

Application for Company Benefits

(Indoor and Sales Staff)

NAME

DEPARTMENT/REGION/BRANCH

EMPLOYEE NUMBER

DEBIT NUMBER / COST CENTRE

<input type="text"/>	<input type="text"/>
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METROPOLITAN MEDICAL SCHEME

MEMBERSHIP

Membership to the Medical Scheme is a condition of employment and compulsory for all permanent employees, unless membership as a dependant on your spouse/partner's medical aid can be proven.

The Scheme offers two options i.e.:

The Classic option: provides cover in terms of hospitalisation and chronic medication as well as an out of hospital benefit of R500 per family.

The Premier option: provides comprehensive cover.

Personal Financial Advisors who are appointed on a permanent basis, can only select the Classic option with the provision to upgrade to the Premier option on the first available option change as laid down by the Rules of the Medical Scheme. In such cases, the employer contribution subsidy will still be limited to the Classic option.

Membership is guaranteed but a waiting period might be applied. The waiting period will be waived if a membership certificate from the previous scheme is submitted indicating continuous membership for a period of two years and longer. An employee who has never belonged to a medical scheme, is subject to medical selection and a three-month waiting period on basic benefits will be applied from the scheme's entry date. Premiums will be collected from the employee and the employer during the waiting period, but the employee will be liable for any claims submitted during this waiting period.

In the event of an employee failing to meet the health standards specified by the rules of the scheme and as determined by the Scheme's Medical Officer, it is accepted that certain benefits of such scheme may be restricted during the first 12 months of membership without it constituting a substantive alteration to the employee's condition of employment. The 12-month restriction might also be applied to the spouse/partner depending on his/her state of health at acceptance of the benefits

Membership of the medical scheme will automatically be terminated upon the termination of this employment contract for whatever reason, provided that such membership may continue in respect of retired employees, subject to the terms and conditions set out by the medical scheme.

If you wish to register any dependants (other than minors i.e. children younger than 21 years), they will be subject to medical selection. Spouse/Partners and children younger than 21 years will be regarded as normal dependants. Children that is older

than 21 years and are full-time students will be regarded as normal dependants until they reach the age of 25 years. Other dependants such as older children and parents will be regarded as adult dependants. Only parents that are earning an income that is less than the current state pension and who is living with the member will be regarded as a dependant. The necessary proof according to the rules must be provided.

CONTRIBUTIONS

The contribution is based on the pensionable salary and are raised monthly in arrears. The contribution is determined according to the job grade for indoor staff and the job status for Sales Staff.

Indoor Staff (JG 1-9) and Area & Regional managers

Employee contribute 1/3 of the premium

Employer contribute 2/3 of the premium (included in total monthly package)

All other indoor & Sales staff

Employee contribute 40% of premium

Employer contribute 60% of premium

Please note that no Employer contribution is made if the CPM of the Personal Financial Advisor is less than the amount as stipulated by the Employer (currently R4 500).

APPLICATION FOR MEMBERSHIP

Options - Please tick

I hereby apply for membership of the Metropolitan Medical Scheme and will complete the attached application form in full for assessment by the company's medical underwriters.	
I do not wish to apply for membership of the Metropolitan Staff Medical Scheme as I am already a dependant on my spouse/partner's medical aid (Please provide proof in the form of a membership certificate from your existing registered medical scheme	

Employees applying for membership of the medical scheme have the option to choose between the following two options:

Options - Please tick

Classic option: Hospital cover chronic medication and R500 out of hospital benefits.	
Premier option: Comprehensive cover (not available to Personal Financial Advisors at commencement of service, but can upgrade at first available option as laid down by the rules of the scheme)	

.....
Employee's Signature

.....
Date

Please note that in all instances the rules of the scheme will prevail.





PARTICULARS OF APPLICANT

Title: Mr/Mrs/Miss

Surname:

First names:

Postal address:

 Postal code:

Tel. code & no.: Cell:

Fax code & no.: Email:

Date of birth: (dd/mm/yyyy) Marital status: *Married/Single/Divorced/Widow(er)*

Sex: Male: Female: Language:

ID number: Member

Dependants:	Full names and surname	Relationship to Applicant	Sex	ID Numbers
Spouse/ Partner	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Use a second form if space is insufficient.

MEMBERSHIP PARTICULARS

Were you a member or a dependant of a registered medical scheme during the past two years? Yes No

If "Yes", A CERTIFICATE OF MEMBERSHIP, indicating your date of resignation from that scheme, must be attached before registration on the Metropolitan Medical Scheme will be finalised. Please note that in terms of the Medical Schemes Act, it is unlawful to be registered on two schemes simultaneously.

(i) (a) Name of current medical aid scheme:

(b) Membership number:

(c) Period of membership: to (dd/mm/yyyy)

(ii) (a) Name of previous medical aid scheme:

(b) Membership number:

(c) Period of membership: to (dd/mm/yyyy)

(iii) (a) Was membership subject to any restrictions: Yes No

(b) If "YES" state particulars:



1. MEDICAL PARTICULARS

I understand that if I do not provide full information about all medical conditions known to me at the time of this application or before acceptance of the application, my membership may be declared null and void.

N.B. There is no obligation to disclose your and/or your dependants' HIV/AIDS status on this form.

Have you or your dependants ever suffered from or had symptoms of any of the following?

Answer the questions Yes or No. If "yes" give full details in the Schedule on Page 5:

	MEMBER	SPOUSE/ PARTNER	DEPEND- ANTS
(a) Any nervous or mental complaint, e.g. epilepsy, migraine, black-outs, anxiety states, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Any respiratory disease, e.g. asthma, bronchitis, persistent cough, tuberculosis, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Any disease of the heart or circulatory system, e.g. heart attack, rheumatic fever, coronary artery disease, high blood pressure, stroke, palpitations, chestpain, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Any disease of the digestive system, gall bladder or liver e.g. stomach ulcer, indigestion, hiatus hernia, gall-stones, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Any disease of the kidneys, bladder, reproductive organs, or gynaecological related symptoms or conditions, or sexually transmitted diseases, including Hepatitis B, gonorrhoea, genital herpes or syphilis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Any ear, nose or throat disorder (e.g. recurrent tonsillitis, cataracts, chronic sinusitis)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Any disorder of muscles, bones, joints, limbs, spine (e.g. rheumatism, arthritis, gout)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Diabetes, sugar in blood or urine, thyroid or other glandular or blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Any lumps, growths (benign or malignant), types of cancers (including Hodgkins and leukaemia)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Any tropical diseases (e.g. bilharzia, malaria, cholera)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Any other illness, disorder, disease, operation, disability or accident which required medical, radiological, surgical, pathological or dental investigations during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Have or are you or any of your dependants receiving any surgical, medical, major dental (including implants), chiropractic, optical or gynaecological treatment, procedures, advice or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Do you or any of your dependants have any physical (including dental) abnormality, deformity, handicap or defect, whether congenital or as a result of an accident, disease or some other cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Has your weight or the weight of your dependants changed by more than 5kg over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o) Do you or any of your dependants experience any other ailment or disease at present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(p) Are there, in respect of you or your dependants, any other circumstances not mentioned elsewhere in this questionnaire relating to past or present diseases, accidents, operations, or other conditions (including pregnancy) for which advice has been sought or treatment has been received or recommended during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(q) Are you or any of your dependants expecting to undergo any medical procedure, operation, confinement or receive any major dental treatment during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(r) Are you or your dependants currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. BANK DETAILS

Please provide us with banking details that will be used for the reimbursement of paid claims.

Name of account holder

Name of bank:

Name of branch: Branch code:

Bank account no:

Type of account: Savings Current Transmission

4. DECLARATION

I, the undersigned, declare and warrant that the information contained herein is true and correct in every respect and I understand that all benefits that may be granted under the medical scheme of Metropolitan may be forfeited if any answer is proved to be untrue or incomplete.

I further authorise Metropolitan Medical Scheme or its administrators or health risk managers, when deemed necessary, to obtain information on my behalf from any service provider for purposes of, but not limited to, authentication of claims submitted to the Scheme for payment, verification of pre-existing conditions and obtaining medical reports in cases of protracted illness.

Signed at this day of 20

FOR OFFICE USE

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE/PARTNER

Membership no:

Employee no:

Department / Regional Office

Salary category: A B C

Entry date: (dd/mm/yyyy)

Option: C P

Checklist:

- Copy of member ID
- Copy of spouse/partner ID
- Copy of dependant's birth certificate
- Partner contract
- Membership certificates

NOTES:



METROPOLITAN STAFF RETIREMENT FUND

MEMBERSHIP

Membership to the Staff Retirement Fund is a condition of employment and compulsory for all permanent employees who are younger than the age of 60 years.

Personal Financial Advisors who are appointed on a permanent basis will have a waiting period of one year after commencement of service. i.e. these employees's entry date to the Fund will be one year later than their entry date to the company.

The Fund consists of a Pension Fund section and a Provident Fund section. The member's own contributions are paid into the pension section and the employer's contributions are paid into the Provident Fund section.

INVESTMENT OPTIONS

The fund provides 9 portfolios where members can choose between one, or a combination of these portfolios. The option varies between a combination of high and low volatility. If a member does not elect an option, the contributions will automatically default to the Metropolitan Smooth Growth Portfolio. Switching between the portfolios, are also allowed subject to the rules of the Fund. Please refer to the Fund's website or to the Staff Retirement Fund's member guide for more information.

BENEFITS

The fund provides the following benefits:

- **Withdrawal benefits** (payable on resignation; dismissal or retrenchment):
A member may choose to take the fund credit (Total of pension and provident section) in cash, subject to tax, or to preserve the benefits in a retirement vehicle or a combination of both.
- **Retirement benefits:**
Normal retirement age is 60 years, but a member may retire early from age 50 onwards subject to SARS requirements. At least two-thirds of the Pension Fund must be used to purchase a pension, while the remaining one-third as well as the Provident Fund may be taken in cash subject to tax.
- **Income continuation benefits:**
In the case of extended illness, which exceeds 30 days continuously, the Fund will provide income equal to 100% of the pensionable salary. This will be paid during the period of extended illness provided that the Insurer has acknowledge the claim as valid for this benefit. Should this period exceeds 12 months, the benefit will reduce to 75%.
- **Disability benefits:**
Should you become disabled as a result of illness or injury and the Insurer approves the claim, you will receive 100% of pensionable salary during the first 12 months of disablement

and thereafter 75% of your pensionable salary till normal retirement age.

- **Death in service benefits:**

If death occurs in service before the age of 60 years, the fund credit becomes payable. An additional amount referred to as the attached group life benefit also becomes payable. (Refer to the Fund's website or to the Staff Retirement Fund's member guide for more information.)

CONTRIBUTIONS

The contribution percentage is determined according to the job grade for Indoor Staff members and the Job Status for Sales Staff members and is calculated on the pensionable income. Please refer to table below:

INDOOR STAFF (JG 1-9) & AREA & REGIONAL MANAGERS

Member contribution	Employer contribution	
	Fund Credit	Risk & Administration fees
5%	9%	3%

ALL OTHER INDOOR AND SALES STAFF

Member contribution	Employer contribution	
	Fund Credit	Risk & Administration fees
7.5%	6.5%	3%

Please note:

The amount allocated to insured death and disability benefits and admin expenses is included in the Employer contribution and is capped at 3.5% with the balance going towards retirement funding.

In the case of a Personal Financial Advisor, the Employer's contribution will cease if the employee fails to attain the Company's laid down minimum production standards as amended from time to time.

.....
Employee Signature

.....
Date

Please note that in all instances the rules of the fund will prevail.



METROPOLITAN STAFF GROUP LIFE SCHEME

(unattached)

MEMBERSHIP

Membership to the Scheme is voluntary for employees who have not yet attained the age of 50. Membership is subject to full medical selection including HIV testing. Employees will have an option to apply for Group Life Scheme within a period of 3 months upon the following events:

- At commencement of employment
- At the scheme's anniversary (i.e. 1 July of each year)
- Increase in Job grade (Indoor staff) and job status (Sales staff)
- Change in personal circumstances (e.g. marriage/divorce; add a child dependant)

Employee will also have the option to increase, decrease or terminate the existing cover, within a period of 3 months upon the events as mentioned above. Cover ranges from 2 time to 6 times annual pensionable income/package depending on the job grade or job status. The Scheme also offers spouse cover of 1 times the member's annual pensionable pensionable income/package. This offer will also be subject to full medical underwriting including HIV testing..

Mortgage cover is also available under this Scheme subject to underwriting and is compulsory if the Mortgage loan is with the Employer.

BENEFITS

The scheme provides tax-free lump sum payments in the case of disability and/or death of member or the member's spouse. The benefit is calculated on the annual pensionable income/package at the time of death or disability.

The death benefit will be paid directly to the nominated beneficiary as indicated on the latest beneficiary nomination form (Available on the Fund's website or in the Staff Retirement Fund's member guide).

CONTRIBUTIONS

Contributions are age-related and calculated as indicated below:

Age	Indoor	Outdoor
Younger than 30	0.15c	0.45c
31 to 35	0.17c	0.52c
36 to 40	0.20c	0.60c
41 to 45	0.24c	0.68c
46 to 50	0.31c	0.75c
50+	0.45c	0.90c

Indoor staff

JG 1-4: Contribution based on Total Annual Package with a minimum multiple of 2 and a maximum multiple of 6 times.

JG 5-9: Contribution based on Total Annual Package with a minimum multiple of 2 and a maximum multiple of 5 times.

All other Indoor Staff: Contribution based on annual pensionable income with a minimum multiple of 2 and a maximum multiple of 4 times

Sales staff

Area and Regional manager: Contributions based on 1.25% x Total Basic Package with a minimum multiple of 2 and a maximum multiple of 5 times.

All other sales staff: Contributions based on pensionable income with a minimum multiple of 2 and a maximum multiple of 4 times.

MEMBER'S OPTIONS

Options -Please tick

I hereby apply for membership of the Metropolitan Staff Group Life Scheme and consent to full medical selection including HIV testing.	
I also choose cover of 2 <input type="checkbox"/> times or 3 <input type="checkbox"/> times or 4 <input type="checkbox"/> times or 5 <input type="checkbox"/> times or 6 <input type="checkbox"/> times	
(Please refer to maximum cover per job grade/job status)	
I hereby apply for spouse cover and consent to full medical underwriting including HIV testing.	
I do not wish to apply for membership of the Metropolitan Staff Group Life Scheme.	

.....
Employee Signature

.....
Date

Please note that in all instances the rules of the scheme will prevail.

