

Continuation form

Application to register a registered dependant as the main member

This document is an application form to register a registered dependant as the main member on an existing membership. It also contains some terms and conditions for membership.

Please make sure you read and understand the terms and conditions.

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the Administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form must be completed by the person applying to be the main member.
3. To avoid administration delays, please ensure this form is completed in full.
4. Please return the completed form to your Human Resources department. Pensioners and own paying members may email the form to membership@engenmed.co.za

When you sign this application, you confirm that you have read and understood the terms and conditions for membership and agree to them.

If you have any questions, please let us know. Once we have assessed your application, we will let you know what will happen next.

1. About the participating employer

Employer name	<input type="text"/>	Date of employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee number	<input type="text"/>														
Branch name	<input type="text"/>	Branch number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. About the new main member

Date on which the dependant will become the main member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Surname	<input type="text"/>																
First name(s) (as per identity document)	<input type="text"/>																
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>													
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Telephone (W)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Cellphone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Personal email	<input type="text"/>																
Physical address																	
Unit/Suite number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Complex name	<input type="text"/>																
Street number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street name	<input type="text"/>																
Suburb	<input type="text"/>																
City	<input type="text"/>												Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Banking details for claim refunds to the new main member

What you must do

Submit the following with this form: (1) Copy of ID of the account holder (2) Bank statement/letter of confirmation from the bank on a letterhead that is not older than 3 months.

If we do not have banking details, we cannot refund your claims. You can only use a South African bank account.

Same as section 4? Yes No

Name of bank

Branch name Branch code - -

Account number Type of account Current Savings Other

Name of account holder

I agree to inform the Fund in writing of any changes that may occur.

Signature of new main member

Please do not sign an incomplete application form.

By signing the above, you agree that once claims have been refunded into the bank account you have chosen, the Fund will no longer be responsible in any way for the amounts refunded.

6. Privacy Statement 2026

When you engage with Engen Medical Benefit Fund, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, children, and other dependants, collectively "your dependants", where applicable. To view and read our Privacy Statement, please follow this link:

<https://www.engenmed.co.za/assets/medical-schemes/engen/legal/privacy-statement-and-rules.pdf>.

Signature of main member

Date

7. Engen Medical Benefit Fund rules for managing your membership

These terms and conditions record your rights and responsibilities for your membership of the Fund. They may change from time to time. You may ask us for the latest copy at any time.

When you sign this application, you confirm that you have read and understood the terms and conditions and you agree that you and, those registered on your membership will be bound by these terms and conditions. Where applicable, you also acknowledge and confirm that your employer may communicate with us about this application and your membership of the Fund.

Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

- you have the right to act for those the persons currently registered on the membership in any matter relating to their memberships of the Fund;
- you have received permission from your spouse and any dependant/s over 18 to act for them, if applicable.

Giving and getting information

You must give true, correct and complete information

Information about you and those on your membership must be true, correct and complete. This includes the details given at application stage and in future dealings with us.

Your legal address

We will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve those at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

The Fund and the administrator may record telephone calls

We may record telephone conversations with you and with those on your membership. The recordings, and all information we get during the recordings, will be processed and kept as required by law.

The Fund and the administrator may get information about you from other relevant sources

To consider your claims for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners and contracted service providers). You agree that we can get information about you and those on your membership from other relevant sources. These include any entity that is part of Discovery Limited, medical practitioners, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you give and in respect of any matter pertaining to, or that arose during your membership of the Fund, is true, correct and complete. You give your permission that we may get any information that is relevant from your employer, if applicable.

Tell the Fund or the administrator immediately if your information changes

You or your employer (if relevant) must inform us in writing of any changes to the information provided. This includes information about your health and the health of those on your membership. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

When the Fund may cancel your membership/s

The Fund may cancel your membership or the membership of any of your dependants immediately, if you and those on your membership:

- do not give us information that later turns out to be relevant to your membership;
- give us any information that is not true, correct and complete;
- do not tell us about any relevant changes when they occur.

Contributions

As the main member of the Fund, you are responsible for ensuring that your contributions and the contributions for your dependants are paid on time every month, to avoid suspension of benefits. The Fund has the right to amend monthly contributions and benefits from time to time.

You must ensure contributions are paid on time.

Repaying money owed to the Fund

We have the right at any time to collect from you any amount that you owe to the Fund. We will notify you if there is any amount that you owe to the Fund.

Any money you owe to the Fund may be deducted from any future claim payment amounts that are due to be refunded to you.

Signature of new main member

Date

D	D	M	M	Y	Y	Y	Y
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Signature of current main member, if applicable

Date

D	D	M	M	Y	Y	Y	Y
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**Please do not sign an incomplete application form.
I confirm the information is accurate and complete.**