

Change of Employer Transfer form 2026

This form may be used to notify Bankmed when an existing Bankmed member changes from one participating employer (e.g. Absa, FNB, SBSA etc.) to another participating employer and wishes to retain his/her Bankmed membership, without a break in membership.

All other information as previously supplied by the member either on his/her application for membership form or in any other engagements with Bankmed, shall remain unchanged, unless Bankmed is notified in writing. Any declarations previously provided by the member remain in force.

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

What you must do

1. Fill in the form. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete the form digitally
2. Read and understand the information for which you are applying
3. Sign the application
4. E-mail the completed form to **administration@bankmed.co.za**

When you sign this application, you confirm that you have read and understood the rules for membership and agree to them.

Section A: (To be completed by the Principal Member)

Compulsory Information

Effective date of transfer	D	D	M	M	Y	Y	Y	Y
Membership number								
ID or passport number								
Member's surname								
Member's name								
Telephone								
E-mail								

Cellphone

Postal address

☐ PO Box	☐ Private bag	Box number												
☐ Suite	☐ Postnet suite	Number												
Suburb														
City										Postal code				

Physical address

Unit number						Complex name				
Street number						Street name				
Suburb										
City						Postal code				

Would you like to change your Plan? Yes ☐ No ☐

If yes, please indicate your Plan choice in the section below.

Please note that a change from a Medical Savings Account Plan to a non-Medical Savings Account Plan may result in a savings claw-back (debt to the Scheme), in the event that the savings utilised in the current benefit year exceeds the Medical Savings Account contributions paid in the current benefit year. Please familiarise yourself with the various Plans before making your choice. Visit www.bankmed.co.za and download the "Benefit and Contribution Schedule".

Essential Plan ☐ Basic Plan ☐ Traditional Plan ☐
Core Saver Plan ☐ Comprehensive Plan ☐ Plus Plan ☐

Section B: (To be completed by the Principal Member)

Compulsory Information – Confirmation of banking details and debit order authorisation

Kindly complete the sections below to ensure that all banking details and debit order authorisations are current.

Please provide banking details for both claims refund and contribution purposes:

	Banking details for claims refund purposes	Banking details for contribution (Debit Order) purposes
Bank (e.g Absa, FNB, SBSA, etc.)		
Branch code (e.g 632005)		
Account number		
Account type (e.g. Current/Cheque, Savings, Transmission)		

Debit Order Banking Details:

Physical address of the Account holder (Own/Third party/Company/Trust)

Unit number		Complex name	
Street number		Street name	
Suburb			
City		Postal code	

Please note: This should be provided only if Debit Order Banking details section has been completed above.

I hereby confirm that my employer is authorised to debit my salary with my portion of the monthly contributions required by Bankmed, in terms of the Rules of the Scheme. I furthermore authorise Bankmed to withdraw from my bank any contributions and/or debt owing by me in terms of the Rules of the Scheme.

Principal Member's Name and Surname	
Principal Member's Signature	
Date	

Section C: (For completion by the new Employer)

Compulsory Information (Authorised Company Signatory)

Employee name and surname:	
Employee number	
Date of employment with new employer	
Gross monthly salary of employee	R
Name of employer/company	
Employer contact number	
Physical address of employer/company	
Unit number	
Street number	
Complex name	
Street name	

Suburb										
City										
Postal code										
Employer's telephone number										
Employer's e-mail address (To be used by Bankmed when corresponding with the Employer)										
Change of employer transfer form submitted by (indicate full name and surname):										

1. Bankmed terms and conditions

1.1. Rules for membership

1.1.1. Who "we" are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme. Balance (referred to as 'Balance') is the health management and wellness programme developed specifically for Bankmed and its members. Discovery Vitality (referred to as 'Vitality') is a separate company (registration number 1999/07736/07) which carries out business as a Wellness Programme and is appointed by Bankmed to administer Balance.

1.1.2. Rules for membership

The Bankmed Rules records your rights and responsibilities pertaining to your membership of Bankmed. They may change from time to time.

You may ask us for a copy at any time or you may access them on the website www.bankmed.co.za. When you sign this application, you confirm that you have read and understood the Rules and you agree that you and, those for whom you apply, will be bound by them.

Where applicable, you also acknowledge and confirm that the financial adviser whom you, the Scheme or your employer appointed, may communicate with us regarding this application and your membership with Bankmed. You give permission for us to share your medical information and other relevant Personal Information about you and your dependant/s with your chosen financial adviser. The information will be shared so that they may contact us if necessary while we process your membership application.

Please speak to your financial adviser or one of our consultants should there be anything you do not understand.

1.1.3. Who you may apply for

You may apply to join Bankmed on your own or together with your dependants i.e. your spouse, your partner and people who are financially dependent on you, as defined in the Bankmed Rules. For anyone to be treated as financially dependent for this application, you must be responsible for providing financially for that dependant. We might ask you to provide us with proof of financial responsibility. You will be referred to as the Principal Member or Main Member in our future communications to you.

1.1.4. Acting for others

You confirm you have the right to act for others

By signing this document, you confirm that:

You have the right to apply for membership and to act for those for whom you are applying in any matter relating to this application.

You have obtained consent from your spouse and any dependant/s aged 18 years or older to act on their behalf in any matters pertaining to this application.

If you are signing on behalf of a minor (person younger than 18 years) that you are a competent person and authorised to sign on their behalf.

1.1.5. Providing and obtaining information

You must provide true, correct and complete information

To consider your application for membership, Bankmed must learn more about you and those for whom you apply. This information must be true, correct and complete. This includes the details you provide in this application form and in future dealings with us. It is important that you inform us of any medical condition, symptom or illness relating to you or those for whom you are applying, even if you do not consider it to be relevant to your application. We may ask for more information about those for whom you are applying if they are 18 years of age and older.

Your legal address

We will send documents to you at the address you selected as the communication channel at which you prefer to be contacted. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have provided, or at any other address you have supplied. It is your responsibility to ensure we have the correct address for you.

Bankmed and Discovery Health (Pty) Ltd may record telephone calls

We may record telephone conversations with you and with those for whom you are applying. The recordings and all information we obtain therein will be processed and retained as required by law.

We may obtain information about you from other relevant sources

To consider your application for membership, conduct underwriting or risk assessments, consider a claim for medical expenses, profile and analyse risk or to investigate fraud, waste and/or abuse (including by medical practitioners, contracted service providers), you agree that we may obtain information about you and those for whom you are applying from other relevant sources. These include any entity that is part of Bankmed, medical practitioners, financial advisers, credit bureaus or industry regulatory bodies. We may (at any time and on an ongoing basis) verify with the parties mentioned in this section that the information you provide on this application and in respect of any matter pertaining to or that arises during your membership of Bankmed, is true, correct, and complete. You give your permission that we may obtain any information that is relevant to your application and membership from your employer.

Inform us immediately if your information changes

You, your employer, or your financial adviser must inform us in writing, should any of the information you have provided in your application for membership change between the day you sign this document and the day on which your membership commences. This includes information regarding your health and the health of those for whom you apply. We require advance notice of any administrative changes such as cancellation of membership, as we cannot accept backdated changes.

When Bankmed may suspend or terminate your membership/s

Bankmed may suspend or terminate any memberships immediately, should the member or dependant/s on the membership be found guilty of abuse of privilege of the Scheme. It is very important for the member and dependant/s to provide true, correct and complete information on the application form and in their dealings with the Scheme.

1.1.6. *Becoming a member*

Bankmed might not pay for certain expenses immediately after you become a member. Bankmed may have waiting periods that apply in certain circumstances. This means there may be a set time period before Bankmed begins paying for any general or specific medical conditions. Please speak to one of our consultants to find out if waiting periods apply to your membership and the memberships of those for whom you are applying.

Resign from current medical schemes when accepted

It is illegal to be a member of more than one medical scheme at the same time. You and those for whom you are applying must resign from your current medical schemes when you receive notice from Bankmed by letter, e-mail, WhatsApp or SMS confirming that you and those for whom you have applied have been accepted.

You must ensure contributions are paid on time

As the main Bankmed member, you are responsible for ensuring that your contributions and the contributions of those for whom you are applying, are paid on time every month to avoid suspension of benefits. If you pay your own contribution, you will be able to identify the debit order for your monthly contributions on your bank statement by the reference "BANKMEDCON." The Scheme has the right to amend monthly contributions and benefits from time to time and suspend/terminate membership if the contributions are in arrears.

1.1.7. *Repaying money owed to the Scheme*

Bankmed has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you should there be any such amount owed to the Scheme.

You must repay any medical savings owing should you leave Bankmed

Once you become a member, depending on the Plan you choose, you may have money available in advance to use for medical expenses during the year. This money is made available in an account called the 'Medical Savings Account'. Should you leave Bankmed before the year is up, you must repay the portion of your medical savings you have utilised should it amount to more than you have paid back to Bankmed over the year. Debit orders for collection of money owing to the Scheme will reflect on your bank statement as "BANKMEDCLA".

Bank Account holder's
Signature

Date

D	D	M	M	Y	Y	Y	Y
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Reference number

This Agreement reference number: Your membership number

Abbreviated Name as Registered with the Bank BANKMEDCON, BANKMEDCLA

Deduction date: as per signed contract

Deduction amount: as per signed contract

Payment start date: as per signed contract

In addition to the above terms, the policyholder must agree to the following:

1. I confirm that I have the right to give Bankmed Medical Scheme the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by Bankmed Medical Scheme to the account as listed above should this account have insufficient funds, be incorrect or be held in the name of any other person.
2. I hereby authorise Bankmed Medical Scheme to verify the banking details as provided above for the purpose of setting up a debit order, in need.
3. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").
4. I confirm that if I miss a premium collection date I authorise that Bankmed Medical Scheme may deduct a double debit of my premiums the following month.

I, (Full name(s) and surname according to your identity document), as the Principal Member, give Bankmed Medical Scheme permission to change my banking details.

Signed at (town or city) on

D	D	M	M	Y	Y	Y	Y
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Signature of Principal Member

Please only sign if you have read and understand this statement.

STAMP

Signature of Personnel Officer/Payroll Stamp

Designation Date

D	D	M	M	Y	Y	Y	Y
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Please submit completed transfer forms (Signed and stamped by the employer/authorised company signatory)