

# EMPLOYER APPLICATION FORM

## IMPORTANT NOTES:

Kindly ensure that all details about the employer are fully disclosed. Every question must be completed by the employer and, if the question is not applicable, be marked N/A. Each principal member must have started employment by the date that the company joins Imperial Motus Med to qualify for membership. Changes to option selections may only be made annually with effect from 1 January each year.

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 employer. Once the form has been completed, it should be returned to [membership@imperialmotusmed.co.za](mailto: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. A copy of the Scheme rules is available at [www.imperialmotusmed.co.za](http://www.imperialmotusmed.co.za).

## 1. EMPLOYER INFORMATION

If the employer is a company or close corporation, please state registration date  DD/MM/YYYY

Full, registered name

Registration number

If the above is not applicable, please state if partnership/sole proprietor or other:

Trading name

Type of business

Postal address

Code

Physical address

Code

Contact person

Position

Telephone number  Fax number

Email address

Please tick your preferred method of receiving written communication.  Email  Post  
If no selection is made, all correspondence will be posted.

## 2. COMPANY'S CURRENT AND PREVIOUS MEDICAL SCHEME INFORMATION

Has the employer previously been a member of Imperial Motus Med?  Yes  No

If your answer is 'yes', please state previous group number

Name of current medical scheme

Date joined  DD/MM/YYYY Date to be terminated  DD/MM/YYYY

Name of previous medical scheme

Date joined  DD/MM/YYYY Date terminated  DD/MM/YYYY

## 2. COMPANY'S CURRENT AND PREVIOUS MEDICAL SCHEME INFORMATION – CONTINUED

Details of your company's employee base

Number of staff that your company employs

Number of principal members that Imperial Motus Med will cover

Will membership of Imperial Motus Med be compulsory for all employees of the companies in any specific employer group?  Yes  No

If 'yes', please define the group

Total number of employees, including working directors, partners, etc.

Total number of employees requiring medical scheme cover

Total number of pensioners requiring medical scheme cover

Will Imperial Motus Med be compulsory for all future members who join the company?  Yes  No

Will the company offer any other medical scheme to employees?  Yes  No

If 'yes', name the medical scheme

## 3. DATE OF COMMENCEMENT

This employer contract shall commence on  01/MM/YYYY

All eligible employees shall apply for membership of Imperial Motus Med with effect from the date of commencement and, where such employees are accepted as members, their admission date will be the abovementioned date of commencement.

## 4. COMPANY PAYMENT DETAILS

Please do not provide credit card details. Imperial Motus Med is not allowed to record your credit card details.

Email address

Payment method  EFT  Debit order

Name of account holder

Name of bank

Account number

Branch name

Eight-digit branch code

Account type  Current  Savings  Transmission  Cheque

Imperial Motus Med may debit the above account with the amounts due under the specific contracts in accordance with the Imperial Motus Med debit order system. We agree to inform Imperial Motus Med in writing of any changes that take place. We authorise Imperial Motus Med to verify such banking details with our bank. We accept that Imperial Motus Med may debit our account on a date other than the one specified.

Name and surname

Designation

Name and surname

Designation

Authorised signatory 1 \_\_\_\_\_

Date \_\_\_\_\_

#### 4. COMPANY PAYMENT DETAILS – CONTINUED

Authorised signatory 2 \_\_\_\_\_

Date \_\_\_\_\_  
DD/MM/YYYY

COMPANY STAMP
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#### 5. DETAILS OF HUMAN RESOURCES/PAYROLL MANAGER

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Initials	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>
Email address	<input type="text"/>		

Signature of human resources/payroll manager \_\_\_\_\_

Date \_\_\_\_\_  
DD/MM/YYYY

#### 6. TERMS AND CONDITIONS

1. We hereby apply for group membership of Imperial Motus Med.
2. We hereby agree to participate in the benefit options as per the terms and conditions of the Scheme.
3. We agree that the rules of the Scheme, as amended from time to time, shall be binding on us. We undertake to observe and carry out, in so far as is applicable to us, our obligations in terms of the agreement with the Scheme.
4. The person signing the contract on behalf of, or as the employer, acknowledges that he has been given a set of rules and that he has read them prior to signing this contract.
5. Certain rules are set out in summary hereunder so as to emphasise certain rules Imperial Motus Med considers to be particularly important. The failure to draw the employer's attention to any rule shall not in any way be regarded as excusing the employer from the employer's obligation to thoroughly acquaint him-/herself with the rules that have been delivered to the employer.
6. The contract will not bind the Scheme until written acceptance is received from the Scheme.
7. We agree that no statements, promises or information made or given to us by any other persons shall be binding on the Scheme or affect its rights in any way whatsoever, unless such statements, promises and information is submitted in writing and accepted by the Scheme.

## 6. TERMS AND CONDITIONS – CONTINUED

8. We declare and warrant that the answers to the foregoing questions are complete and true and agree that this application shall form the basis of the agreement with the Scheme and that, if any statements are untrue, membership may be terminated, all benefits reversed and contributions shall be forfeited.
9. If required by Imperial Motus Med, the employer shall make payment of contributions and other amounts due to Imperial Motus Med by ACB transaction, stop order or any form of electronic bank transfer that Imperial Motus Med may reasonably require.
10. Imperial Motus Med is not obliged to pay any benefits where the member is in breach of any member obligations in terms of the rules and in particular where any contribution or part thereof is in arrears.
11. The employer is the agent of the member and not of Imperial Motus Med in dealings between an employee and Imperial Motus Med.
12. The employer must notify Imperial Motus Med within 30 days of any change of address and failure to notify the Scheme will absolve Imperial Motus Med from any liability should the employer or member's rights be prejudiced or forfeited.
13. We acknowledge that the Scheme does not accept liability for any employee until a notice of acceptance is given by the Scheme.
14. We undertake to notify the Scheme immediately if any changes that affect the answers to the application occur before the Scheme grants written acceptance. This will enable the Scheme to reconsider the terms of acceptance.
15. The employer warrants that there is an arrangement in place with every member of the employer that amounts due to Imperial Motus Med shall be recouped by the employer from such member's income.
16. The employer shall deduct all amounts due to Imperial Motus Med from the remuneration due to the employee and shall be responsible for ensuring that the same is done in compliance with law. Likewise, the company shall be responsible for arranging with the employer's pension and other schemes that all sums due to Imperial Motus Med by the employee upon the employee's ceasing to be employed shall be paid by such pension or other scheme, directly to Imperial Motus Med, particularly where the employee continues as a member of Imperial Motus Med after ceasing to be employed by the employer. As and when the employee ceases to be a member of Imperial Motus Med, the employer shall pay to Imperial Motus Med all amounts due by the employee to Imperial Motus Med, including, but not necessarily limited to, contributions, amounts paid to providers and amounts lent and advanced by Imperial Motus Med to the employee to assist the employee in paying for relevant health services.
17. Where the employer's membership of Imperial Motus Med is terminated, the employer shall ensure that the membership of all pensioners is also terminated notwithstanding that such pensioners are no longer employees of the employer and will be responsible for any loss or damage (particularly any underwriting loss), which Imperial Motus Med may suffer as a consequence of such pensioners continuing as members of Imperial Motus Med.
18. We agree that contributions will be paid monthly and will be submitted to reach the Scheme by no later than the third day of the month for which the amounts are due.
19. We accept that if contributions are not paid by their due date for members, the Scheme will suspend benefits with immediate effect. If the contributions are not paid within 30 days from the suspension date, the employee's membership will be terminated.
20. We shall give the Scheme one month's written notice of our intention to withdraw our participation in the Scheme. We acknowledge that failure to give proper notice will result in the full three months' contributions becoming immediately due.