2019

Selfmed
MEDICAL SCHEME

SELFNET ESSENTIAL OPTION CHOICE FORM

Tel: 0860 787 372
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Selfmed Medical Scheme
P.O Box 5543
Tygervalley 7536
Reg. No: 1446

SELFNET ESSENTIAL	Principal Member	Adult Dependant	Minor Dependant
from 1/1/2019	R 984	R 984	R 349

Preferred inception date: 01/_____

NB:Your benefit start date may vary from your inception date.

Declaration for acceptance of waiting periods

I am aware that a 3-month general and/or a 12-month condition specific waiting period may be imposed on my membership with effect from date of registration if:

- I have not been on a previous scheme for more than 3-months prior to my application for membership
- I was on a previous scheme for more than 3-months prior to my application for membership (12-month condition specific waiting period only).
- I was on a previous scheme for 2 years or more and apply for membership within 3 months (3-month general waiting period only)

Name _____ Date _____ Signature _____

Declaration for acceptance of late joiner penalty

I am aware that a penalty may be added to my monthly contributions and/or that of my dependants with effect from date of registration if I, and/or any of my dependants are aged 35 years or older at the time of application, and was/were not registered as a member or dependant on a registered medical scheme on 1 April 2001, and/or has/have been without medical cover for a period exceeding three consecutive months since 1 April 2001

Name _____ Date _____ Signature _____

Prescribed Minimum Benefits (PMB) refer to 270 medical conditions and 25 chronic diseases identified by Department of Health and the Government. Only when a critical emergency medical condition is diagnosed (and treated) as a PMB will it be covered on the Selfnet options. SelfNET and SelfNET Essential purely cover PMB in hospital, and as hospital outpatient subject to the treating doctor(s) using the correct PMB diagnosis/treatment codes for any unforeseen life-threatening or critical medical event.

The funding of outstanding claims remains the responsibility of the member. It would be advisable to stay in contact with the treating doctor's accounts department in respect of PMB diagnosis / treatment codes to avoid any potential delay in the payment of claims.

The 270 life-threatening or critical illness conditions that qualify for PMB cover are diagnosis-specific and include a range of ailments that can be divided into 15 broad categories; the content below as per the Council for Medical Schemes.

For more information kindly visit their website at www.councilformedicalschemes.com

PMB Category Example

Brain and nervous system / Stroke / Glaucoma / Ear, nose, mouth and throat / Cancer of oral cavity, pharynx, nose, ear, and larynx / Respiratory system / Pneumonia / Heart and vasculature (blood vessels) / Heart attacks / Gastro-intestinal system / Appendicitis / Liver / Pancreas and spleen / Gallstones with cholecystitis / Musculoskeletal system (muscles and bones) / Fracture of the hip / Skin and breast / Treatable breast cancer / Endocrine / Metabolic and nutritional disorders of the parathyroid gland / Urinary and male genital system / End-stage kidney disease / Female reproductive system / Cancer of the cervix, ovaries and uterus / Pregnancy and childbirth / Antenatal and obstetric care requiring hospitalisation, including delivery / Haematological, infectious and miscellaneous systemic conditions / HIV/Aids and TB / Mental illness / Schizophrenia / Chronic conditions : Asthma, Diabetes, Epilepsy, Hypothyroidism & Hypertension.

I hereby acknowledge that the PMB benefit on this option has been fully explained to me by the Intermediary in relation to the above-mentioned PMB summary.

Name _____ Date _____ Signature _____