

Request to change HealthSaver

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.
- Please email the completed and signed form to us at membership@momentumhealth.co.za.

1: Principal member's details

Membership number	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/> First name <input type="text"/>
Surname	<input type="text"/>
ID/Passport number	<input type="text"/>

2: HealthSaver contract details

You can use this account as you see fit to make provision for additional healthcare expenses.
Your HealthReturns will be paid into your HealthSaver account.

2.1 FICA verification

In terms of the Financial Intelligence Centre Act (FICA), we need to successfully perform FICA verification for a third party if the contribution is not paid by the principal member.

We therefore require the following information:

- Source of funds for payment of contributions

Income (salary, commission and rentals)	<input type="text"/>	Dividends interest and dividend income	<input type="text"/>
Pension or provident fund, retirement annuity and annuity	<input type="text"/>	Other (Please provide details)	<input type="text"/>
- ID/Passport number for the contribution payer if different to principal member
If passport number, please confirm which country the passport was issued in and provide a copy of the passport.
- Company name and registration number if a company is the contribution payer (only required where a company application form has not been completed and submitted).
Company name
Company registration number
- If the contribution is paid by a trust by virtue of a testamentary disposition, by virtue of a court order, in respect of persons under curatorship, or by the trustees of a retirement fund in respect of benefits payable to the beneficiaries of that retirement fund, we require:
 - a copy of the trust deed for local trusts, or
 - a letter of authority or other official document from a competent trust registering authority in the foreign jurisdiction for foreign trusts.

For all other trusts we require the name and ID/Passport number for each trustee:

Name of trustee	ID/Passport number	If passport number, please confirm which country the passport was issued in and provide a copy of the passport.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.2 HealthSaver

Tick this box if you would like to cancel your monthly HealthSaver contributions, but would like to continue using your HealthSaver account.

If you do not wish to continue contributing to HealthSaver, you only need to complete Section 2.2 and Section 9.

6: Authorisation for contribution collection

Completion of this section is compulsory for all contribution payers

I authorise Momentum to debit the account as supplied on this application form with the amount of the contribution that I have agreed to pay for the HealthSaver. I undertake to inform Momentum of any change in the account details. I authorise Momentum to verify such account details with my financial institution. I accept that Momentum may debit the account on a date other than specified. I accept that failure to pay the amount, due and payable within 30 days from the due date, will lead to termination. I may cancel this mandate and pay via other methods within the 30 days. If I cancel this mandate, I remain responsible to pay any amounts due to Momentum while it was in force.

If an **individual's** account is to be debited, please sign below:

If a third party's account* details are used, please provide a copy of their ID.

*Consent from third party:

I (name and surname)

ID number

consent to Momentum deducting the contributions due for this member from my bank account.

Signature of principal member or third party (if applicable)

Date

If a **company** account is to be debited:

- I/we warrant that the principal member referred to in this application is an employee of our organisation.
- Momentum may bill us for the amount due for this member in the same manner as for other members that our organisation employs.

Name

Position in company

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

Signature of account holder/ Authorised signatory

Date

Company stamp

7: Terms and conditions

For HealthSaver

Please read the clause below carefully. It contains provisions that may impact on your rights.

1. I am deemed to have read and understood the Terms and Conditions that apply to HealthSaver, which can be accessed via the website at momentum.co.za, and consider myself bound by these Terms and Conditions. I further agree to refer to the Momentum website (momentum.co.za) annually to take note of the Terms and Conditions.
2. An annual administration fee of R40 is payable in January of each year.
3. I appoint Momentum as my agent for the purpose of collecting and depositing all contributions in respect of the HealthSaver and for making the relevant payments as per the Terms and Conditions.
4. I acknowledge that:
 - i. In doing so, Momentum acts as my agent.
 - ii. I assume all risks connected with the administration of the entrusted funds by Momentum, understanding that Momentum is bound by the Financial Institutions (Protection of Funds) Act 28 of 2001.
 - iii. I will direct all enquiries in respect of the HealthSaver to Momentum.
 - iv. I undertake to submit the information required for FICA purposes within 14 (fourteen) days of my application. Failure to submit the FICA information will result in my application for the HealthSaver account being cancelled.

I have read and understand the above clause, have had an opportunity to question and consider it and I agree to the consequences of it.

7: Terms and conditions (continued)

For CreditSaver

1. I confirm that the above information is true and complete.
2. I understand that the information provided under the Credit Assessment Inventory will yield a net income figure and that this will determine whether credit will be granted.
3. I understand that the maximum credit I can qualify for is R36 000.
4. I agree that ad-hoc contributions and rebates will not affect the credit advanced to me.
5. I agree that my application is subject to verification, processing and screening and that Momentum may decline an application based on these checks. In addition I give consent that upon acceptance my application will still be subject to continuous screening which may lead to the termination of my application or a reduction in the amount advanced to me when necessary.
6. Momentum reserves the right to share my payment behaviour with various credit bureaus and I understand that this will have an impact on my credit worthiness.
7. Momentum will send the pre-agreement once the application has been processed. I acknowledge that when I receive the pre-agreement, I am obligated to respond to the confirmation email containing the Schedule of the HealthSaver. My response will indicate my approval for Momentum to activate the HealthSaver account. I acknowledge that if my response is not received within the required time specified in the communication, my HealthSaver will be activated without credit.
8. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, offset any debt owing by me to Momentum Medical Scheme or any Momentum product from funds available in the HealthSaver;
9. I give Momentum the right to, upon the cancellation or termination of the HealthSaver product, hand over my unpaid accounts in respect of the HealthSaver for collection and listing on the credit bureaus.
10. I understand that credit granted will be subject to a variable Savings Booster or penalty.

Signed at

Start date

(The start date cannot be before the Momentum Medical Scheme start date.)

Signature of principal member

Date

8: Declaration

I, the undersigned, agree to be bound by the Terms and Conditions applicable to HealthSaver as set out in the Terms and Conditions of the original contract.

Account holder name

Start date

Signature

Date