tandwerktuigkundiges, 1945 (Wet 30 van 1945), soos ooreengekom deur die Arbeidskomitee vir Tandwerktuigkundiges, wat beskou word as 'n Nywerheidsraad geregistreer ingevolge eersgenoemde Wet en wat bestaan uit verteenwoordigers van—

(1) tandartse wat werkgewers van tandwerktuigkundiges is; en

(2) tandwerktuigkundiges wat werkgewers van tandwerktuigkundiges is

(hierna die "werkgewers" genoem), aan die een kant,

en

(3) tandwerktuigkundiges wat werknemers van tandartse of van tandwerktuigkundiges is

(hierna die "werknemers" genoem), aan die ander kant.

1. TOEPASSINGSBESTEK VAN OOREENKOMS

Hierdie Ooreenkoms moet nagekom word deur alle werkgewers en werknemers wat betrokke is by of werksaam is in die beroep van tandwerktuigkundige in die Republiek van Suid-Afrika.

2. GELDIGHEIDSDUUR VAN OOREENKOMS

Hierdie Ooreenkoms tree in werking op 'n datum wat die Minister van Arbeid kragtens artikel 48 van die Wet bepaal en sal van krag bly vir 'n tydperk van 10 jaar of vir die tydperk wat hy bepaal.

3. WOORDOMSKRYWING

Alle uitdrukkings wat in hierdie Ooreenkoms gebesig en in die Wet op Nywerheidsversoening, 1956, waar van toepassing, of in die Wet op Tandwerktuigkundiges, 1945, omskryf word, het dieselfde betekenis as in genoemde Wette; waar daar van hierdie Wette melding gemaak word, sluit dit alle wysigings daarvan in en, tensy die teenoorgestelde bedoeling blyk, sluit woorde wat die manlike geslag aandui ook vroue in, woorde wat die enkelvoud aandui, sluit ook die meervoud in, en omgekeerd; voorts, tensy onbestaanbaar met die samehang, beteken—

"Wet" die Wet op Nywerheidsversoening, 1956 (Wet 28 van 1956), soos toegepas by die Wet op Tandwerktuigkundiges, 1945 (Wet 30 van 1945);

"Komitee" die Arbeidskomitee vir Tandwerktuigkundiges, ingestel kragtens artikel 22 van die Wet op Tandwerktuigkundiges, 1945, en wat geag word geregistreer te wees as 'n Nywerheidsraad ingevolge die Wet;

"tandwerktuigkundige" enigiemand wat ingevolge die Wet op Tandwerktuigkundiges, 1945, as sodanig geregistreer is of geag word geregistreer te wees;

"lid" 'n tandwerktuigkundige wat ingevolge klousule 5 van hierdie Ooreenkoms as werknemer tot die skema toegelaat is;

"skema" die mediese skema in klousule 4 (1) van hierdie Ooreenkoms bedoel.

4. DIE MEDIESE SKEMA

(1) Die mediese skema is die Mediese Skema Topmed, geregistreer ingevolge die Wet op Mediese Skemas, 1967, en aangebied en geadministreer deur die Suid-Afrikaanse Nasionale Mediese Fonds Beperk (hierna SANMED genoem).

(2) Die doel van die skema is om voorsiening te maak vir die verlening van finansiële hulp aan werknemers om uitgawes te bestry wat hulle of hul afhanklikes aangegaan het ten opsigte van mediese, paramediese, verplegings-, chirurgiese of tandheelkundige dienste, die verskaffing van medisyne en van plek in 'n hospitaal of verpleeginrigting.

(3) Die skema word beheer deur reëls wat deur die Komitee goedgekeur is en deur dié ander reëls wat van toepassing is op die Mediese Skema Topmed wat die Registrateur van Mediese Skemas ingevolge die Wet op Mediese Skemas, 1967, goedgekeur het. 'n Kopie van dié reëls moet aan die Sekretaris van Arbeid gestuur word.

(4) Elke lid moet, sodra hy lid word, voorsien word van 'n kopie van die reëls in subklousule (4) bedoel.

SCHEDULE

THE DENTAL MECHANICIANS LABOUR COMMITTEE ESTABLISHED UNDER SECTION 22 OF THE DENTAL MECHANICIANS ACT, 1945 (ACT 30 OF 1945), AND DEEMED TO BE AN INDUSTRIAL COUNCIL FOR THE DENTAL MECHANICIANS OCCUPATION IN THE REPUBLIC OF SOUTH AFRICA

AGREEMENT

in accordance with the provisions of the Industrial Conciliation Act, 1956 (Act 28 of 1956), as applied by the Dental Mechanicians Act, 1945 (Act 30 of 1945), arrived at by the Dental Mechanicians Labour Committee, deemed to be an Industrial Council registered under the former Act and consisting of representative of—

(1) dentists wo are employers of dental mechanicians, and

(2) dental mechanicians who are employers of dental mechanicians

(hereinafter referred to as the "employers") of the one part,

and

(3) dental mechanicians who are employees of dentists or of dental mechanicians

(hereinafter referred to as the "employees"), of the other part.

1. SCOPE OF APPLICATION OF AGREEMENT

The terms of this Agreement shall be observed by all the employers and employees engaged or employed in the dental mechanician occupation in the Republic of South Africa.

2. PERIOD OF OPERATION OF AGREEMENT

This Agreement shall come into operation on a date to be specified by the Minister of Labour in terms of section 48 of the Act, and shall remain in force for a period of 10 years or for such period as may be determined by him.

3. DEFINITIONS

Any expression used in this Agreement which is defined in the Industrial Conciliation Act, 1956, where applicable, or in the Dental Mechanicians Act, 1945, shall have the same meaning as in these Acts; any reference to these Acts shall include any amendment thereof, and, unless the contrary intention appears, words importing the masculine gender shall include females, and words importing the singular shall include the plural, and vice versa: further, unless inconsistent with the context—

"Act" means the Industrial Conciliation Act, 1956 (Act 28 of 1956), as applied by the Dental Mechanicians Act, 1945 (Act 30 of 1945);

"Committee" means the Dental Mechanicians Labour Committee, established under section 22 of the Dental Mechanicians Act, 1945, and deemed to be registered as an Industrial Council under the Act;

"dental mechanician" means any person registered or deemed to be registered as such under the Dental Mechanicians Act, 1945;

"member" means any dental mechanician who is an employee admitted to the scheme in terms of clause 5 of this Agreement;

"scheme" means the medical scheme referred to in clause 4 (1) of this Agreement.

4. THE MEDICAL SCHEME

(1) The medical scheme shall be the Topmed Medical Scheme registered in terms of the Medical Schemes Act, 1967, and offered and administered by the South African National Medical Fund Limited (hereinafter referred to as SANMED).

(2) The object of the scheme is to provide for the rendering of financial help to employees to meet expenses incurred by them or their dependants in respect of medical, paramedical, nursing, surgical or dental services, the provision of medicines, and of accommodation in a hospital or nursing home.

(3) The scheme shall be governed by rules applicable to the Topmed Medical Scheme as approved by the Registrar of Medical Schemes in terms of the Medical Schemes Act, 1967, and a copy of such rules shall be lodged with the Secretary for Labour.

(4) Every member shall, upon becoming a member, be supplied with a copy of the rules referred to in subclause (3).

5. LIDMAATSKAP

(1) Elke tandwerktuigkundige onder die ouderdom van 65 jaar wat op die datum van inwerkingtreding van die skema 'n werknemer van 'n tandarts of 'n tandwerktuigkundige is, moet lid word van die skema.

(2) Lidmaatskap van die skema is verpligtend vir alle tandwerktuigkundiges onder die ouderdom van 65 jaar sodra hulle na die datum van inwerkingtreding van die skema werknemers word.

(3) Die lidmaatskap van persone wat ingevolge subklousules (1) en (2) van hierdie klousule toegelaat word, neem 'n aanvang op die eerste dag van die maand wat saamval met of volg op die datum waarop—

(a) hierdie Ooreenkoms in werking tree, of
(b) hulle tandwerktuigkundige werknemers word.

(4) Elke werknemer wat verplig is om lid te word, moet die aansoekvorm om lidmaatskap in Aanhangsel A hiervan voorgeskryf in tweevoud invul en binne 14 dae vanaf die aanvangsdatum van lidmaatskap die een vorm aan SANMED stuur en die ander een aan die Komitee.

(5) Lidmaatskap van die skema eindig sodra 'n lid uit die beroep van tandwerktuigkundige tree of nie langer 'n werknemer van 'n tandarts of 'n tandwerktuigkundige is nie.

6. BYDRAES DEUR WERKGEWERS EN WERKNEMERS

(1) Elke werktuigkundige lid moet 50 persent betaal van die lys van bydraes wat op sy lidmaatskap van toepassing is en wat op die volgende tabel van maandelikse premies gebaseer is:

Lid se maandelikse inkomste	M	M1	M2	M3
	R	R	R	R
Tot R150	9,00	18,00	21,00	24,00
Tot R250	10,00	20,00	23,00	26,00
Tot R350	11,00	22,00	25,00	29,00
Tot R500	12,00	24,00	27,00	31,00
Bo R500	13,00	26,00	30,00	33,00

M—ongetroude lid.
M1—lid met een afhanklike.
M2—lid met twee afhanklikes.
M3—lid met drie of meer afhanklikes.

(2) Elke werkgewer moet van die loop van elke lid in sy diens 'n bedrag ooreenkomstig subklousule (1) aftrek, by die totaal van die bedrae aldus afgetrek 'n gelyke bedrag voeg en die totale som aan SANMED stuur sodat dit hom voor of op die 10de dag van die daaropvolgende maand bereik.

(3) Vir die doeleindes van die betaling van die maandelikse premies in subklousules (1) en (2) bedoel, moet die werkgewer 'n debetorder teken in die vorm in Aanhangsel B hiervan voorgeskryf, getrek op sy bankrekening ten gunste van SANMED.

(4) Enige bedrag wat foutief aan SANMED betaal word, is aan die werkgewer terugbetaalbaar.

(5) As daar 'n verandering in die inkomstekategorie van 'n lid is, moet die werkgewer van dié lid SANMED binne 14 dae daarvan in kennis stel.

(6) As daar 'n verandering in 'n lid se diens is, moet die werkgewer SANMED binne 14 dae daarvan in kennis stel.

(7) As daar 'n verandering in die getal afhanklikes van 'n lid is, moet dié lid SANMED binne 14 dae daarvan in kennis stel.

7. VRYSTELLINGS

(1) As 'n werkgewer by die inwerkingtreding van hierdie Ooreenkoms 'n mediese skema ten voordele van sy werknemers in werking het wat deur die Komitee goedgekeur is, kan die Komitee dié werkgewer en werknemers wat tot so 'n skema bydra, vrystel van enigeen van of al die bepalings van hierdie Ooreenkoms.

(2) Die Komitee moet die voorwaardes vasstel waarop dié vrystelling verleen word, asook die tydperk waarvoor dit van krag is, en kan ná een maand skriftelike kennisgewing aan die betrokke persone sodanige vrystelling intrek, afgesien daarvan of die tydperk waarvoor vrystelling verleen is, verstryk het al dan nie.

(3) Die Sekretaris van die Komitee moet aan elke persoon aan wie vrystelling ingevolge hierdie klousule verleen word, 'n sertifikaat uitreik wat deur hom onderteken is en waarin onderstaande vermeld word:

(a) Die volle naam van die betrokke persoon;
(b) die bepalings van die Ooreenkoms waarvan vrystelling verleen word;
(c) die voorwaardes ooreenkomstig subklousule (2) van hierdie klousule vasgestel waarop dié vrystelling verleen word;
(d) die tydperk waarvoor die vrystelling van krag is.

5. MEMBERSHIP

(1) Every dental mechanician under the age of 65 years and who is an employee of a dentist or a dental mechanician on the date of coming into operation of the scheme, shall become a member of the scheme.

(2) Membership of the scheme shall be compulsory for all dental mechanicians under the age of 65 years, on becoming employees after the date of coming into operation of the scheme.

(3) Membership of persons admitted in terms of subclauses (1) and (2) of this clause shall commence on the first day of the month coinciding with or next following the date on which—

(a) this Agreement comes into operation, or
(b) they become dental mechanician employees.

(4) Every employee who is obliged to become a member shall complete in duplicate the application for membership form prescribed in Annexure A hereto, and shall forward one form to SANMED and the other to the Committee within 14 days from the date of commencement of membership.

(5) Membership of the scheme shall terminate immediately a member leaves the occupation of dental mechanician or is no longer an employee of a dentist or a dental mechanician.

6. CONTRIBUTIONS BY EMPLOYERS AND EMPLOYEES

(1) Every dental mechanician member shall pay 50 per cent of the schedule of contributions applicable to his membership and based on the following table of monthly premiums:

Monthly income of member	M	M1	M2	M3
	R	R	R	R
Up to R150	9,00	18,00	21,00	24,00
Up to R250	10,00	20,00	23,00	26,00
Up to R350	11,00	22,00	25,00	29,00
Up to R500	12,00	24,00	27,00	31,00
Above R500	13,00	26,00	30,00	33,00

M—single member.
M1—member with one dependant.
M2—member with two dependants.
M3—member with three or more dependants.

(2) Every employer shall deduct an amount in accordance with subclause (1) from the wages of each member in his employ and to the aggregate of the amounts so deducted he shall add an equal amount and pay the total sum to SANMED to reach it not later than the 10th day of the next succeeding month.

(3) For the purposes of payment of monthly premiums referred to in subclauses (1) and (2), an employer shall sign a debit order in the form prescribed in Annexure B hereto, drawn on his bank account in favour of SANMED.

(4) Any amount paid to SANMED in error shall be refundable to the employer.

(5) If there is a change in the income category of a member the employer of such member shall advise SANMED thereof within 14 days of such change.

(6) If there is any change in the employ of a member, the employer shall advise SANMED thereof within 14 days of such change.

(7) If there is any change in the number of dependants of a member, such member shall advise SANMED thereof within 14 days of such change.

7. EXEMPTIONS

(1) The Committee may, where, at the coming into operation of this Agreement, an employer has in operation for the benefit of his employees a medical scheme, approved of by the Committee, exempt such employer and employees contributing to such scheme from any of or all the provisions of this Agreement.

(2) The Committee shall fix the conditions subject to which such exemption is granted, and the period during which it shall operate, and may after one month's notice, in writing, to the persons concerned, withdraw such exemption, whether or not the period for which it was granted has expired.

(3) The Secretary of the Committee shall issue to every person exempted in accordance with the provisions of this clause a licence signed by him setting out—

(a) the full name of the person concerned;
(b) the provisions of the Agreement from which exemption is granted;
(c) the conditions fixed in accordance with the provisions of subclause (2) of this clause subject to which such exemption is granted;
(d) the period during which the exemption shall operate.

(4) Die Sekretaris van die Komitee moet—

(a) alle sertifikate wat uitgereik word in volgorde nommer; en

(b) van elke sodanige sertifikaat wat uitgereik word 'n kopie bewaar.

(5) Elke werkgewer en werknemer moet die bepalings van 'n vrystellingsertifikaat wat ingevolge hierdie klousule uitgereik word, nakom.

Op hede die 28ste dag van Januarie 1977 te Pretoria onderteken.

L. T. TALJAARD, Voorsitter van die Komitee.

DR. A. P. DE JAGER, Lid van die Komitee.

A. D. VAN DER MERWE, Sekretaris van die Komitee.

(4) The Secretary of the Committee shall—

(a) number consecutively all licences issued; and

(b) retain a copy of each such licence issued.

(5) Every employer or employee shall observe the provisions of any licence of exemption issued in terms of this clause.

Signed at Pretoria this 28th day of January 1977.

L. T. TALJAARD, Chairman of the Committee.

DR A. P. DE JAGER, Member of the Committee.

A. D. VAN DER MERWE, Secretary of the Committee.

AANHANGSEL A

S.A. NASIONALE MEDIESE FONDS BEPERK

SANMED

AANSOEK OM LIDMAATSKAP

1. Besonderhede van aansoeker—Hooflid:

Eerste voornaam.....
Alle ander voorletters.....
Famielienaam..... Titel.....
Geboortedatum..... Ras.....
Taal waarin briefwisseling verlang word (Engels/Afrikaans).....
Is u 'n pensioenaris? (Ja/Nee)..... Betaalstaatkode.....
Geslag..... Beroep..... Huwelikstaat.....
Datum van huwelik.....
Bruto jaarlikse inkomste: Self R..... Eggenoot/Eggenote R.....
Huidige of vorige SANMED-lidmaatskapsnommer(s), as daar is.....
Posadres.....

2. Besonderhede van u werkgewer:

Naam.....
Adres.....

3. Besonderhede van afhanklikes:

	Geboortedatum			Beroep
	Maand	Jaar	Name	
Gade.....				
Kinders:				
Eerste.....				
Tweede.....				
Derde.....				
Vierde.....				
Vyfde.....				
Sesde.....				
Sewende.....				

4. Besonderhede van vorige mediese dekking (nie SANMED nie):

Is u tans, of was u hoogstens drie maande gelede minstens twee jaar lank ononderbroke lid van 'n ander geregistreerde mediese skema? (Ja/Nee)..... Indien wel, noem die naam van die skema hieronder en heg by hierdie aansoekvorm 'n verklaring van dié skema aan (nie u lidmaatskapsertifikaat nie) wat die volgende moet aandui:

Name van hooflid en afhanklikes, aanvangs- en beëindigingsdatum van lidmaatskap, besonderhede van uitsluitings uit of beperkings van bystand.

Naam van skema.....

(*Let wel.*—Sonder hierdie verklaring is die aansoek onvolledig.)

5. Gesondheidstoestand en algemene inligting:

(Tensy anders gereël, moet dit deur die lid/aansoeker verskaf word.)

5.1 Gee die naam en adres van die dokter wat u gewoonlik raadpleeg.....

5.2 Het u of een van u afhanklikes enige liggaamlike (met inbegrip van dentale) abnormaliteit, misvormdheid, gestremdheid of gebrek, hetsy aangebore of as gevolg van 'n ongeluk, siekte of ander oorsaak? (Ja/Nee).....

5.3 Het u of een van u afhanklikes ooit gely aan 'n kwaal of siekte; mediese of chirurgiese behandeling of mediese, radiologiese of patologiese ondersoeke ondergaan; of mediese advies probeer inwin insake 'n simptoom, mediese of dentale toestand? (Ja/Nee).....

5.4 Ly u of een van u afhanklikes tans aan 'n kwaal of siekte? (Ja/Nee).....

5.5 Is daar ten opsigte van uself of een van u afhanklikes enige ander omstandigheid wat nie elders in hierdie aansoekvorm genoem word nie betreffende vorige of huidige siektes, ongelukke, operasies of ander toestande waaroor advies gesoek is/word of waarvoor behandeling ontvang of aanbeveel is? (Ja/Nee).....

As u op een van bostaande vrae Ja geantwoord het, gee dan volle besonderhede hieronder. Gebruik asseblief 'n aparte vel as die ruimte onvoldoende is.

Naam van pasiënt	Aard, datum en duur van siekte of toestand	Behandeling ontvang	Naam van dokter of hospitaal	Aard van behandeling wat nodig is

6. Onderneming deur die aansoeker/hooflid:

6.1 Ek, die ondergetekende doen aansoek om versekering by SANMED en stem toe dat—

6.1.1 alle antwoorde en inligting in hierdie aansoek vervat en alle dokumente wat na SANMED se mening op die versekeringsrisiko betrekking het en wat deur my onderteken is of sal word, hetsy deur my of iemand anders ingevul, die grondslag van die voorgestelde ooreenkoms sal vorm en dat hulle as waar en volledig gewaarborg word; en dat, indien die versekering nietig of ongeldig is, al die geld wat vir die versekering betaal is aan SANMED verbeur sal word en dat alle bystand wat uitbetaal is onmiddellik aan SANMED terugbetaal sal word;

6.1.2 geen verskeringsooreenkoms gesluit sal word nie tensy SANMED my uitdruklik skriftelik van hul aanvaarding van die risiko in kennis stel; en

6.1.3 'n verslegting of wysiging in die versekeringsrisiko voor die datum of voorval deur SANMED vir die aanvang van die versekering gestel, of voor die datum waarop hierdie aansoek deur SANMED aanvaar word, naamlik die jongste datum, SANMED sal magtig om die versekeringskontrak te kanselleer, en dat al die geld wat vir hierdie versekering betaal is voordat SANMED kennis van so 'n wysiging kry, aan SANMED verbeur sal word en bystand wat toegestaan is, onmiddellik aan SANMED terugbetaal sal word.

6.2 Ek gee onherroeplik toestemming aan enige mediese dokter, persoon of organisasie wat in besit mag wees of mag kom van inligting in verband met my gesondheid of dié van my afhanklikes, om dié inligting aan SANMED openbaar te maak, ook na my dood.

6.3 Ek gee aan my werkgewer toestemming om van my salaris alle bedrae af te trek wat ek aan SANMED moet betaal.

Geteken te.....op hede die.....dag van.....19.....

.....
Handtekening van aansoeker

.....
Getuie

7. Werkgewer se verklaring betreffende groepaansoeker:

Ek/Ons verklaar dat.....

7.1 op die voltydse aktiewe personeel aangestel is/'n afhanklike geword het op.....19.....; en

7.2 die maandelikse premie van R..... (vir hooflid en.....afhanklikes) en die registrasiegeld, as daar is, betaal sal word vanaf 01.....19.....

Geteken	Datum	Werkgewer se stempel

ANNEXURE A

S.A. NATIONAL MEDICAL FUND LTD

SANMED

APPLICATION FOR MEMBERSHIP

1. Particulars of applicant—Principal member:

First christian name.....
All other initials.....
Surname..... Title.....
Date of birth..... Race.....
Correspondence language preferred (English/Afrikaans)..... Are you a pensioner (Yes/No).....
Pay-sheet code.....
Sex..... Occupation..... Marital status.....
Date of marriage..... Gross annual income: Self R..... Husband/Wife R.....
Present or previous SANMED membership No.(s), if any.....
Postal address.....

2. Particulars of your employer:

Name.....
Address.....

3. Particulars of dependants:

	Date of birth			Occupation
	Month	Year	Names	
Spouse.....				
Children:				
First.....				
Second.....				
Third.....				
Fourth.....				
Fifth.....				
Sixth.....				
Seventh.....				

4. Particulars of previous medical cover (not SANMED):

Are you at present, or were you not more than three months ago, a member of another registered medical scheme uninterruptedly for at least two years? (Yes/No).....

If so, state the name of the scheme below and attach to this application form a declaration from that scheme (not your membership certificate) which must indicate: Names of principal member and dependants, dates of commencement and termination of membership, particulars of exclusions from or restrictions of benefit.

Name of scheme.....

(*Please note.*—Without this declaration the application will be incomplete.)

5. State of health and general information:

(To be supplied by member/applicant, unless otherwise arranged.)

5.1 Give the name and address of the general practitioner you usually consult.....

5.2 Do you or any of your dependants have any physical (including dental) abnormality, deformity, handicap or defect, whether congenital or as a result of an accident, disease or some other cause? (Yes/No).....

5.3 Have you or any of your dependants ever suffered from any ailment or disease; undergone any medical or surgical treatment or medical, radiological or pathological investigations; or sought medical advice on any symptom, medical or dental condition? (Yes/No).....

5.4 Do you or any of your dependants suffer from any ailment or disease at present? (Yes/No).....

5.5 Are there, in respect of yourself or any of your dependants, any other circumstances not mentioned elsewhere on this proposal form, relating to past or present diseases, accidents, operations or other conditions for which advice has been/is being sought, or treatment has been received or recommended? (Yes/No).....

If you have answered Yes to any of the questions above, give full particulars below. Please use a separate sheet if the space provided is inadequate.

Name of patient	Nature, date and duration of illness or condition	Treatment received	Name of doctor or hospital	Nature of treatment needed

6. Undertaking by the applicant/principal member:

6.1 I, the undersigned, apply for assurance with SANMED and agree that—

6.1.1 all answers and information contained in this application and all documents which, in SANMED'S opinion, pertain to the assurance risk and which are signed or will be signed by me, whether completed by me or somebody else, will be the basis of the proposed agreement, and are warranted true and complete; and that, if the assurance should be void or invalid, all moneys paid towards the assurance will be forfeited to SANMED, and all benefits paid off will be repayable to SANMED immediately;

6.1.2 no assurance agreement will be concluded unless SANMED specifically notifies me in writing of their acceptance of the risk; and

6.1.3 any deterioration or alteration in the assurance risk before the date or the occurrence set by SANMED for the commencement of the assurance, or the date on which this application is accepted by SANMED, whichever is the later date, will give SANMED the right to cancel the assurance contract, and that all moneys paid towards this assurance before SANMED receives notice of such an alteration will be forfeited to SANMED and benefits granted will be repayable to SANMED immediately.

6.2 I irrevocably give my consent to any medical doctor, person or organisation who may be in or who may come into possession of any information regarding my health or the health of my dependants, to disclose this information to SANMED, also after my death.

6.3 I give my consent to my employer to deduct from my salary all amounts that are payable by me to SANMED.

Signed at.....on this.....day of.....19.....

.....
Signature of applicant

.....
Witness

7. Employer's declaration concerning group applicant:

I/We declare that.....

7.1 was appointed to the full-time active staff/became a dependant on.....19.....; and

7.2 the monthly premium of R..... (for principal member and .....dependants) and the registration fee, if any, will be paid from 01.....19.....

.....
Signed

.....
Date

.....
Stamp of employer

AANHANGSEL B

DEBETORDER

Die Sekretaris
SANMED
Posbus 45
Sanlamhof
7532

Heg 'n blanko of gekanselleerde tjek aan van die bankrekening waarop die premies getrek moet word

Ek/Ons, die ondergetekende(s), versoek SANMED om met my/ons bank en Multi-Data reëlings te tref dat premies wat betaalbaar is ingevolge die voorwaardes van die lidmaatskap (soos van tyd tot tyd gewysig mag word) op my/ons bankrekening (waar dit ook al gehou word) getrek kan word ooreenkomstig die debetorderstelsel.

Eerste invorderingsdatum.....

Lidmaatskapnommer	*Premie*	*Betaalbaar* (maandeliks, driemaandeliks, sesmaandeliks, jaarliks)
.....	R.....	.....

NAAM VAN BANKREKENING WAARUIT BEDRAE INGEVORDER MOET WORD SOOS DIT IN DIE BANK SE BOEKE VOORKOM:

As dit 'n PERSOON se rekening is, noem:

Familienaam.....

Eerste naam en ander voorletters.....

Geboortedatum

Taal (E. of A.)

Betaler se persoonsnommer, indien beskikbaar:

As dit 'n MAATSKAPPY, INRIGTING, ens. se rekening is, noem:

Naam van rekening.....

.....

Betaler se adres.....

	Ja/Nee
Is die betaler 'n bankbeampte?	

	Ja/Nee
Is die hooflid ook die betaler?	

Bank se naam (indien 'n agentskap, noem die tak waaronder dit val).

.....

Bank se adres.....

.....

Hooflid (indien nie die betaler nie)

Familienaam.....

Eerste naam en ander voorletters.....

Geboortedatum.....

Agt-syferbankkode op tjek	No. van eerste tjek in tjekboek	Nommer van betaler se bankrekening	VIR KANTOORGEBRUIK Vier-syferbankkode

Betaler se naamtekening.....
(As die betaler 'n maatskappy is, moet 'n gemagtigde beampte oor die maatskappy se stempel teken)

Datum.....

VIR KANTOORGEBRUIK

Identifikasie:

ANNEXURE B

DEBIT ORDER

The Secretary
SANMED
P.O. Box 45
Sanlamhof
7532

Attach a blank or cancelled cheque of the Banking account on which premiums are to be drawn

I/We, the undersigned, request SANMED to arrange with my/our bank and Multi-Data for premiums payable in terms of the conditions of the membership (as they may be amended from time to time) to be drawn on my/our banking account (wherever it is held) in terms of the debit order system.

First collection date.....

Membership number	*Premium*	*Payable* (monthly, three-monthly, six-monthly, yearly)
.....	R.....	.....

NAME OF BANKING ACCOUNT FROM WHICH AMOUNTS ARE TO BE COLLECTED AS IT APPEARS IN THE BANK'S BOOKS:

It it is the account of a PERSON, state:

Surname.....

First name and other initials.....

If it is the account of a COMPANY, INSTITUTION, etc., state:

Name of account.....

.....

Date of birth	Language (E. or A.)	Identity number of payer, if available:

Address of payer.....

Is the payer a bank official?	Yes/No	Is the principal member also the payer?	Yes/No

Name of bank (if an agency, state the branch under which it falls).

.....

Address of bank.....

.....

Principal member (if not the payer)

Surname.....

First name and other initials.....

Date of birth.....

Eight digit banking code on cheque	No. of first cheque in cheque book	Payer's banking account No.	FOR OFFICE USE Four digit banking code

Signature of payer.....
(If the payer is a company, an authorised official has to sign across the company stamp)

Date.....

FOR OFFICE USE

Identification:

INHOUD

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