

Thank you for selecting the Momentum Student Medical Aid Plan.
Rest assured, you are buying the FINEST student cover available!

Application process – Complete the form below in full.
PLEASE COMPLETE ALL SECTIONS FULLY.

SECTION 1 – YOUR START DATE

SECTION 2 – YOUR DETAILS

SECTION 6 AND 7 – PLEASE SIGN AND DATE

PLEASE DEPOSIT THE REQUIRED TERM OF COVER (NORMALLY 12-MONTHS) INTO ONE OF THE LISTED BANK ACCOUNTS IN SECTION 5.

(If in doubt, your embassy or home affairs will confirm the period.)

Please use your PASSPORT NUMBER AS REFERENCE.

EMAIL TO peter@peterpyburn.co.za

PLEASE INCLUDE:
COPY OF PASSPORT
ACCEPTANCE LETTER FROM ACADEMIC INSTITUTION
PROOF OF PAYMENT
(GUARDIAN CONSENT IF UNDER 18 YEARS OF AGE.)

Upon receipt of the application the medical aid will issue a certificate – which you need for the visa – ASAP.

Foreign bank transfers can delay the process as clearing of funds takes longer.

PLEASE CALL OR EMAIL peter@peterpyburn.co.za WITH ANY CONCERNS.

Kind regards



Peter Pyburn

HOW TO COMPLETE, SIGN AND DATE YOUR APPLICATION ON YOUR COMPUTER OR SMART DEVICE.

<https://youtu.be/bRHwm7592t0>

Financial Life Planner

Approved Financial Services Licence # 2995

Member Masthead Financial Advisers, FIA



083 377 8893



0866 688 122



peterpyburn.co.za



Peter J Pyburn
FINANCIAL LIFE PLANNER

Find us on
facebook

Quick Quote	
Age	
Income	
Education	Yes No
Smoker	Yes No
Gender	Female Male
CALCULATE	

Online life cover
in just 6 clicks!

Got dependents?
YOU MUST HAVE LIFE INSURANCE.
If not, you need
DISABILITY COVER.

Medical aid pays
healthcare costs.
What if disability
stops your salary?



International student application form

2024

Important notes:

- Momentum Medical Scheme is a medical scheme registered under the Medical Schemes Act, 131 of 1998.
- Momentum Medical Scheme is administered by a separate company, Momentum Health Solutions (Pty) Ltd (Administrator), part of Momentum Metropolitan Holdings Limited.
- Momentum Medical Scheme will only consider membership on receipt of a fully completed application form.
- Compulsory documents to be submitted with your application:
 - Copy of your passport.
 - Letter of acceptance from the academic institution in South Africa where you will be studying full time.
 - Proof of payment (see banking details under section 5). Please use your passport number as the reference number when paying the contribution.
- Please submit the completed and signed form, as well as the documents listed above, via email to **studentapplication@momentum.co.za**.
- **Should we not receive all the required supporting documents, it will delay the finalisation of your application.**

1: Membership details

Membership start date

Number of months of medical aid cover required (minimum of 6 months)*

***We recommend that you check the minimum period of cover with your academic institution and embassy, to avoid a delay in your medical aid cover.**

2: Principal member's details

Passport number

Country in which passport was issued

Name of institution where studying

Campus

Student number

Title

Initials

First name

Surname

Date of birth

Gender

Female

Marital status

Race

Coloured

Indian/Asian

White

Other

We collect race information for statistical purposes for the Council for Medical Schemes.

Please provide either your South African or international cellphone number, as well as your email address. We cannot process your application without this information.

Cellphone number

International cellphone number

Email address

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

Address in South Africa

Home address*

Postal code

Postal address (if different)

Postal code

*You may use the address of the institution where you are studying if you do not yet have an address in South Africa.

3: Dependant particulars

Please complete an application for Addition of Dependants form, if you wish to add dependants to your membership.

4: Option

Ingwe Option

Hospital provider: Any hospital

Chronic and Day-to-day provider: Ingwe Active Network

5: Banking details to pay your contributions to Momentum Medical Scheme

(Please use your passport number as reference)

Account Name	Momentum Medical Scheme	Account Name	Momentum Medical Scheme	Account Name	Momentum Medical Scheme
Name of Bank	First National Bank	Name of Bank	Standard Bank	Name of Bank	ABSA
Branch Name	Global Transactional Services - Durban	Branch Name	Florida Road	Branch Name	Killarney
Type of Account	Current	Type of Account	Current	Type of Account	Current
Account Number	62127765371	Account Number	050 810 995	Account Number	4060933128
Branch Code	22 36 26	Branch Code	042726	Branch Code	632005
Bank Code / Swift Code	FIRNZAJJ	Bank Code / Swift Code	SBAZAZAJJ00720535	Bank Code / Swift Code	ABSAZAJJ

6: Consent for Momentum Medical Scheme to process personal information

We request your consent to process and obtain your personal information from any other person for the purposes set out below. While your consent is voluntary, it is a requirement for your membership of Momentum Medical Scheme.

Momentum Medical Scheme and the Administrator, Momentum Health Solutions (Pty) Ltd, a part of Momentum Metropolitan Holdings Limited, will keep your personal information confidential and will adhere to the Protection of Personal Information Act, 2013 when processing your personal information. Your personal information will be processed for the purpose of the Medical Schemes Act 131 of 1998.

If you fail to provide the personal information required or if you are not willing to agree to the processing of your personal information, then Momentum Medical Scheme will not be able to administer or offer you membership of the medical scheme.

Please read the statements below and sign your acceptance thereof.

1. I confirm that I am authorised to provide consent on behalf of my dependants and that I have their permission to share such information with Momentum Medical Scheme and the Administrator. Where I give consent for a minor, I confirm that I am a competent person in respect of such minor and I have the authority to give consent for them.
2. I declare that all my personal information and that of my dependants supplied to Momentum Medical Scheme and the Administrator is accurate, up to date, not misleading and that it is complete in all respects and will be held and/or stored securely for the purpose for which it was collected and that I will immediately advise Momentum Medical Scheme and the Administrator of any changes to my personal information and that of my dependants should any of these details change.
3. I authorise, and give consent to Momentum Medical Scheme and the Administrator to collect, store, collate, process, share and further process my personal information, including health information, and that of my dependants, for purposes of my Momentum Medical Scheme membership risk profiling and management, administration of my membership and as set out in this section.
4. If I have consented to the disclosure of my personal information to any other entity or person (person means any natural or juristic person, firm, company, corporation, state, agency or organisation of a state, association, trust or partnership, whether or not having legal personality) or if a contractual relationship exists between Momentum Medical Scheme or the Administrator which requires Momentum Medical Scheme or the Administrator to provide my personal information to any other person, Momentum Medical Scheme or the Administrator may do so.
5. I acknowledge that I must give Momentum Medical Scheme and the Administrator all information and evidence they may require from time to time. I authorise Momentum Medical Scheme and the Administrator to obtain from any person, including any medical doctor or other healthcare provider who has attended to me or my dependants in the past, or who will attend to me or my dependants in the future, any information Momentum Medical Scheme may require concerning my or any of my dependants in assessing any risk or claim in relation to this application, my membership of Momentum Medical Scheme and risk profiling or management. I consent to that person providing, and instruct that person to provide, Momentum Medical Scheme and the Administrator with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.
6. I have the right to withdraw my consent to have my personal information processed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.
7. I have the right to object on reasonable grounds relating to my particular situation, to the processing of my personal information unless processing is required by law.
8. I have the right to request my personal information which is in the possession of Momentum Medical Scheme and the Administrator, provided that I furnish adequate identification.
9. I have the right to request Momentum Medical Scheme and the Administrator where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.
10. If I have a complaint relating to the processing of my personal information, I agree to refer it to the Scheme to resolve it in terms of their internal complaints process first. If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator who can be contacted on 010 023 5207 or via email at POPIAComplaints@infoeregulator.org.za.

6: Consent for Momentum Medical Scheme to process personal information (continued)

11. I hereby authorise, and give consent to Momentum Medical Scheme and the Administrator to share my personal information, including health information, and that of my dependants, with Momentum Metropolitan Holdings and its subsidiaries, with whom I and/or my dependants have a contractual relationship with, or have applied for a product or service from such entity, including contracted third parties both locally and outside the Republic of South Africa who require this information. This personal information will be processed and/or used for further processing in order to:
- administer the products or services;
 - grant me and/or my dependants, where applicable, access to interact with Momentum Medical Scheme on its website, to obtain a single view of my products with Momentum Metropolitan Holdings Limited and for purposes of receiving any reports or statements including consolidated reporting; and
 - to provide any credit bureau or registered credit provider with my credit information as defined in the National Credit Act, 2005 (credit information includes, for example, my credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgments obtained for outstanding debts).
12. I (insert name and surname)
- hereby give my consent to Momentum Medical Scheme's Administrator, for me to receive direct marketing of complementary products and services, insurance, investments, health insurance, retirement benefits, other financial services and health related products by Momentum Metropolitan Holdings Limited and its subsidiaries, to be marketed to me by means of electronic communication. Tick here if you do not wish to receive any direct marketing.
13. You can access the full privacy policy at <https://momentummedicalscheme.co.za/privacy-policy/>

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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7: Statement by principal member

1. I apply for my dependants and I to join Momentum Medical Scheme (the Scheme) administered by Momentum Health Solutions (Pty) Ltd (Administrator) and agree to familiarise myself with, and be bound by, the Rules of the Scheme (the Rules) if my application for membership is accepted. I understand that I may request to inspect the Rules and that, in the event of a dispute, the Rules will be decisive.
2. I acknowledge that if my dependants and I do not disclose all the information that is relevant to the assessment of this application or if I and my dependants submit fraudulent claims, it will make any contracts to which this application relates null and void. The Scheme may, at its discretion, recover any amounts paid to me or any service provider on my behalf.
3. I irrevocably grant my permission to any physician, person or party who may be in possession of, or obtain information concerning my health, or that of my dependants, to divulge such information to Momentum Medical Scheme, also after my death.
4. I undertake to pay any amount due to Momentum Medical Scheme, on demand. Failure to pay any debt due to the Scheme may result in suspension or termination of membership and/or handover to a third party for collection.
5. I will notify the Scheme by contacting LifeSense on 0860 50 60 80 within 14 days of activation of membership, if I or any of my dependants are living with HIV/Aids.
6. I will notify the Scheme should I or any of my dependants require hospitalisation for a non-emergency event at least 48 hours before the event. I acknowledge that failure to do so will result in a co-payment being applied as contained in the Scheme Rules.
7. I undertake to give a calendar month's notice should I wish to terminate my membership and/or terminate the membership of my dependants.
8. I consent to the recording of all conversations between me and the Scheme or the Administrator, and all information obtained through these conversations will form part of the Scheme's and the Administrator's records. I also consent to all these records remaining the sole property of the Scheme and the Administrator.
9. As an international/foreign student, I confirm that I have complied with the study visa/permit regulations as determined by the South African Home Affairs Immigration Act No. 13 of 2002. I consent to Momentum Medical Scheme sharing my membership details, as well as my personal details, including my name, date of birth and passport number, with contracted third parties for the purposes of verifying my membership in accordance with the study visa requirements, as per the Immigration Act.
10. I understand that Momentum Medical Scheme further reserves the right to review my membership should it be found that I failed to submit valid, accurate or complete documentation in support of my application for membership. I acknowledge that the Scheme reserves the right to verify that the documents submitted in support of my application for membership are valid, accurate and complete. I further acknowledge that the Scheme reserves the right to terminate my membership should the documentation be found to be fraudulent.
11. For **female applicants**: I understand that if I am pregnant at the time of joining Momentum Medical Scheme, a 12-month exclusion for pregnancy and confinement will apply. If I find out that I am pregnant after signing this application, I may apply for maternity benefits.
12. I confirm that I am not earning an income of more than R875 per month.

Signature of principal member

Date

D	D	M	M	Y	Y	Y	Y
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For office use (you do not need to complete this section)

Broker code

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Broker house code

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Group code

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Institution code

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