



## 2. Banking details for your monthly contributions

### What you must do

Submit the following with this form: A copy of your ID and a bank statement or letter of confirmation from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You can only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

Bank name  Branch name

Account type: Current  Transmission  Savings  Branch code  -  -

Name of accountholder

Account number

Signature of accountholder

I \_\_\_\_\_, hereby give Discovery Health (Pty) Ltd and/or Engen Medical Benefit Fund permission to charge my bank account for my contributions to Engen Medical Benefit Fund.

## 3. Banking details for reimbursement of your claims

### What you must do

Submit the following with this form: A copy of your ID and a bank statement or letter of confirmation from the bank.

Same as above? Yes  No  (if "No", please complete below)

Bank name  Branch name

Account type: Current  Transmission  Savings  Branch code  -  -

Name of accountholder

Account number

Signature of accountholder

## 4. Your legal declaration

I agree that it is my sole responsibility as a member to make sure Engen Medical Benefit Fund receives the monthly contributions. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my benefits and claims will not be paid.

I confirm the content of this application is true and complete.

I agree to advise Engen Medical Benefit Fund in writing of any change in details, that may occur between the date of this application, and the activation of the changes I request to be made to my membership.

Signed at  on  Y Y Y Y M M D D

Signature of applicant

**Please do not sign an incomplete application form**