MAKOTI
MEDICAL SCHEME

Universal House, 15 Tambach Road, Sunninghill Park, Sandton
Private Bag X47, Rivonia 2128 | **Tel:** 011 208 1000 | membership@universal.co.za

INTERNATIONAL STUDENTS APPLICATION FORM

COUNTRY OF ORIGIN

NAME OF INSTITUTION OF STUDY

DURATION OF STUDY

AREA/CAMPUS

FOR OFFICE USE ONLY

LANGUAGE	SUBS TABLE

MEMBERSHIP NO.

1. APPLICATION FOR MEMBERSHIP

DATE OF JOINING THE SCHEME (D D M M Y Y Y Y)

STUDENT NUMBER

END DATE OF MEMBERSHIP (D D M M Y Y Y Y)

FIRST NAME/S

SURNAME

RACE

PASSPORT NUMBER **(Attach copy of document)**

GENDER M F

MONTHLY CONTRIBUTION

NUMBER OF MONTHS

TOTAL CONTRIBUTIONS R

RESIDENTIAL ADDRESS

POSTAL CODE

POSTAL ADDRESS

POSTAL CODE

TELEPHONE NUMBERS (HOME) (INTERNATIONAL STUDENT OFFICE)

(CELL)

EMAIL

Please attach supporting documents: Passort, Proof of Payment of Annual Contributions, Student Proof of Registration and Letter from Institution (Admission).

Please indicate and provide details of any medical treatment, including acute conditions, you or any dependants have received during the last twelve months, or anticipate receiving within the next twelve months.

Have received during the last twelve months.	Yes	No	Anticipate receiving within the next twelve months	Yes	No

Name	Details of condition	Date of treatment	Degree od recovery

2. CHOSEN DOCTOR DETAILS

NAME OF DOCTOR OF CHOICE

DOCTOR'S ADDRESS

DOCTOR'S CONTACT NUMBER ( )

PRACTICE NUMBER (OFFICE USE)

3. DECLARATION

APPLICANT

1. I hereby apply for membership to Makoti Medical Scheme (Makoti) for myself and my listed dependants and agree to abide by the Rules of the Scheme.
2. I understand that false information could result in my application for membership being rejected or my membership being cancelled. Should this occur, I agree to refund Makoti all relevant payments which was made on my behalf.
3. Contributions due to Makoti are due MONTHLY. Failure to pay contributions due will result in my membership being suspended or terminated as per the Rules of the Scheme.
4. I agree that in the event that I, or my Employer have appointed an accredited broker to provide intermediary services, the Scheme shall be entitled to pay over to the broker the agreed fee for such services.
5. I hereby warrant that as the principal member of Makoti, to the extent that may be required by law, that I have received the necessary consent from my dependants to access and view their healthcare claims made on my membership and deal with all matters relating to their claims on my membership as set out in this section.
6. I understand that I will be liable for any legal costs incurred in the recovery of any amount owing to the Scheme.
7. For the purpose of considering applications for membership, as well as any claim for benefits, the Scheme and any medical personnel authorised by the Scheme has the right to obtain any medically relevant information which it may deem necessary from any medical practitioner or institution or nominee that possesses such information, and that party may disclose such information to the Scheme and any party duly authorised by the Scheme.
8. Makoti and any medical personnel duly authorised by the Scheme may request and acquire from service providers any relevant information that may be required for the fulfilment of any of its obligations. The Scheme and any party duly authorised by the Makoti Medical Scheme may keep such information in their databases and use it for statistical purposes.
9. The information may be requested and supplied at any time, including after the death of the member, and will include accounts from service providers, indicating diagnoses, and medical or clinical reports when indicated. Such information will, however, be treated as confidential at all times by the party to whom its supplied.
10. By agreeing to sign the application form(s) the applicant/member thereby waives his/her right to privacy to the extent implied by the above clauses 7, 8 and 9.
11. Note that if you omit to submit a copy of your ID/Passport document, your details will be confirmed with your HR department.
12. In the event of any refund due to you, your banking details will be confirmed by your HR department and your current banking details on file as per your payroll department will be used for such refund.
13. Contribution amount R

I DECLARE THAT I HAVE DISCLOSED ALL PARTICULARS RELEVANT TO THIS APPLICATION, AND THAT I AM AWARE THAT ANY FALSE STATEMENT WILL RENDER MY MEMBERSHIP NULL AND VOID.

SIGNATURE OF APPLICANT

D	D	M	M	Y	Y	Y	Y

DATE

4. BROKER DETAILS

BROKERAGE NAME		BROKER CODE	
BROKER'S NAME			
BROKER'S TELEPHONE NUMBERS	(CELL)		(OFFICE)

5. BROKER CONSULTANT

BROKER CONSULTANT NAME		BC CODE	

SIGNATURE OF BROKER CONSULTANT

D	D	M	M	Y	Y	Y	Y

DATE

MAKOTI BANKING DETAILS

Bank:	Nedbank	**Branch code:**	145405
Branch:	Corporate Client Services	**Swift Code:**	NEDSZAJJ
Account number:	1944154302		

CHECKLIST OF DOCUMENTS TO BE SUBMITTED FOR A COMPLETED APPLICATION FORM

- ☐ Copy of passport
- ☐ Proof of payment
- ☐ Student registration confirmation or institution letter of inception
- ☐ If the student is underage then a consent form is required (under 18 years old)

Makoti Medical Scheme
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Administered by Universal Healthcare Administrators (Pty) Ltd