FORM M

CONTINUATION MEMBERSHIP FOR PENSIONERS

Imperial™ Motus Med

PLEASE COMPLETE IN BLOCK LETTERS.

It is imperative that all sections of this form be completed in full. Failing to do so will cause a delay in the processing of the request, as the incomplete form will be returned to the applicant.

Once the form has been completed, it should be returned to membership@imperialmotusmed.co.za. You may also fax it to 0860 111 788 or post it to PO Box 2287, Bellville 7535.

If you require assistance in completing this form, please call 0860 467 374.

Only employees of Imperial Limited and Motus Holdings Limited who are members of Imperial Motus Med at the time of retirement are eligible to continue as pensioner members.

1. PERSONAL DETAILS OF PRINICIPAL MEMBER (COMPULSORY TO COMPLETE)

Member number

Title

Surname

First name(s)

Initials

Identity/Passport number

Telephone numbers

Work

Home

Fax

Cell number

Email address

Postal address

Code

2. BANKING DETAILS

Please attach a copy of your ID and a bank statement or stamped letter from your bank (not older than three months).

Name of account holder

Account number

Name of bank

Branch name

Eight-digit branch code

Account type ☐ Current ☐ Savings ☐ Transmission ☐ Cheque

Imperial Motus Med is hereby authorised to debit my banking account with the monthly contributions paid to Imperial and Motus Medical Aid.

Please note: Contributions are paid in advance.

Signature of account holder

Date

DD/MM/YYYY

MEMBER NUMBER

3. OPTION SELECTION

Please indicate which plan you prefer by ticking one of the boxes below – you may only choose one.

☐ Imperial Motus Med Health Plan ☐ Imperial Motus Med Budget Plan

4. CHOICE OF NETWORK GENERAL PRACTITIONER (ONLY APPLICABLE IF YOU CHOOSE THE BUDGET PLAN)

If you chose to be on the Imperial Motus Med Budget Plan, please provide the details of one or two general practitioners you would like to make use of:

General practitioner 1

General practitioner's name and surname

Practice number

Address

Code

Telephone number

Email address

General practitioner 2

General practitioner's name and surname

Practice number

Address

Code

Telephone number

Email address

5. AFFIDAVIT – DETAILS OF MONTHLY INCOME

I declare that my monthly income is R and consists of the following:

☐ Monthly pension ☐ Investments ☐ Annuities ☐ Other

If other, please specify:

I, _____ , confirm that all of the information is true in every respect. I understand and agree that the consequence of submitting inaccurate information could result in the:

- forfeiture of all benefits from the Scheme;
- refunding in full all amounts for benefits/services paid on my behalf by Imperial Motus Med; and
- waiving of my right to claim a refund for any contributions paid by me to Imperial Motus Med.

MEMBER NUMBER

5. AFFIDAVIT – DETAILS OF MONTHLY INCOME – CONTINUED

Signed at _____ on the _____ of _____ _____
DAY MONTH YEAR

Member's signature _____

Commissioner of Oaths _____

Date _____
DD/MM/YYYY

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS

6. DECLARATION AND AUTHORISATION

I hereby apply to continue as a pensioner member on Imperial Motus Med and agree that I will be bound by the rules of the Scheme, as amended from time to time.

Imperial Motus Med is hereby authorised to debit my banking account with the monthly contributions paid to the Imperial and Motus Medical Aid. Imperial Motus Med is authorised to continue thereafter to pay each month such subscriptions and any other amounts as are due until the end of the month in which the Imperial and Motus Medical Aid is notified of my resignation.

I agree that should any sum due to the Scheme not be timeously paid by me for any reason, I shall be liable for all costs incurred by the Scheme in the recovery of such sums, including tracing charges and all fees due by the Scheme to its attorneys, including commission.

IMPORTANT: Should the application form be incomplete or if the required documents are not attached, registration will be delayed as the form will be returned for correction.

Name of principal member

Signature of principal member _____

Date _____
DD/MM/YYYY