

## MEMBER RECORD AMENDMENT FORM RTGS TO USD PLATFORM

**Generation Health**  
P.O. Box 10130  
HARARE  
Website: [www.generationhealth.co.zw](http://www.generationhealth.co.zw)

**Generation Health**  
2<sup>nd</sup>. Floor, Zimnat House  
Nelson Mandela Ave./3<sup>rd</sup>. Street  
HARARE

Administered by:  
**Sovereign Health**  
Tel: (263 242)793389; 797843; 793476  
Nelson Mandela Ave./3<sup>rd</sup>. Street  
Fax: (263 4) 790700  
CDMA: (263 242) 2928629; 2928930

### Section A: Nature of transaction:

Title		Surname		Membership number	
Name/s					

### Section B: Confirmation or change of address / contact details

Telephone (H)		Telephone (W)	
Fax		Cellphone	
Physical address		Postal address	
E-mail address			

### Section C: Change of plan

ELITE PLANS – USD – Tick appropriate box	
Green Elite	
Ebony Elite	
Ivory Elite	
Mahogany Elite	

### Section D: Change of personal details

Title		Surname			
First names					
ID number		Passport number (Foreign national)			
Date of birth		Gender (M/F)		Marital status	

### Section E: NOSTRO BANK DETAILS – For refund of claim/s: please provide the following documents:

- If account holder differs from that of principal member, a letter from the account holder is required approving the loading of the bank account details
- Copy of the bank statement / cancelled cheque / letter from the bank / bank letterhead confirming the account holder's details

Bank name		Branch name		Branch code	
Account type		Account number			
Account holder (Company)					

**Account holder signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section F: Change of employment details: Please complete this section. You must submit the completed application form to your HR department if your medical aid is through the employer

Name of employer		Department/Division	
Employee number		Employment start date	
Medical scheme start date			

### Section G: Employer: If your medical aid is through the employer this section must be completed and stamped by your employer

Employer representative		Position held		Broker/Agency stamp
Telephone (w)		Cellphone		
Group number				

### Section A: Service provider details : This section must be completed by the service provider contact person

Name	Surname	Gender	Date of birth	Relationship	Plan

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### Section K: Termination of dependant membership

Full name/s as reflected on your fund membership card	Relationship to principal member	Date joined	Termination date

### Fund acknowledgement and declaration

- We keep your information and your dependants' information confidential. We and our administrator have data security measures in place to do this.  
Personal information refers to information that identifies you or relates specifically to you or your dependants, such as an identify number, name or email address
- We have data security measures in place to protect you and your dependants' personal information. This may include access control to restrict the disclosure of personal information to only authorised individuals, confidentiality agreements with service providers and staff
- members  
We will use your information for the following purposes:
 

3.1 Underwriting	3.2 Assessing and processing of medical services claims
3.3 Fraud prevention and detection	3.4 Statistical analysis
3.5 Audit and record-keeping purposes	3.6 Compliance with legal and regulatory requirements
3.7 Verifying your identity	

### Member Acknowledgement and declaration

- I, the undersigned, hereby make application to be admitted as a member of Generation Health. When admitted I agree to abide by the rules of Generation Health which are available for me to read on the website [www.generationhealth.co.zw](http://www.generationhealth.co.zw) or will be provided to me upon request
- I warrant that the information I have provided in this application form, pertaining to me and my dependants are true and correct
- I warrant that I have the explicit consent of my dependants to disclose personal information about them to Generation Health
- I declare that any false statement in the above application or the non-disclosure of any material information will render my membership null and void, and that any monies paid to the Fund shall be forfeited to the Fund.
- Generation Health also has the right to claim damages in respect of any loss or damages it may suffer due to my non-disclosure or misrepresentation.
- I authorise and instruct my employer to deduct and pay over any amounts (that may become due and owing on my behalf) to Generation Health from time to time and I also authorise any persons, bodies or institutions who may hold retirement funds for my benefit, to deduct and pay to Generation Health all amounts that may become due and owing to Generation Health from time to time.
- I understand that it is my responsibility as the principal member to ensure that the monthly contributions are received by Generation Health.
- Should any contribution be unpaid, it may result in me and my dependants being suspended from Generation Health until all arrear contributions have been settled. Should two months' contributions be outstanding, Generation Health shall have the right to immediately cancel my Generation Health membership. I also understand that should my membership be suspended or terminated, I shall not be entitled to any benefits arising from my membership whatsoever.
- I shall inform Generation Health of any changes to my or my dependants' health or personal status, as required by the Generation Health Rule, within 30 days of the change in circumstances.
- I authorise my and my dependants' healthcare provider to disclose information to Generation Health and its contracted third parties, provided such information is treated as confidential at all times.
- I agree to provide Generation Health with any medical or historical information or grant Generation Health access to medical information reasonably requested pertaining to a particular ailment, disease, disorder, condition or disability.

**Signature of principal member:** \_\_\_\_\_ **Date:** \_\_\_\_\_