

Company application form

2026

Important notes:

- Please do not resign from your current medical scheme until you have received written notification of acceptance from Momentum Medical Scheme.
- Complete the application for membership (HEALTH001 or HEALTH003) for each employee's individual option. Each principal member must have started employment by the date that the company joins Momentum Medical Scheme, in order to qualify for membership.
- Please email the completed and signed form to us at healthnewbusiness@momentumhealth.co.za.
- Momentum Medical Scheme's 2026 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Regulator.

1: Employer information

Company name	<input type="text"/>		
Legal entity	<input type="text"/>		
Registration number	<input type="text"/>	Registration date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nature of industry	<input type="text"/>		
COID (workmen's compensation) registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact person

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>	
Surname	<input type="text"/>					
ID number	<input type="text"/>	Gender	<input type="text"/> Male <input type="text"/>	<input type="text"/> Female <input type="text"/>		
Telephone - work	<input type="text"/>					
Email address*	<input type="text"/>					
Business physical address	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Business postal address (if different)	<input type="text"/>					
	<input type="text"/>				Postal code	<input type="text"/>
Position in company	<input type="text"/>					

*Please note that the email address you provide will be used when the Scheme communicates with you.

Additional contact person

Title	<input type="text"/>	Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>				
ID number	<input type="text"/>	Gender	<input type="text"/> Male <input type="text"/>	<input type="text"/> Female <input type="text"/>	
Position in company	<input type="text"/>				
Telephone - work	<input type="text"/>				
Email address	<input type="text"/>				

2: Financial adviser (where applicable)

Name	Financial adviser's code	Broker house code	Commission ref no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exclusive group Yes No

Signature of financial adviser	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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6: Terms and conditions

1. We hereby apply for group membership (as specified in section 4) of Momentum Medical Scheme (the Scheme) administered by Momentum Health (Pty) Ltd (Administrator).
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 contract will not bind the Scheme until written acceptance is received from the Scheme.
5. 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 incorporated in writing and accepted by the Scheme.
6. 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.
7. We confirm that where group membership is compulsory, it will be a condition of employment for all new employees falling into the nominated categories, other than those registered as dependants under another medical scheme, to belong to the Scheme.
8. We confirm that no member qualifying for compulsory group membership may terminate his/her membership while in the employment of this company, except for becoming a dependant of his/her partner's medical scheme.
9. We acknowledge that the Scheme does not accept liability for any employee until a notice of acceptance is given by the Scheme.
10. We undertake to notify the Scheme immediately if any changes, which affect the answers to the application, occur before the Scheme grants written acceptance. This will enable the Scheme to reconsider the terms of acceptance.
11. We agree that contributions will be paid monthly and will be submitted to reach the Scheme by no later than the 3rd day of the month for which the amounts are due.
12. We accept that if contributions are not paid by its due date for a member, the Scheme will suspend benefits with immediate effect. If the contributions are not paid within 30 days from the suspension date, that employee's membership will be terminated.
13. We confirm that we have an arrangement in place with every member according to which we will recover amounts due to the Scheme from such member's income.
14. We undertake to give one month's calendar notice to terminate the membership of any employee who leaves the employment of this company. We accept that the Scheme shall not backdate membership terminations and acknowledge that any failure to give proper or timeous notice will result in the company being liable to pay full contributions due to the Scheme up until the last effective date of membership.
15. We shall give the Scheme three months' 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 and payable.
16. When the employer's membership of the Scheme terminates, the employer will ensure that the membership of all pensioners linked to that employer's membership of the Scheme is terminated, even though we no longer employ such pensioners. The employer will be responsible for, and hereby indemnifies the Scheme against, any loss or damage, including but not limited to any underwriting loss, which the Scheme may suffer as a result of such pensioners continuing as members of the Scheme.

Starting date

Name and surname

Designation

Name and surname

Designation

Authorised signatories

Dates

Application for complementary products

2026

Important notes:

- Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.
- If you choose to take any of these products, please complete the contract details for each product you require.

1: AdviceFee (where applicable)

Mandatory AdviceFee: If your company has chosen the Mandatory AdviceFee, please choose the AdviceFee amount per option in Section 1.1, or the total negotiated AdviceFee amount in Section 1.2.

1.1 AdviceFee amount per option

Please choose only one AdviceFee amount per option below. The amount chosen will apply to all employees in your company who are on the specific option. The amounts will be reviewed annually thereafter.

Ingwe Option

R64 R122 R161 R191 or Negotiated amount per member R or Not applicable

Evolve Option

R64 R122 R161 R191 or Negotiated amount per member R or Not applicable

Custom Option

R64 R122 R161 R191 or Negotiated amount per member R or Not applicable

Incentive Option

R64 R122 R161 R191 or Negotiated amount per member R or Not applicable

Extender Option

R64 R122 R161 R191 or Negotiated amount per member R or Not applicable

Summit Option

R64 R122 R161 R191 or Negotiated amount per member R or Not applicable

1.2 Negotiated AdviceFee

This is the total negotiated amount that will be paid monthly for all employees on Momentum Medical Scheme.

Monthly negotiated amount payable: R

1.3 Conditional AdviceFee: (Negotiated amount not applicable)

Please complete this section if your company has chosen the Conditional AdviceFee.

Please select an amount below and note that all employees who are members of Momentum Medical Scheme will need to complete the AdviceFee section on their individual application for membership form, or submit a completed Application for Conditional AdviceFee form.

R64 R122 R161 R191

2: Company payment details (if the company is paying for any of the complementary products)

Please indicate which complementary products the company will pay for:

AdviceFee	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
HealthSaver	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, does the company subsidise your employees full HealthSaver contribution? Yes No

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification on all companies paying for HealthSaver contributions.

Please provide the company registration number

Does the company allow employees to use HealthSaver funds for:

Medical and non-medical merchants, e.g. veterinarians	<input type="checkbox"/>	Only medical merchants	<input type="checkbox"/>
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Multiply Yes No

Payment method EFT (if granted on Momentum Medical Scheme) Debit order

If the company selects to be the contribution payer this will apply to all employees loaded onto the group. If the company does not select to be the contribution payer the member needs to complete the contribution payer information and authorisation for the contribution collection on their application for membership.

(Please do not provide credit card details. Momentum is not allowed to record your credit card details.)

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/>		
Account type	Current/Cheque <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Branch code	<input type="text"/>	Branch name	<input type="text"/>
Starting date	<input type="text"/>		

Please note that the complementary product(s) will only be activated upon successful activation of your Momentum Medical Scheme membership.

Notes:

- The deduction date is the first working day of the month.
- The abbreviated name as registered with the bank, which will reflect on your bank statement, is:
 - **HealthSaver:** Health Sav followed by your group number
 - **AdviceFee:** Advice Fee followed by your group number
 - **Multiply:** Momentum followed by your group number

Momentum may debit the above accounts with the amounts due under the specific contracts in accordance with the Momentum debit order system. We agree to inform Momentum in writing of any changes that take place. We authorise Momentum to verify such bank details with our bank. We accept that Momentum may debit our account on a date other than specified. We accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. We may cancel this mandate and pay via other methods within the 30 days. If we cancel this mandate, we remain responsible to pay any amounts due to Momentum while it was in force.

Name and surname	<input type="text"/>
Designation	<input type="text"/>
Name and surname	<input type="text"/>
Designation	<input type="text"/>

By signing below, you confirm that you are authorised to sign on behalf of the company.

Authorised signatories	<input type="text"/>	<input type="text"/>
Dates	<input type="text"/>	<input type="text"/>
Company stamp	<input type="text"/>	

3: Terms and conditions

1. We understand that Multiply is offered by Momentum Multiply (Pty) Ltd, which is a separate entity from Momentum Medical Scheme. Consequently, any Multiply contributions do not form part of the contributions paid to Momentum Medical Scheme.
2. We understand that HealthSaver and AdviceFee are offered by Momentum which is a separate entity from Momentum Medical Scheme. Consequently, any HealthSaver and AdviceFee amounts do not form part of the contributions paid to Momentum Medical Scheme.

Name and surname

Designation

Name and surname

Designation

Authorised signatories	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

GapCover

Take care of medical practitioner shortfalls and co-payments for in-hospital admission and procedures through Momentum GapCover. Momentum GapCover is underwritten by Guardrisk Insurance Company Limited, a wholly owned subsidiary of Momentum Group Limited. To apply, please speak to your financial adviser.