MEDIMED ACCUMULATED SAVINGS DEBIT CARD APPLICATION FORM

Medimed
Managing your healthcare security

A. IMPORTANT INFORMATION

1. Please use one letter 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 forms via fax **(041) 395 4590**, mail **PO Box 1672, Port Elizabeth, 6000** or e-mail **medimed@providence.co.za.**

B. DETAILS OF PRINCIPAL MEMBER

Membership Number

Surname | First Names

Title | Date of Birth Y Y Y Y M M D D | ID Number

Telephone number (Home) | (Work)

Fax number (Confidential) | Cellular

Email address (Confidential)

Postal Address

Code

C. TERMS AND CONDITIONS

1. Members with more than R2 000 accumulated savings (savings brought forward from previous year) qualify for a scheme debit card.
2. A maximum of R300 per month will be paid into the debit card monthly from the accumulated savings balance until the minimum of R2 000.
3. Your accumulated savings will decrease each month by the amount paid into your debit card.
4. 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.
5. The card can only be used at specific contracted providers, a list is available on the Medimed website on www.medimed.co.za.
6. 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.
7. The card expires after 36 months and you will then be issued with a replacement card.
8. You would not be able to draw money at an ATM, buy from non-contracted providers, make on-line or telephonic purchases or exchange goods for a refund.
9. The following card fees apply : R7.03 card fee and R5.00 for payments made into the card.
10. No interest will accrue on positive balances.
11. Members can terminate the monthly allocation by sending an e-mail to medimed@providence.co.za.

C. OBTAINING THE CARD

1. Members will be notified when the card is ready for collection via sms on the cellphone number provided under section B.
2. The card needs to be collected in person by the principal member where the member is in the Port Elizabeth area.
3. The principal member will be required to produce his/her identity document upon collection and will sign as proof of delivery.
4. The card will be sent via registered mail to the address provided under section B for members outside of the Port Elizabeth area.

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 2 0 Y Y M M D D

Date of implementation Date 2 0 Y Y M M D D

SABS ISO 9001

Administered by PROVIDENCE Healthcare Risk Managers (Pty) Ltd. Reg. No.1993/006699/07
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Authorised by: Michelle Conradie