

UMVUZO EMPLOYER AGREEMENT

SECTION A: EMPLOYER DETAILS

Name of employer			
Registration number			
Employer contact person			
Telephone number			
Email address			
Business address			
		Code	
Postal address			
		Code	
Nature of Business			

SECTION B: GROUP DETAILS

Proposed inception date								
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GROUP'S MEDICAL SCHEME DETAILS FOR THE PAST THREE YEARS

Name of medical scheme									
	Date joined								
	Date cancelled								
	Date joined								
	Date cancelled								
	Date joined								
	Date cancelled								

Total number of staff employed by your company	
Total number of principal members to be covered under Umvuzo	

Member's correspondence should be sent to:

Company's postal address			
		Code	
Member's postal address			
		Code	

Individual member applications: Please note that a fully completed form is required for each applying principal member

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SECTION C: DETAILS FOR MONTHLY BILLING

Contact person for monthly billing				
Telephone number				
Email address				
Monthly billing	Advance	<input type="checkbox"/>	Arrears	<input type="checkbox"/>
Day of month statement required				

Breakdown of billing

One statement for the entire group	<input type="checkbox"/>	One statement per branch	<input type="checkbox"/>
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Contact details per branch

Contact name			
Surname			
Telephone number			
Email address			
Branch name			
Contact name			
Surname			
Telephone number			
Email address			
Branch name			
Contact name			
Surname			
Telephone number			
Email address			
Branch name			

SECTION D: PAYMENT DETAILS

Cheque	<input type="checkbox"/>	Electronic transfer	<input type="checkbox"/>
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SECTION E: TERMS AND CONDITIONS

- We hereby apply for Umvuzo Health membership for our employees.
- We warrant the correctness of all information and statement in this application and warrant the correctness thereof and of all other documents submitted now or in the future by any officer on behalf of the employer.
- We consent to our employees being called upon to submit to any medical examinations and test as deemed necessary by Umvuzo Health during the currency of this contract.
- We acknowledge that Umvuzo Health reserves the right to suspend/cancel membership if any contribution is not paid on the due date.
- We acknowledge that Umvuzo Health will assume no liability for any employee until such time as Umvuzo Health gives notice of acceptance of the risk.
- We undertake to immediately give Umvuzo Health notice in writing should any changes material to the assessment of this application occur before the date upon which Umvuzo Health grants written acceptance. This will enable Umvuzo Health to reconsider the terms of acceptance.
- We acknowledge being aware of the fact that in terms of the Medical Scheme Act (Act 131 of 1998), contribution must be paid over to the Scheme within 3 days after becoming due at the end of each month.
- Changes regarding membership of employees, i.e. resignations, addition/withdrawal of dependents shall be sent/forwarded to the Scheme within 7 days after receipt thereof.
- This agreement may be terminated by giving the Scheme at least 3 calendar months written notice.

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SECTION F: DETAILS OF INTERMEDIARY

Broker			
Broker code / reference number			
Broker house			
Full first name			
Surname			
Telephone number		Cell number	
Email address			

Bank details where applicable

Name of bank		Branch	
Account type		Branch code	
Name of account holder			
Account number			

Signature of intermediary

Date									
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Signature of employer

Date									
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