

ACCUMULATED SAVINGS DEBIT CARD APPLICATION FORM

A. IMPORTANT INFORMATION

1. Please use one letter/number per block, complete with black ink and write clearly.
2. Please ensure that the form is completed **in full** to avoid administration / payment delays.
3. Please ensure that you read the terms and conditions below.
4. Send completed form to billings@medimed.co.za

B. DETAILS OF PRINCIPAL MEMBER

Membership Number	
Name & Surname	
Cell Number	
Address	

C. TERMS AND CONDITIONS

1. Members with a minimum of R2615 accumulated savings qualify to receive a MEDIMED debit card.
2. R600 will be paid from your accumulated savings into your debit card monthly (on the 1st Wednesday of each month) until the minimum accumulated savings balance of R2000 is reached.
3. The following card fees apply: R5.00 for each payment made into the card and R10 for the issuing of a new card.
4. Your accumulated savings will decrease each month by the amount paid into/towards your debit card.
5. Any value on the card cannot be refunded into your accumulated savings.
6. Only one card can be issued per family in the name of the principal member and a PIN is required at the point of service.
7. No interest will accrue on positive balances left on your debit card.
8. This is a debit card and you can only spend what is available on the card. The card will be swiped at the point of service.
9. The card can only be used at specific contracted providers. A list is available on the MEDIMED website on www.medimed.co.za
10. You cannot withdraw money at an ATM, buy from non-contracted providers, make on-line or telephonic purchases or exchange goods for a refund.
11. Please take note of the expiry date on your card. Contact MEDIMED to request new card before the expiry date on 0861777660, WhatsApp 0607155131 or email billings@medimed.co.za
12. Your card will be blocked if the pin is entered incorrectly 3 times.
13. To request a new pin or terminate the monthly payments into your card send an email to billings@medimed.co.za

D. OBTAINING THE CARD

1. Private members will be notified when the card is ready for collection via SMS on the cellphone number provided under section B.
2. Employer group members will be notified when the card is ready for collection by the on-site consultant.
3. The principal member will be required to produce his/her ID upon collection and will sign as proof of delivery.
4. The card needs to be collected in person by the principal member where the member is in the Port Elizabeth area.
5. The card will be couriered to the address provided under section B for members outside of the Port Elizabeth area.

E. DECLARATION

The Scheme will not be held responsible for any consequences (whether medical, financial or otherwise), that may result from the use of the debit card. I confirm that I have read and accept the terms and conditions as stated above.

Signature of Principal Member _____

Date

Y	Y	Y	Y	M	M	D	D
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