



**2019 BOARD OF TRUSTEES ELECTION DOCUMENTATION**

## **2019 BOARD OF TRUSTEES ELECTION DOCUMENTATION**

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Nominee to sign in full on pages 1, 6, 13 and 22 and initial each and every other page at the right bottom corner.

Duly completed set of forms MUST reach the Principal Officer on or before 30 April 2019.

Duly completed set of forms can be:-

1. Posted for the attention of The Principal Officer, UMVUZO HEALTH,  
P O Box 1463, Faerie Glen, 0043;
2. Faxed to 0866 823 024; or
3. E-mailed to [oosieo@umvuzohealth.co.za](mailto:oosieo@umvuzohealth.co.za)



## **BOARD OF TRUSTEES 2019 NOMINATION FORM**

Rule 18 provides for the nomination by members of the Scheme and election of ten (10) representatives to the Board of Trustees. If you wish to nominate a member for election to the Board please complete the following details:

**1.PERSON NOMINATED:** \_\_\_\_\_  
(FULL NAME IN BLOCK LETTERS)

SIGNATURE OF NOMINEE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBERSHIP NO: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

PHYSICAL ADDRESS OF NOMINEE: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**2.PROPOSING MEMBER:** \_\_\_\_\_  
(FULL NAME IN BLOCK LETTERS)

MEMBERSHIP NO: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

SIGNATURE OF PROPOSER: \_\_\_\_\_ DATE: \_\_\_\_\_

**3.SECONDING MEMBER:** \_\_\_\_\_  
(FULL NAME IN BLOCK LETTERS)

MEMBERSHIP NO: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

SIGNATURE OF SECONDER: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE REFER TO CONDITIONS AND CRITERIA ON REVERSE SIDE TO BE COMPLIED WITH. THE CONDITIONS ARE ALSO OBTAINABLE FROM THE WEBSITE AND SATELITE OFFICES. DULY COMPLETED AND SIGNED NOMINATIONS AND ACCOMPANYING DOCUMENTATION MUST REACH THE PRINCIPAL OFFICER BY NO LATER THAN 30 APRIL 2019.**

## CONDITIONS AND CRITERIA

### INTRODUCTION

#### Elections

In terms of Rule 18 of the Scheme Rules, an election of Trustees to the Board of Umvuzo Health must be conducted during 2019. This election process will be conducted by the Principal Officer and verified by the Auditor of the Scheme. This process, if more than 10 valid nominations are received by 30 April 2019, will result in an election taking place during the Scheme's Annual General Meeting scheduled for 14 June 2019.

#### Nominations

A completed nomination means a nomination form fully completed, as described in this document, **together** with the relevant accompanying documentation and a recent Curriculum Vitae of preferably no more than 150 words. Completed nomination form and documentation can be posted for the attention of The Principal Officer, Umvuzo Health, P O Box 1463, Faerie Glen, 0043 or faxed to 0866 823 024 or e-mailed to [oosieo@umvuzohealth.co.za](mailto:oosieo@umvuzohealth.co.za)

Completed nomination forms **MUST** reach the Principal Officer on or before **30 April 2019**. Only fully completed nomination forms received by the **Principal Officer** on or before the closing date will be accepted. Nomination forms not satisfying these conditions will be declared null and void.

### EXPLANATION OF PROCESS

#### What does NOMINATION mean?

The names of possible candidates willing to be elected as Trustees to the Umvuzo Health Board must be put forward. The process of collecting names of people who are willing to stand for election is called **NOMINATION**. A principal member may nominate one other principal member of his/her choice (on the official nomination form only) and forward it to Umvuzo Health on or before **30 April 2019**.

#### Right to nominate

Each principal member has the right to nominate one other principal member to stand for election. Members may not nominate themselves. Members are invited, but not compelled to nominate a candidate. A dependant (spouse/partner/child) has no nomination rights. Principal members below the age of 21 years may also not take part in this process.

#### How to nominate

Members to be nominated (the nominee) must at least meet the criteria as set out below. Members must also agree to be nominated. The nomination form must be completed in full. If any details are omitted, the nomination form will be regarded as spoilt and will not be processed. Fully completed nomination forms must reach the Principal Officer on or before **30 April 2019**.

#### Selection of candidates

Each nomination form received will be verified, and if all criteria are met, the name of the successful nominee will be added to the list of candidates to be vetted and voted for.

### INSTRUCTIONS WHEN COMPLETING FORMS

Person nominated – the principal member nominated for an election as Trustee, is known as the **NOMINEE**.  
Proposing member – a nominee must be proposed by a **PROPOSER** who must be a qualifying principal member in terms of the Rules of the Scheme and in good standing with the Scheme. Seconding member – each nominee proposed must be seconded by a **SECONDER** who must be a principal member (different from the Proposer) qualifying in terms of the Rules of the Scheme and in good standing with the Scheme. Fully complete all the attached documentation.

### **THE NOMINEE MUST MEET THE FOLLOWING CRITERIA**

- Must be a principal member of Umvuzo Health in terms of the Scheme Rules;
- Must be in good standing with the Scheme;
- Is willing to be nominated as a candidate for election;
- Is fit and proper to manage the business of a medical scheme in accordance with the relevant legislation;
- Must accept fiduciary responsibility as required by the Medical Schemes Act;
- Must be available to attend Board of Trustee meetings and any special meeting during working hours;
- Must be readily contactable by telephone/cell phone, fax or e-mail; and
- Consent to an investigation regarding credit and criminal record. **Separate consent and indemnity forms to be duly completed and signed herewith.**

### **THE FOLLOWING PERSONS DO NOT QUALIFY AS NOMINEES**

- A principal member under the age of 21 years;
- An employee, director, officer, consultant, contractor or any person contracted by the Scheme to provide administrative, marketing or managed health care services, or of its holding company, subsidiary, joint venture or associate;
- A broker;
- The auditor of the Scheme;
- Any employee of the Scheme;
- A principal member who is mentally ill or incapable of managing his/her own affairs;
- A principal member who is declared insolvent or has surrendered his/her estate for the benefit of his/her creditors;
- A principal member who is convicted, whether in the Republic or elsewhere, of theft, fraud, forgery or uttering of a forged document, or perjury;
- A principal member who is removed by court from any office of trust on account of misconduct; or
- A principal member who is disqualified under any law from carrying on his/her profession.

### **Please note**

- When entering your Umvuzo Health membership number, only enter the number as it appears on your Membership card.
- During the nomination process, no Nominee may utilise the services of or have any relationship with any of the Scheme's service providers.
- Should you have any questions or queries regarding the nomination process, please contact the Principal Officer of Umvuzo Health.
- A copy of the registered Scheme Rules is available on the Umvuzo Health website at [www.umvuzohealth.co.za](http://www.umvuzohealth.co.za)



**DECLARATION OF FINANCIAL INTEREST FORM**

## **DECLARATION OF FINANCIAL INTEREST FORM**

### **TRUSTEE/NOMINEE DETAILS**

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/19\_\_\_\_ ID number \_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

Phone number (H) \_\_\_\_\_ Phone number (W) \_\_\_\_\_

Fax number \_\_\_\_\_ Cell phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

### **SPOUSE'S/PARTNERS DETAILS**

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/19\_\_\_\_ ID number \_\_\_\_\_

### **BACKGROUND INFORMATION**

Your attention is directed to the Code of Conduct for Members of **UMVUZO HEALTH** Board of Trustees, in particular those clauses relating to a Conflict of Interest. Members are reminded to take note of this Code of Conduct attached hereto as pages 7 - 11 annually.

### **COMPLETION OF FORM**

Please ensure that **EVERY QUESTION IS ANSWERED** by placing a tick on the "yes" or "no" box, even if the details have remained unchanged from previous financial interest form submission.

Please attach ADDITIONAL DETAILS if there is insufficient space to fill in an answer, with the appropriate referencing.

## **DECLARATION FORM**

1. Do you/your spouse/partner or your dependants own any shares or securities in any company/or supplier operating in the medical schemes industry that has business dealings with **UMVUZO HEALTH?**  
(this includes listed shares obtained on the Stock Exchange and debentures)

Yes	No
-----	----

If yes, please provide details by completing the table below: -

Company(s) where shares/securities are held	Nature of shares (e.g. ordinary, preference, etc)

2. Do you/your spouse/partner or dependants have any financial interests in any close corporation, trust, company, partnership or other business undertaking that has business dealings with **UMVUZO HEALTH?**

Yes	No
-----	----

If yes, please provide details by completing the table below: -

Name of Company	Type of business	Reg number	Details of interest

3. Do you receive income from consulting or serving on a committee of an employer or administrator associated with **UMVUZO HEALTH?**

Yes	No
-----	----

If yes, please provide details by completing the table below: -

Name of of employer/administrator	Type of business activity	Designation



4. Are you entitled to any benefits from businesses that have dealings with **UMVUZO HEALTH**, other than what was defined in questions 1 – 3 above?

Yes	No
-----	----

If yes, please provide details by completing the tables above: -

Name of organisation	Type of business	Nature of benefit	Reason for benefit	Expected life span of benefit?

**DECLARATION BY TRUSTEE/NOMINEE**

I declare that the information furnished by myself in this declaration is, to the best of my knowledge a true and correct reflection of my financial interest and my compliance to the Board’s Code of Conduct as at the date of my signature and I indemnify the Scheme against any claim or liability of whatever nature that may arise from me having other business interests for not declaring such interest.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
 Signature Name in full Date

**RECOMMENDATION BY PRINCIPAL OFFICER**

Does the declaration pose a conflict of Financial Interest? 

Yes	No
-----	----

If response to the above is yes, outline further action required:

\_\_\_\_\_  
 \_\_\_\_\_

Does the likelihood exist that the current declaration of financial interest could result in a future conflict of interest?

Yes	No
-----	----

If the response to the above is yes, outline the circumstances which could result in the conflict of interest and outline further action required:

\_\_\_\_\_  
 \_\_\_\_\_

Recommend / do not recommend the application 

Yes	No
-----	----

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
 PRINCIPAL OFFICER Name in full Date

**TO BE COMPLETED BY THE COMPETENT AUTHORITY**

Documentation received is accepted / rejected

Approved

Rejected

Reason if application is rejected

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AUDITOR – UMVUZO HEALTH NGUBANE & CO

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

I hereby acknowledge receipt of the documentation and confirmed that it has been captured & filed.

\_\_\_\_\_  
HB VAN ZYL

\_\_\_\_\_  
Name in full

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date



**CODE OF CONDUCT FOR MEMBERS OF  
UMVUZO HEALTH BOARD OF TRUSTEES**

# **UMVUZO HEALTH MEDICAL SCHEME: CODE OF CONDUCT FOR MEMBERS OF UMVUZO HEALTH BOARD OF TRUSTEES**

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## **1. PREAMBLE**

The members of the UMVUZO HEALTH Medical Scheme Board of Trustees are elected to represent the UMVUZO HEALTH membership in terms of the provisions of the UMVUZO HEALTH Medical Scheme Regulations as approved from time-to-time by the Registrar of Medical Schemes.

Consequently, it is necessary to ensure that UMVUZO HEALTH has structured mechanisms of accountability to its membership, and, to meet their priority needs by providing services effectively, expeditiously and sustainably within the means of UMVUZO HEALTH. In order to ensure that the members of the UMVUZO HEALTH Board of Trustees fulfil their obligations to their membership and support the achievement by UMVUZO HEALTH of its objectives as set out in the approved UMVUZO HEALTH Medical Scheme Rules, as well as in the relevant provisions of the applicable Legislation, the following Code of Conduct is established.

## **2. DEFINITIONS**

In this Code "UMVUZO HEALTH" means the UMVUZO HEALTH Medical Scheme as Approved and Registered by the Registrar for Medical Schemes in terms of the provisions of the Medical Schemes Act 131 of 1998.

"Trustee" means a member of the duly elected Board of Trustees of UMVUZO HEALTH and;

"Committee Member" means any person appointed by UMVUZO HEALTH Board of Trustees from time-to-time to serve on a duly constituted UMVUZO HEALTH Committee.

"The Act" means the Medical Schemes Act No. 131 of 1998 as amended from time-to-time together with the Regulations promulgated thereunder.

"Board of Trustees" means the Board of Trustees of UMVUZO HEALTH Medical Scheme as elected from time-to-time.

## **3. DUTIES OF BOARD OF TRUSTEES**

- The Board is responsible for the proper and sound management of the Scheme, in terms of its rules.

## **UMVUZO HEALTH MEDICAL SCHEME: CODE OF CONDUCT FOR MEMBERS OF UMVUZO HEALTH BOARD OF TRUSTEES**

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- The Board shall act with due care, diligence, skill and in good faith
- Members of the Board must avoid conflicts of interests, and must declare any interest they may have in any particular matter serving before the Board.
- The Board must apply sound business principles and ensure the financial soundness of the Scheme.

### **4. POWERS AND DUTIES OF A TRUSTEE OR COMMITTEE MEMBER**

The Board of Trustees has the powers conferred upon it in terms of the approved UMVUZO HEALTH Medical Scheme Rules and the Act.

In the exercise of the powers and the discharge of the duties of a Trustee or Committee Member in terms of the approved Rules of UMVUZO HEALTH Medical Scheme, a Trustee or Committee Member must:

- perform his / her functions to the best of his / her ability in good faith, honestly, transparently and in accordance with the relevant provisions of the Medical Schemes Act read with the Rules of the Fund as may be amended from time-to-time as well as any other applicable law;
- at all times act in the best interest of UMVUZO HEALTH and in such a way that the credibility and integrity of UMVUZO HEALTH is not compromised.

### **5. ATTENDANCE AT MEETINGS**

A Trustee or Committee Member must attend all meetings of the UMVUZO HEALTH Board of Trustees and of any Committee of which that Trustee is a member for the full duration of such meeting, except when:

- leave of absence is granted in terms of the Rules of the Scheme.

A Trustee or Committee Member who, without leave of absence, is absent from 3 or more consecutive meetings of the Board of Trustees or from 3 or more consecutive meetings of a Committee to which that Member is required to attend in terms of clause 4 above, shall become vacant in terms of the provisions of Rule 18.14(viii) of the UMVUZO HEALTH Medical Scheme Rules.

## **UMVUZO HEALTH MEDICAL SCHEME: CODE OF CONDUCT FOR MEMBERS OF UMVUZO HEALTH BOARD OF TRUSTEES**

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### **6. DISCLOSURE OF INTERESTS**

- (1) The disclosure of interest by a Trustee or Committee Member in any contract or potential contract to which UMVUZO HEALTH is a party or may become a party is obligatory. In this respect the mere declaration that the Trustee/Committee Member is not participating in the debate and remains in the meeting venue is not permissible.
- (2) Gifts received by a Trustee or Committee Member that are directly related to UMVUZO HEALTH above an amount resolved upon by the UMVUZO HEALTH Board of Trustees, from time-to-time, shall be declared to the Board of Trustees.

### **7. PERSONAL GAIN**

A Trustee or Committee Member may not use the position or privileges of a Trustee or Committee Member, or confidential information obtained as a Trustee or Committee Member, for private gain or to improperly benefit himself / herself or another person.

### **8. IMPROPER CONDUCT: REWARDS, GIFTS AND FAVOURS**

A Trustee or Committee Member may not request, solicit or accept any reward, gift or favour for:

- (a) voting or not voting in a particular manner on any matter before the Board of Trustees or before a Committee of which that Trustee or Committee Member is a member;
- (b) attempting to persuade UMVUZO HEALTH Board of Trustees or any Committee thereof in regard to the exercise of any power, function or duty;
- (c) making a representation to the Board of Trustees or any Committee of the Board of Trustees or
- (d) disclosing privileged or confidential information.

### **9. UNAUTHORISED DISCLOSURE OF INFORMATION**

- (1) A Trustee or Committee Member may not, without the permission of the Board of Trustees, disclose any privileged or confidential information of the Board of Trustees or Committee to any unauthorised person.

## **UMVUZO HEALTH MEDICAL SCHEME: CODE OF CONDUCT FOR MEMBERS OF UMVUZO HEALTH BOARD OF TRUSTEES**

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- (2) For the purpose of this Clause "privileged or confidential information" includes any information-
  - (a) determined by the Board of Trustees or Committee to be privileged or confidential;
  - (b) discussed in closed session by the Board of Trustees or Committee;
  - (c) disclosure of which would violate a person's rights to privacy or
  - (d) declared to be privileged, confidential or secret in terms of law.
- (3) This item does not derogate from the right of any person to access to information in terms of National Legislation.

### **10. INTERFERENCE**

A Trustee or Committee Member may not, except as provided by law, unduly interfere in the administration of UMVUZO HEALTH.

### **11. MISREPRESENTATION OF UMVUZO HEALTH**

A Trustee or Committee Member may not make any misrepresentation purporting to be that of UMVUZO HEALTH without sanction from the Board of Trustees.

### **12. COMPANY PROPERTY**

A Trustee or Committee Member may not use, take, acquire or benefit from any property or asset owned, controlled or managed by UMVUZO HEALTH to which that Trustee or Committee Member has no entitlement, unless duly authorised thereto.

### **13. BREACHES OF CODE**

- (1) The Board of Trustees may:
  - (a) itself investigate and make a finding on any alleged breach of a provision of this Code or
  - (b) establish a special committee to investigate and make a finding on any alleged breach of this Code and to make

**UMVUZO HEALTH MEDICAL SCHEME: CODE OF CONDUCT  
FOR MEMBERS OF UMVUZO HEALTH BOARD OF TRUSTEES**

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appropriate recommendations to the Board of Trustees thereon.

- (2) If the Board of Trustees finds that a Trustee or Committee member has breached a provision of this Code, the Board of Trustees may:
- (a) issue a formal warning to the Trustee or Committee member; or
  - (b) reprimand the Trustee or Committee member.
  - (c) refer the matter to the Registrar of Medical Schemes in terms of Section 46 of the Medical Schemes Act No. 131 of 1998 for such action as it may be deemed fit and proper.





**CONSTENT AND INDEMNITY BY NOMINEE**



www.umvuzohealth.co.za

Alenti Office Park, Building D, 457 Witherite Road, The Willows, Pretoria, 0040.
P.O. Box 1463, Faerie Glen, 0043. T: +27 (0) 12 845 0000 F: +27 (0) 86 670 0242
E: info@umvuzohealth.co.za Call Centre and Authorisations: 0861 083 084

UMVUZO HEALTH MEDICAL SCHEME NOMINATION FOR APPOINTMENT AS A TRUSTEE
CONSENT AND INDEMNITY BY NOMINEE

Please complete this form in full and return it to the Principal Officer

I, \_\_\_\_\_

[full name & surname]

I.D. No: \_\_\_\_\_ UMVUZO HEALTH Member No: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

E-mail: \_\_\_\_\_

hereby authorise the Principal Officer of UMVUZO HEALTH to make my name, surname and identity number available to the South African Police Services (SAPS) for a criminal record verification, as well as to the credit reference company of its choice to enable a financial and credit check to be performed.

I hereby consent to, if necessary, having my fingerprints taken, as required for purposes of checking my criminal record.

I furthermore authorise the SAPS to furnish personal information regarding any criminal record I may have, or other relevant information such as is usually provided by the Criminal Record Centre of the SAPS in this regard, to UMVUZO HEALTH's duly authorised agent.

I unconditionally indemnify UMVUZO HEALTH, its members, employees, subsidiaries, affiliates and outsourced service providers to UMVUZO HEALTH against any claim or liability which may result from furnishing information in this regard.

I furthermore unconditionally indemnify the SAPS and all its members, employees, as well as the Government of the Republic of South Africa against any liability which may result from furnishing information in this regard.

I understand that it is a condition of the SAPS that –

- (a) the information is furnished solely for the purpose of my proposed appointment as a trustee of UMVUZO HEALTH medical scheme;
(b) any information furnished to UMVUZO HEALTH will be disclosed to me upon request;
(c) UMVUZO HEALTH's authorised agent is responsible for verifying the accuracy of the information furnished by the SAPS.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Witnesses: 1. \_\_\_\_\_

Signature of Nominee

2. \_\_\_\_\_



**ELECTED/NOMINATED TRUSTEE OFFICER PERSONAL  
VETTING QUESTIONNAIRE AND DECLARATION  
(FOR GENERAL MEETING PURPOSE ONLY)**



ELECTED/NOMINATED TRUSTEE OFFICER  
PERSONAL VETTING QUESTIONNAIRE AND DECLARATION  
(FOR GENERAL MEETING PURPOSES ONLY)

A. INTRODUCTION

Section 57 of the Medical Schemes Act 131 of 1998 (“the Act”), requires all medical schemes to have a board of trustees consisting of persons who are fit and proper to manage the business contemplated by the medical scheme, in accordance with the applicable laws and the rules of such medical scheme. This creates confidence [in members] that trustees are persons that are competent, honest and sound.

The propriety and competence of the medical scheme officers (trustees and principal officers) are of strong interest to the Council for Medical Schemes (“the CMS”). The CMS has periodically conducted vetting of medical scheme officers to determine their fit and proper status, on the understanding that medical schemes independently vet their officers. It has emerged that not all medical schemes have methodical vetting processes.

In the effective discharge of this obligation, trustees and members of a committee of the Board of Trustees are requested to furnish CMS with the applicable vetting questionnaire completed accurately and legibly, together with a copy of the officer’s current curriculum vitae and identification document. A separate sheet may be used to provide more details on any of the information provided or to provide further information which you believe has a bearing in assessing whether you are fit and proper to serve as a trustee.

B. PERSONAL INFORMATION

*(Where applicable, mark the appropriate box with an X)*

1. Full name(s) and surname:

--

2. Have you ever been subject to a name change? If yes, former name and reason for the name change.

YES	
NO	

3. Identification (ID) number:

--

4. Have you ever been subject to identification (ID) number change? If yes, former identification number and reason for the change.

YES	
NO	


5. Current Age:

--

6. Gender:

FEMALE	
MALE	

7. Nationality:

--

8. Race:

Asian		Black		Coloured		White		Other	
-------	--	-------	--	----------	--	-------	--	-------	--

9. Postal address:


10. Permanent / residential address:


11. Have you obtained a National Senior Certificate (Matric certificate) or its equivalent:

YES	
NO	

*If yes:*

Institution	
Date obtained	

12. Other qualifications obtained:

Date obtained	Qualification details; Institution

13. The full name and surname of your spouse(s), including life partner(s) and their Identification number:

Name and surname	Identification (ID) number

14. Current employment:

Name of entity (employer)	
Position	
Date of employment	

15. Previous employment:

Name of entity (employer)	
Position	
Date of employment	

### C. MEMBERSHIP AND NOMINATION DETAILS

1. The name of the medical scheme for which you have been elected/ appointed as a trustee or principal officer?

2. Were you elected or appointed as a trustee or principal officer and when?

Elected	
Appointed	
YEAR	MONTH DAY

3. In what capacity are you elected/ appointed as a trustee (elected, co-opted, employer representative, union representative etc. )?

4. Are you a member of the medical scheme of which you are a trustee or principal officer? If no, what medical scheme are you a member of, if any?

YES	
NO	

5. Membership number?

6. When did you become a member of the medical scheme?

YEAR	MONTH	DAY
------	-------	-----

7. Have you undergone any training relevant to board governance since your appointment? If yes, provide further details as requested.

YES		
NO		
Date	Institution	Qualification / Training details

8. Have you previously been appointed/ elected as a trustee or principal officer of any medical scheme? If yes, for which medical scheme and the period of such appointment?

YES						
NO						
Medical Scheme	Role	Appointment date				
		YEAR	MONTH	to	YEAR	MONTH
		YEAR	MONTH	to	YEAR	MONTH
		YEAR	MONTH	to	YEAR	MONTH
		YEAR	MONTH	to	YEAR	MONTH

9. Do you currently serve as a trustee or principal officer of any other medical scheme? If yes, for which medical scheme and the period of such appointment?

YES						
NO						
Medical Scheme	Role	Appointment date				
		YEAR	MONTH	to	YEAR	MONTH
		YEAR	MONTH	to	YEAR	MONTH
		YEAR	MONTH	to	YEAR	MONTH
		YEAR	MONTH	to	YEAR	MONTH

10. Do you serve or have you served on any committee of the board of trustees, for instance, the Audit Committee, Risk Committee, and / or Remuneration Committee? If yes, please provide further information as requested.

YES				
NO				
Committee (Risk Committee)	Role (Chair, member)	Appointment date (2018; March)		Function (Contribute to the oversight of the risk management function.)
		YEAR	MONTH	
		YEAR	MONTH	
		YEAR	MONTH	
		YEAR	MONTH	
		YEAR	MONTH	
		YEAR	MONTH	

11. Have you ever been associated, in ownership or supervisory capacity, with any business entity (Administrator, Managed Care Organisation, Brokerage or any other provider of service) that provides or provided services to the medical scheme? If yes, provide further details as to the entity, role and duration of association.

YES	
NO	
Entity name	
Position/ interest held	
Duration of association	
Other relevant details	

12. Who nominated or approached you to serve on the BoT or to express interest in the role of principal officer?


13. Were you nominated or approached to serve on the BoT or to express interest in the role of principal officer by an employee, principal officer or trustee of the medical scheme or by an employee, director, officer, consultant, or associate of any person, who renders contractual services (administrator, managed care organisation, or brokerage) to the medical scheme? If yes, provide further details as requested.

YES	
NO	
Name of person who approached/ nominated you and the entity they associated with	
Other relevant details	

14. Did you receive an award, payment or other consideration to be nominated to serve on the BoT or for accepting such nomination? If yes, provide further details as to what was received, when and from whom.

YES	
NO	

15. Other than payment of fee as a trustee or principal officer of the medical scheme, have you received any other benefits, directly or indirectly, for yourself or any family member from the medical scheme or any party that contracts / contracted with the medical scheme? If yes, provide details on what was received, from who and when.

YES	
NO	

**D. SPECIFIC QUESTIONS TO ASSESS FIT AND PROPRIETY**

*(Kindly tick the appropriate box, and if answered yes, please provide further details.)*

1. Have you ever been declared insolvent, filed for bankruptcy, made any debt arrangements with (any of) your creditors, applied for debt review, had assets sequestrated or involved in any proceedings of this nature?

YES			
NO			
Date	YEAR / MONTH	Type of proceedings	
Other relevant details			



2. Have you ever been subject to any proceedings of a disciplinary, civil or criminal nature, or been notified of any proceedings or any investigation that may lead to such proceedings?

YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
Date	YEAR / MONTH	Type of proceedings	
Other relevant details			

3. Have you, or any business in which you have or had a personal interest or exercised influence, been investigated, suspended or reprimanded by a professional or regulatory body, tribunal, or court, in South Africa or elsewhere?

YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
Date	YEAR / MONTH	Type of proceedings	
Name of business if relevant			
Other relevant details			

4. Have you ever been associated, in ownership or supervisory capacity, with any business entity that has been refused registration or accreditation to conduct business, or has had such registration or accreditation suspended, revoked, or withdrawn?

YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
Date	YEAR / MONTH	Type of proceedings	
Name of business (if relevant)			
Other relevant details			

5. Have you ever been associated, in ownership or supervisory capacity, with any business that has gone into liquidation or insolvency while connected with that business or within five years after that connection, or is currently subject to an application of such proceedings?

YES	<input type="checkbox"/>		
NO	<input type="checkbox"/>		
Date	YEAR / MONTH	Type of proceedings	
Name of business			
Other relevant details			

6. Have you ever been disqualified from serving in a managerial or director capacity or been removed from such position by a professional or regulatory body, tribunal, or court, in South Africa or elsewhere or are you aware of any matter against you or investigation which may lead to such removal?

YES	<input type="checkbox"/>	<input type="checkbox"/>
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NO			
Date		YEAR / MONTH	Type of proceedings
Other relevant details			

7. Were you ever removed, dismissed, requested to resign, or resigned from a position (of employment, trust, fiduciary or similar) because of questions about your integrity, incompetence, or mismanagement?

YES			
NO			
Date		YEAR / MONTH	Type of proceedings
Other relevant details			

8. Were you ever dismissed from a position of employment or removed as trustee or member of a committee of the board of trustees by a medical scheme or the Council for Medical Schemes?

YES			
NO			
Date		YEAR / MONTH	Type of proceedings
Other relevant details			

9. Have you ever been declared mentally incapacitated?

YES			
NO			
Date		YEAR / MONTH	Type of proceedings
Other relevant details			

10. Have you ever been subject to an adverse finding or judgement (i.e. a fine) that has not been satisfied as per the finding?

YES			
NO			
Date		YEAR / MONTH	Judgement/ finding
Other relevant details			

11. Do you have any relationship, business or personal, with any officer (trustee, principal officer, member of any sub-committee or any employee) of the medical scheme for which you a trustee? If yes, kindly stipulate the type of relationship and with whom.

YES		
NO		

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12. Are you a broker or do you have any affiliation with a broker or brokerage, other than for personal brokerage services?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Broker/ brokerage name	
Position/ interest held	
Name of associate (if any)	
Other relevant details	

13. Are you an officer (employee or executive / director) of the medical scheme, or an employee, director, officer, consultant, or associate of any person, who renders contractual services to the medical scheme or? If yes, provide further details as requested.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Entity name	
Position/ interest held	
Name of associate (if any)	
Other relevant details	

14. Do you hold any position or have any interest in any other entity regulated in terms of the Medical Schemes Act 131 of 1998? If yes, clearly state the name of the entity and the position or interest held.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Entity name	
Position/ interest held	
Other relevant details	

15. Is any of your immediate family (including spouse, life partner) or close affiliates an officer (employee, executive, or trustee) of the medical scheme, or an employee, director, officer, consultant, or associate of any person, who renders contractual services to the medical scheme? If yes, provide further details as requested.

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Entity name	
Position/ interest held	
Name of associate (if any)	
Other relevant details	

16. Are you aware of any information not covered by the above questions but which, if known to the medical scheme and/or to Council for Medical Schemes will render you not fit and proper to serve either as a trustee or a principal officer? If yes, kindly provide further details.

YES	
NO	

**DECLARATION**

I hereby declare that:

1. All information provided was done voluntarily by me and is complete and correct to the best of my knowledge and there are no other facts that are relevant for assessing my fitness and propriety;
2. I will in writing, within 60 days of an event or matter or learning of such event or matter that may affect my fitness and propriety to hold office as trustee, inform the Council for Medical Schemes thereof;
3. The Council for Medical Schemes may require or seek further information from myself and / or any third party it deems necessary in assessing my fitness and propriety;
4. I understand that any false information provided by me may lead to my removal as a member of the Board of Trustees or Principal Officer.

Printed full names: \_\_\_\_\_

Signature of scheme officer: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Date of submission of completed form to CMS \_\_\_\_\_