



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: 0866 277795

Membership Number

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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 <input type="checkbox"/> No <input type="checkbox"/>
E-mail address:		

3. Next of kin (person not living with you and not a minor)	Relation and Date of birth for Next of Kin	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
<p>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:</p> <p>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 dependants (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.</p> <p>5.2 The rights of the member or his / her dependant (i.e. data subject) are detailed in section 5 of the PoPI Act.</p> <p>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:</p> <ul style="list-style-type: none"> - 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;

