



## APPLICATION FORM

### FOR ACCREDITATION OF AN INDIVIDUAL AS A HEALTH CARE OR APPRENTICE HEALTH CARE BROKER

(To be completed by all individuals, including employees of organisations, who provide services or advice in respect of the introduction or admission of prospective members to a medical scheme in terms of section 65 of the Medical Schemes Act, 1998 and Chapter 7 of the Regulations as amended. In the event that a person is employed by or a member of a close corporation, company or in partnership/association with someone who performs broker activities, in terms of which the organisation contracts with medical schemes, such organisation is required to be accredited and the relevant application form must accompany this application).

**Section A:** (To be completed by all applicants) (Please Print).

1. Surname: \_\_\_\_\_

2. Full names: \_\_\_\_\_

3. Identity No: \_\_\_\_\_

4. (a) Physical address: \_\_\_\_\_ (b) Postal address: \_\_\_\_\_

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(c) E-mail: \_\_\_\_\_

(d) Telephone (W) \_\_\_\_\_ (e) Telephone (H): \_\_\_\_\_

(f) Cell No: \_\_\_\_\_ (g) Telefax: \_\_\_\_\_

5. Accreditation number previously allocated (if applicable):

6. Financial Services Board license number:



7. Academic qualifications: (Certified copies of official documentation to be attached)

Qualification/s	Institution	Date/s obtained

8. Relevant employment history and/or experience in healthcare consulting and marketing: (To be supported with written references medical scheme(s) confirming that the required period of two years relevant experience have been completed satisfactorily.)

NOTE: (in the event that the applicant fails to provide proof of the required 2 years demonstrated relevant experience, he/she may qualify to be accredited as an apprentice health care broker provided you meet the other requirements)

Positions Held	Employer	Period

**Section B: (Manner of providing broker services) (Please mark the appropriate box)**

9. Are you or will you function as broker in formal employment?  YES  NO

10. Name, details and accreditation number (if applicable) of employer:

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11. Are you self-employed as a health care broker?  YES  NO  
if so, specify:

(a) As a sole proprietor/independent broker?  YES  NO

i. the name under which you trade (if applicable):

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(b) As a member of a partnership/close corporation or other legal entity?

YES

NO

- i. The name of your organization/partnership/close corporation or other legal entity and accreditation number with the Council (if applicable)

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(c) as a subcontracted broker:

- i. Details of master broker or entity to whom so subcontracted:

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**Section C: (to be completed by applicants applying as sole proprietors/independent brokers)**

12. Names of all brokers and apprentice brokers employed by the applicant (These brokers must be individually accredited or their applications for accreditation must accompany this form).

Name	Accreditation Nr	Name	Accreditation Nr

13. Supply the names of all medical schemes with whom the applicant has contracted to provide broker services (note that copies of the written agreement/s must be supplied).

Medical Schemes	Commencement Date

14. Name/s of professional bodies currently affiliated with:

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15. Details of any health care related courses/seminars attended:

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**Section D: Fit and Proper requirements**

**If the answer to any of the questions is Yes, provide full details and attach to the application form**

	YES	NO
16. Have you within a period of five years preceding the date of application been found guilty by any professional or financial services industry body (whether in the Republic or elsewhere), of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you within a period of five years preceding the date of application been denied membership of any body referred to in 16 on account of an act of dishonesty negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you within a period of five years preceding the date of application been found guilty by any regulatory or supervisory body (whether in the Republic or elsewhere) or has an authorisation to carry on business been refused, suspended or withdrawn by any such body on account of an act of dishonesty, negligence, incompetence or mismanagement?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you at any time prior to the date of application been disqualified or prohibited by any court of law (whether in the Republic or elsewhere) from taking part in the management of any company or other statutorily created, recognised or regulated body, irrespective whether such disqualification has since been lifted or not?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you been involved with a corporation, which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you had any judgment (including a finding of fraud, misrepresentation or dishonesty) given against you in any civil proceedings, in South Africa or elsewhere or are there any proceedings now pending which may lead to such a judgment?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere) or exchange, professional body or government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you have been a controlling shareholder, director of a company or member of a close corporation at the time it was placed under judicial management or in provisional or final liquidation?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you have any additional information, which should be brought to the Registrar's attention, which may have an impact on the evaluation of your application to be accredited?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever been declared insolvent?	<input type="checkbox"/>	<input type="checkbox"/>
26. If the answer to 25 above is 'Yes' have you since been rehabilitated?	<input type="checkbox"/>	<input type="checkbox"/>



27. Do you hold any shares or have any financial interest in:		
(a) a brokerage;	<input type="checkbox"/>	<input type="checkbox"/>
(b) an administrator of medical schemes;	<input type="checkbox"/>	<input type="checkbox"/>
(c) a managed care organisation;	<input type="checkbox"/>	<input type="checkbox"/>
(d) a provider group;	<input type="checkbox"/>	<input type="checkbox"/>
(e) any other organisation or entity that provides health care — or consultation services to medical schemes	<input type="checkbox"/>	<input type="checkbox"/>
(f) a life office, a short term insurer or re-insurer	<input type="checkbox"/>	<input type="checkbox"/>

**Section E: (To be completed by applicants for apprentice brokers only)**

Details of the broker who would supervise your apprenticeship:

Name and address	Contact No/E-mail	Accreditation number

**Section F: (To be completed by all applicants)**

28. I hereby enclose the following documents:  
(Kindly mark appropriate box with an 'X')

	YES	NO
1. A copy of the applicant's identity document.	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified copy of highest academic qualification (minimum, matric).	<input type="checkbox"/>	<input type="checkbox"/>
3. A copy of contract(s)/agreement(s) entered into between the applicant and the <b>Medical Scheme</b> concerned with reference to question 11 (a)	<input type="checkbox"/>	<input type="checkbox"/>
4. A copy of contract(s)/agreement(s) entered into between the applicant and associated organizations concerned with reference to question 11 (b)	<input type="checkbox"/>	<input type="checkbox"/>
5. A copy of contract(s)/agreement(s) entered into between the applicant and the subcontractor concerned with reference to question 11 (c)	<input type="checkbox"/>	<input type="checkbox"/>
6. Original certificate of good standing from the South African Revenue Services.	<input type="checkbox"/>	<input type="checkbox"/>
7. References from medical schemes as an employer substantiating the period during which applicant conducted broker services (See question 8).	<input type="checkbox"/>	<input type="checkbox"/>



8. Proof of payment of the prescribed non-refundable application fee of R1000.00 (Regulation 31 in terms of the Medical Schemes Act, 1998) is attached.	<input type="checkbox"/>	<input type="checkbox"/>
9. Documentary evidence signifying accredited supervising broker's consent with reference to Section E	<input type="checkbox"/>	<input type="checkbox"/>
10. Since all applications/documentation is attended to and filed electronically, this office strongly recommends electronic submission of applications. Application forms together with supporting documents can be submitted as follows:		
<p><b>Email:</b> <a href="mailto:accredit@medicalschemes.com">accredit@medicalschemes.com</a></p> <p><b>Fax:</b> (012) 431 0655</p> <p><b>Physical address:</b> Hadeffields Office Block E, 1267 Pretorius Street, Hatfield, Pretoria</p> <p><b>Postal address:</b> Private Bag X34, Hatfield, 0028</p>		

## **DECLARATION**

1. I declare that, to the best of my knowledge, that the information herein supplied is complete, true and correct and not misleading in any respect.
2. I undertake to supply any further information requested by the office of the Registrar, or Council for Medical Schemes, as and when required for purposes of carrying out the provisions of the Medical Schemes Act, 1998 and regulations published thereunder.
3. I undertake to abide by the legislative requirements and by the fit and proper and the requirements and the code of conduct determined by the Registrar of Financial Services Board in terms of the Financial Advisory and Intermediary Services Act, 2002 from time to time.

\_\_\_\_\_  
**Signature of Applicant:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature of Supervising Broker (where applicable)**



**COUNCIL FOR MEDICAL SCHEMES: BANKING DETAILS**

**Bank** : ABSA  
**Branch** : Vermeulen Street  
**Branch Code** : 517 245  
**Account number:** 4051 163 394  
**Reference** : I.D Number or Name of Broker

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**For office use only**

Accreditation Type:		
Name of Analyst Assessed:		
Signature:		
Date:		
Remarks:		