



**Rule Reference**

1. The amounts set out in the Rules are payable by or in respect of Members and each of their Dependants. Unless an agreement between the Scheme and an Employer provides otherwise, all such amounts are due monthly in advance, and payable by the fourth business day of every Month. The first such amount is payable from the first of the Month in which a Beneficiary's Inception Date falls, even if a waiting period applies to a Beneficiary.
2. When a Minor Dependant becomes an Adult Dependant the contribution applicable to an Adult Dependant is payable from the first day of the Month during which the Minor Dependant will become an Adult Dependant.
3. When Dependants are deregistered, decreased amounts are payable from the first of the Month after the Month during which the Dependants' deregistration took effect.
4. Beneficiaries who are Late Joiners are subject to the penalties set out in Annexure A. Those penalties also apply to Beneficiaries who were subject to similar penalties at previous medical schemes of which they had been members or dependants of members. However, any years of Creditable coverage which can be demonstrated by the Beneficiary is subtracted from that Beneficiary's current age in determining the applicable penalty.
5. Where Contributions or any other debt owing to the Scheme have not been paid within fourteen (14) days of the due date, the Scheme has the right to suspend payments of all Benefits which have accrued to such member irrespective of when the claim for such Benefit arose. The Scheme further has the right to give the Member and/or Employer notice that if Contributions or such other debts are not paid within fourteen (14) days, membership may be cancelled without further notice.
6. If payments are brought up to date, Benefits must be reinstated without any break in continuity subject to the right of the Scheme to levy a reasonable fee to cover any expenses associated with the default and to recover interest at the prime overdraft rate of the Scheme's bankers. If such payments are not brought up to date, no Benefits will be due to the Member from the date of default and any such Benefit paid may be recovered by the Scheme.
7. The Scheme may withhold, suspend, or discontinue the provision of a Benefit, or of any right in respect of that Benefit, if the Member attempts to transfer, pledge, or hypothecate it.

**D Further terms**

1. Topmed is not obliged to pay any Benefits where the Member is in breach of any of the Member's obligations in terms of the Rules and in particular where any Contribution or part thereof is in arrear.
2. The Employer is the agent of the Member and not of Topmed in dealings between an Employee and Topmed.
3. The Employer/Member must notify Topmed within 30 days of any change of address and failure to notify will absolve Topmed from any liability should the Employer or Member's rights be prejudiced or forfeited
4. The Employer/Individual shall only be entitled to terminate the Group's Membership of Topmed consequent upon 3 calendar month's written notice of termination having been given to Topmed.
5. Notwithstanding anything to the contrary contained in the Rules, where the Employer/Individual gives late notification to Topmed of termination, the Employer/Individual shall be liable to pay Contributions payable up to the end of the month during which Topmed receives notification of termination.
6. In the event that commission is payable by Topmed to a broker who represents the Employer/Individual, Topmed shall be entitled, as authorised in the relevant Plan, to increase the Contributions payable by an amount not greater than the commission payable to the broker.
7. This Contract shall not be binding on Topmed until signed on behalf of Topmed by Topmed's Principal Officer or any other person appointed in writing by the Board to fulfil such function.

**Banking Details Of Applicant**

*(For direct payment of monies DUE to members.)*

Name of Account Holder

Bank Name

Branch Number

Account Number

Account Type (C=Current, T=Transmission, S=Savings)

**Banking Details Of Applicant**

*(For collection of contributions)*

Name of Account Holder

Bank Name

Branch Number

Account Number

Account Type (C=Current, T=Transmission, S=Savings)

**Banking details**

Members paying contributions in cash or via EFT (Electronic Funds Transfer) must use the following bank details:

Name of Bank: Standard Bank  
 Branch: Greyville  
 Branch code: 4-10-26-00  
 Account number: 05 079 4973

