2024 PERSONAL INFORMATION FORM

www.wcmas.co.za
wcmas@wcmas.co.za
C/o Susanna St & OR Tambo Rd
PO Box 26, Emalahleni (Witbank),
Tel: 013 656 1407 Fax: 0866277795

Membership Number

1. Principal member details

Member first full name and surname													Initials		
Identity / passport number (only foreigners to insert passport numbers)													Tax number		
Married		Common-law marriage		Single		Widow		Divorced		Pensioner		Indicate union / association:			
Ethnic Group:	African		Asian		Coloured		Indian		White		Other				

2. Contact Detail (Please confirm even if unchanged)

Postal Address	Residential Address	Cell phone:
		Tel: (H)
		Tel: (W)
		Fax:
(Code)	(Code)	Receive statements / correspondence via e-mail? Yes ☐ No ☐
E-mail address:		

3. Next of kin (person not living with you)	Relation	Daytime contact telephone number

4. Dependant details — **!! Beneficiaries may not be registered on more than one medical aid at the same time !!**

	Names of dependants	Full identity number required	Physical address if different from principal member	Ethnic group	Contact number *
1					
2					
3					
4					
5					
6					

* The contact number will be used for disease management purposes.

5. Protection of personal information

In accordance with the Protection of Personal Information Act No 4 of 2013 (hereafter referred to as the PoPI Act) please take note of the following:

5.1 WCMAS and its representatives (e.g., third party administrator, duly authorised representatives of WCMAS, managed care organisation, etc.) will have access to all medical records and personal information of the principal member and his / her dependants, which includes children subject to parental control in terms of the law. WCMAS and said representatives will also be permitted to visit members or dependents (where applicable) at in-patient facilities where the member or dependent may receive treatment and where WCMAS deems this to be in the interest of the patient. WCMAS will keep all such information confidential and will only disclose the personal information to its representatives and other third parties, if required for the assessment and payment of benefits, collection of monies owed by the member or service providers to WCMAS or as otherwise authorised in terms of the law.

5.2 The rights of the member or his / her dependant (i.e. data subject) are detailed in section 5 of the PoPI Act.

5.3 Personal information is defined in the PoPI Act as information relating to an identifiable living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to:

- Information relating to the race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person;
- Information relating to the education or the medical, financial, criminal or employment history of the person;
- Any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other particular assignment to the person;
- The biometric information of the person;
- The personal opinions, views or preferences of the person;
- Correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence;

Membership Number

- The views or opinions of another individual about the person; and
- The name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

5.4 WCMAS and its representatives will collect the personal information of the member and his / her dependants directly from the member, his / her dependants, health care providers that have provided health care services to the member and his / her dependants and other relevant sources for the purposes set out below.

5.5 WCMAS will collect, process and retain, amongst others, the personal information of the member and his / her dependants contained in this and other WCMAS forms, the documents provided in terms of 5.9 and the claims from service providers as well as benefit payments and clinical information relevant to the membership application, claims and benefits.

5.6 The personal information will be collected and processed by WCMAS and its representatives for the purpose of assessment, underwriting, determination of benefit entitlements, provision of medical scheme benefits, assessment of claims, reimbursement of claims, risk management, collection of monies owed to WCMAS, compliance with the Medical Schemes Act and the registered rules of WCMAS and any related matters.

5.7 The member undertakes to update his / her personal information as soon as reasonably practicable after changes have occurred. This will ensure that the records of WCMAS contain information that is accurate and up to date.

5.8 The personal information of the member and his / her dependants will be retained as part of the records of WCMAS for as long as required by the Medical Schemes Act, the Scheme Rules, the South African Revenue Service, the Protection of Personal Information Act and any other applicable legislation for as long as is necessary in order to provide medical scheme services to the member and his / her dependants and for other lawful, historical, statistical and research purposes.

5.9 The supporting documentation listed below **must** accompany this form, failure of which will result in a rejection of this form by WCMAS (tick the relevant block if the documents referred to are attached to this form):

Information required in the above form for all types of members:

☐ Copies of identity documents of the principal member and dependants

5.10 The name and address of the party responsible for safekeeping of the information is detailed as follows:
Witbank Coalfields Medical Aid Scheme
Physical address: 2nd Floor WCMAS Building; C/o Susanna & OR Tambo road; Emalahleni; 1034
Postal address: P O Box 26; Emalahleni, 1035

5.10 Complaints regarding compliance with the PoPI Act can be addressed to WCMAS or the Information Regulator when established.

5.11 Contact details for the Council for Medical Schemes:
Share call number: 086 112 3267
Website: www.medicalschemes.com Complaints division: complaints@medicalschemes.com

6. Declaration by member (on behalf of all dependants)

I, the undersigned, hereby:

6.1 Grant permission on my own behalf as well as on behalf of my dependants (if applicable):

6.1.1 to any medical practitioner, person or party who may be in possession of or obtain information concerning my/our health status, treatment received or anticipated, as well as any other relevant health information including my/our HIV status, to divulge such information to WCMAS or its representative (e.g. third party administrator, managed care organisation, etc.) on request, also after my death or the death of any of my dependants. I understand that the health information may and on occasion shall be used to evaluate the allocation and payment of benefits for certain diseases;

6.1.2 that a duly authorised representative of WCMAS may visit me or any dependent where applicable at any facility where I am an in-patient, at such reasonable time and for such reasonable reason as it may deem appropriate, and with due consideration of my best interests and may have access to all my medical records.

6.2 Guarantee that to the extent that it may be required by law, I have the necessary consent from my dependants to provide the authorisation as set out in this section

6.3 Confirm that I understand that WCMAS will process personal information (which includes the collection, use and retention of such information) about me and my dependants as set out in section 5 above. I specifically consent on my own behalf as well as on behalf of my dependants to the processing of such information by WCMAS and its representatives as set out in section 5.

6.4 Confirm that I understand that it is my responsibility to update my information with WCMAS that has changed as soon as reasonably practicable after the change has been affected

6.5 Confirm that I have attached, and true copies of documentation provided.

6.6 Confirm that I am aware of my right to request changes to my personal information as included in the records of WCMAS in accordance with the PoPI Act.

6.7 Provide consent that my employer may submit this form and supporting documents to WCMAS.

6.8 Confirm that I have read and understood all the information contained in this form.

6.9 Declare that all the information provided is true and correct to the best of my knowledge and belief.

6.10 Declare that any false statement in this form may result in my membership and that of my dependants being terminated or rejected, as the case may be.

6.11 Hereby authorise my employer to deduct from my salary each month the specified contributions and other debt owed to the Scheme and to pay the money to the Scheme on my behalf / I hereby authorise the Scheme to collect my monthly contributions by debit order (circle the appropriate).

6.12 Acknowledge that, in instances where a broker or any other person completed this form on my behalf, I will remain liable for the information disclosed herein.

6.13 Understand that I or any of my adult dependants have the right to submit confidential medical information to the scheme directly

Member signature	Date	Witness	Witness