



Application form
For the Registration as a Medical Scheme in terms of the
Medical Schemes Act, Act No 131 of 1998

1. Details of the Scheme

1.1 Proposed name of Scheme: _____

Proposed abbreviated name of the Scheme _____

Open to public/restricted membership scheme _____

Details of persons/categories of persons eligible for membership to restricted scheme

Steps taken to ensure that the name is not in conflict with a name already registered and protected in terms of any legal right _____

1.2 Registered Address: _____

1.3 Postal Address: _____

1.4 Contact Telephone no: _____

1.5 Facsimile no: _____

1.6 E-mail Address: _____

1.7 Website Address: _____

1.8 Date on which the proposed scheme is to come into operation: _____

2. Details of promotor of the Scheme

2.1 Full names and capacity of the applicant on behalf of the promotor:

2.2 Full name of promotor (organization/group of persons etc.)

2.3 Details: Direct/indirect commercial interest in the proposed Scheme.

2.4 Details: Direct/indirect financial interest in proposed Scheme.

2.5 Specify any direct/indirect financial interest in administrator.

2.6 Details: Financial interest in managed care organization referred to in the application.

2.7 Details: Commercial/financial interest in any broker/intermediary of the Scheme.

3. Details of Principal Officer:

Note that a full Curriculum Vitae must be supplied for this person

3.1 Full Name: _____

3.2 Home Address: _____

3.3 Postal Address: _____

3.4 Telephone no: _____

3.5 Fax no: _____

3.6 Cell No: _____

3.7 E-mail Address: _____

4. Details of Administrator:

4.1 Full Name: _____

4.2 Accreditation No: _____

4.3 Registered Address: _____

4.4 Postal Address: _____

4.5 Telephone no: _____

4.6 Fax no: _____

4.7 E-mail Address: _____

4.8 Website address: _____

5. Details of Managed Health Care Organizations:

5.1 Supply the names and the accreditation numbers of managed care organizations with whom the scheme intends to contract to provide services:

6. Details of the Auditors:

6.1 Name of Auditors: _____

6.2 Physical Address: _____

6.3 Postal Address: _____

6.4 Telephone no: _____

6.5 Fax no: _____

6.6 E-mail Address: _____

6.7 Website address: _____

6.8 Name of the responsible partner (if known): _____

I declare that the information herein supplied is true and correct.

I undertake to supply any further information requested by the Registrar or Council for Medical Schemes as and when required.

Signature of the applicant
who warrants that he or she has the
necessary authority to furnish this
information, to sign documents on behalf
of the promoter and to make the undertakings
required herein.

Date

Name

Designation

Documents/Information to be submitted with application

1. Two certified copies of the rules.
2. Prescribed Fees
3. Copy of the proposed administration agreement between the scheme and the administrator (if applicable).
4. Copy of all reinsurance agreements relating to the scheme (if applicable)
5. Copy of any other agreements between the scheme and any other party (e.g.

Managed care organization, broker)

6. Copy of any other co-administration agreements between administrator and any broker or other party.
7. Full details of the infrastructure, computer facilities and expertise in terms of which the business of the scheme is to be conducted or administered.
8. Details of the Principal Officer including a copy of his CV.
9. Details of the members of the Steering Committee/Board including copies of their CV's.
10. Who is to appoint the Steering Committee.
11. Written confirmation that the officers of the scheme are fit and proper to act as such, that they are South African citizens and permanently resident in the Republic.
12. A detailed business plan duly motivated which must give an indication of the following:
 - a) the membership profile;
 - b) minimum membership;
 - c) how will the enrolment of the prescribed number of members within 3 months of registration be attained;
 - d) circumstantial factors such as the section of the market being targeted;
 - e) benefit structure with confirmation by an expert that the contributions are appropriate in relation to the benefits being offered.
13. Such other information as the Registrar may require;
14. A bank guarantee by a recognized financial institution and/or guarantee deposit as required by the Registrar is to be submitted on the request of the Registrar