

## Applying to become a member of Sasolmed 2024

### Who we are

Sasolmed (referred to as 'the Scheme'), registration 1234, 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). Discovery Health takes care of the administration of your membership for the Scheme.

### How to complete this form

1. Use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. Principal applicant to ensure sections 6, 7 and 9 are signed.
3. Hand the completed form to your Payroll and Benefits Centre team by no later than the 5th of the month.  
Applications will not be processed by the Payroll and Benefits Centre team, unless all supporting documentation has been received.
4. Provision is made in this form for you and your dependant/s to provide information relating to your race. This information is required by the Council for Medical Scheme for statistical purposes only. You are not compelled to provide this information.

### Once you send us your application form, here is what will happen:

- If any details are missing or if we need more information for underwriting purposes, we will contact you.
- We will send you or your employer, the counter offer letter and any outstanding underwriting requirements where we cannot offer standard terms of acceptance for both you and your dependant/s. You may accept the offer by signing and returning this letter for us to activate your membership.
- We will send you a welcome letter, SMS or an email to let you know when your application is considered to have been fully and completely made. This date may differ from the date on which you sign the application form.

If you do not hear from us seven days after sending us your application form, please contact us on **0860 002 134**.

### When you sign this application, you confirm that you have read and understood the Terms and Conditions (Section 9 of this form) for membership and agree to them.

I consent to my spouse and/or adult dependant acting on my behalf and providing my personal information, including health information, to Discovery Health for the purpose of my application to join Sasolmed. Yes  No

### 1. About yourself (principal member)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	
First name(s) (as per identity document)	<input type="text"/>					
ID Number	<input type="text"/>					
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>				
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian/Asian <input type="checkbox"/>	White <input type="checkbox"/>	Other <input type="checkbox"/>	Do not want to disclose <input type="checkbox"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (H)	<input type="text"/>			(W)	<input type="text"/>	
Cellphone	<input type="text"/>					
Email	<input type="text"/>					

### Postal address (Post collected from post box, suite or private bag)

<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>
Suburb	<input type="text"/>		Post Code <input type="text"/>

**Residential address:**

Suite/unit number  Complex name

Street number  Street name

Suburb  Postal code

Tax number

**2. About your spouse or partner (only complete if applying for cover)**

Title  Initials  Surname

First name(s) (as per identity document)

ID Number

Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

Date of birth

Telephone (H)  (W)

Cellphone

Tax number

Email

**3. About your dependant/s (only complete if applying for cover)**

**Dependant 1**

Title  Initials  Surname

First name(s) (as per identity document)

ID number

Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

Date of birth

Relationship to principal member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

If your dependant is 23 years and older, are they:

Married? Yes  No  Financially dependent on you? Yes  No

Disabled? Yes  No  A student? Yes  No

Does your dependant earn an income? Yes  No

How much does your dependant earn each month? R

**Dependant 2**

Title  Initials  Surname

First name(s) (as per identity document)

ID Number

Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

Date of birth

Relationship to principal member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

If your dependant is 23 years and older, are they:

Married? Yes  No  Financially dependent on you? Yes  No

Disabled? Yes  No  A student? Yes  No

Does your dependant earn an income? Yes  No

How much does your dependant earn each month? R

**Dependant 3**

Title  Initials  Surname

First name(s) (as per identity document)

ID number

Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

Date of birth

Relationship to principal member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

If your dependant is 23 years and older, are they:

Married? Yes  No  Financially dependent on you? Yes  No

Disabled? Yes  No  A student? Yes  No

Does your dependant earn an income? Yes  No

How much does your dependant earn each month? R

**Dependant 4**

Title  Initials  Surname

First name(s) (as per identity document)

ID Number

Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

Date of birth

Relationship to principal member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

If your dependant is 23 years and older, are they:

Married? Yes  No  Financially dependent on you? Yes  No

Disabled? Yes  No  A student? Yes  No

Does your dependant earn an income? Yes  No

How much does your dependant earn each month? R

**Dependant 5**

Title  Initials  Surname

First name(s) (as per identity document)

ID number

Gender M  F

Race African  Coloured  Indian/Asian  White  Other  Do not want to disclose

Date of birth

D	D	M	M	Y	Y	Y	Y
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Relationship to principal member (for example, mother, child etc. Where your child is not your biological child, please state relationship, i.e. adopted child, foster child. Please provide legal proof)

If your dependant is 23 years and older, are they:

Married? Yes  No  Financially dependent on you? Yes  No

Disabled? Yes  No  A student? Yes  No

Does your dependant earn an income? Yes  No

How much does your dependant earn each month? R

#### 4. Please select your Network Option

Comprehensive Network Option  Restricted Network Option

#### 5. Preferred General Practitioner (PGP) Nomination

Please nominate a PGP for each of your dependant/s here.

If you choose the Restricted Network Option we encourage you to nominate a PGP (or PGPs) from the restricted network of GPs so that you can use the same GP for your acute and chronic needs.

No.	Member's or dependant's first name and surname	ID number	PGP's name and surname	PGP's practice number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

#### About your PGP

- A PGP may be changed at the principal member's discretion once every six months.
- Where a PGP is part of a group practice of general practitioners, members may visit any healthcare provider in the group practice, provided he or she practices under the same practice number as the group.
- When the PGP is not available, the healthcare provider standing in (known as the locum) will automatically be considered as the PGP.
- Consultations with a GP who is not the nominated PGP may attract deductible co-payments.

#### 6. Employer (for completion by Payroll and Benefits Centre team only)

Employer name  Employer number

Date of employment  Department name

Department number  Telephone

Email

Principal member's joining date

Control number

Income amount (Benefit value/Control amount) R

(Contribution are deducted in accordance with the applicant's income and his or her number of eligible dependants in terms of the appropriate contribution table set out in the Scheme's rules which are amended from time to time).

## Employer warranty

1. We warrant that the principal member detailed in section 1 is an employee of our organisation.
2. The Scheme may ask us for an amount due for this member in the same way as it does for our other Sasolmed employees.

Authorised signatory

Name

## 7. Your banking details

### Your claims refund

Please give us the details you would like to use:

**Please note:** we cannot accept credit card account details.

Bank name

Branch name

Branch code

Account number

Type of account  Cheque

Savings

Account holder

Account holder's physical address

If third party bank details, please insert the third party ID number.

ID Number

If the third party bank account is not a personal bank account please indicate the type of account

Joint account

Company account

Trust account

Please provide proof of bank account. Refer to Annexure A at the back of the application form for the proof of bank account required

By signing below, you agree that once claims have been refunded into the bank account you have chosen, the Scheme will not be responsible in any way for the amounts refunded.

- You understand that you may not transfer, assign, pledge or cede the payment or receipt of any benefit by or from the Scheme to any person and if you do or attempt to do so, the Scheme may withhold, suspend or discontinue the payment of such benefit.

You must inform us immediately if any of your banking details change.

Signature of account holder

### Third Party Bank details

Please attach the relevant proof of bank account if you providing a third party bank account for claims refund.

Third party account (e.g. spouse, aunt, uncle, friend, father, son)

- Proof of the account (bank statement or bank letter not older than three months)
- A copy of the third party's (account holder) ID, Passport or Driver's Licence
- A copy of the main members ID, Passport or Driver's Licence

Joint account

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of each of the joint account holders

Company account

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of the signatories who have authority to sign on behalf of the company
- A letter of authority stating that the account can be used including the details of the signatory and stating the membership details for which the bank account will be used. The letter must be dated, signed by an authorized person on behalf of the company
- A copy of the company's certificate of registration
- A copy of the principal members ID, Passport or Driver's Licence

Trust account

- Proof of account (bank statement or bank letter not older than three months)
- A copy of the ID, Passport or Driver's Licence of each of the trustees of the account
- A copy of the Trust's certificate of registration

- A copy of the Trust resolution. The resolution must be dated, signed by an authorised person on behalf of the Trust
- A copy of the principal members ID, Passport or Driver's Licence

If you are completing the request on behalf of the principal member, please include proof that you have obtained the necessary authority (example, Letter of Authority or Letter of Executorship).

## 8. Previous medical scheme details

Please give us the details of all registered South African medical schemes that you previously belonged to. We will use this information to determine if we need to apply any waiting periods, late-joiner penalty fees, or both. We may also use the information on the membership certificate to determine if we can apply waiting periods.

### Main applicant

Name	Scheme name	Start date	End date	Are they still a member?	Reason for leaving
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

If all dependant/s were on the same medical schemes as completed above, please tick here to confirm this.

If any of your dependant/s applying for cover belonged to different medical schemes, please complete them below:

Dependant name	Scheme name	Start date	End date	Are they still a member?	Reason for leaving
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

## HIV and AIDS

If you, or one or more of your dependants, are HIV-positive, you or they must call us on **0860 002 134** within seven working days from the date we activate your Sasolmed membership. We treat this information in the strictest confidence. If you, or one or more of your dependants are HIV-positive, it is in your interest to register on the HIVCare Programme.

## 9. Terms and Conditions applicable to Sasolmed membership

### Definitions

The Scheme refers to Sasolmed, registration number 1234, registered with the Council for Medical Schemes. Administrator refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed healthcare organisation for and a subsidiary of the Discovery Group.

Do you agree that we may send you direct electronic marketing from time to time No, thank you  Yes, I agree

### 9.1. Scheme rules for membership

The rules of the Scheme record your rights and responsibilities for your membership. They may change from time to time. You may ask us for a copy of these rules at any time or view these rules on [sasolmed.co.za](http://sasolmed.co.za).

When you sign this application, you confirm that you have read and understood these Terms and Conditions and you agree that you and those you apply for will be bound by these and Scheme rules.

Where applicable you also acknowledge and confirm that you and your employer, may communicate with us on this application and your membership of the Scheme.

Please speak to the Administrator if there is anything you do not understand.

### 9.2. Who you are applying for

You may apply to join the Scheme on your own or together with other people – your spouse, your partner and people who are financially dependent on you as defined in the Scheme rules, as referred to above. For anyone to be treated as financially dependent for this application, you must have a responsibility to provide financially for that dependant. The Scheme or Administrator might ask you to give us

proof of financial or legal responsibility. You may be called the principal member in our future communications to you.

**9.3. Acting for others**

You confirm you have the right to act for others. By signing this document, you confirm that; and/or

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

9.3.2. You have received permission from your spouse/partner and any dependant(s) over 18 to act for them in any matter relating to this application.

**9.4. Giving and getting information**

**You must give true, correct and complete information**

To consider your application for membership, the Scheme must learn more about you and those you apply for.

Information about you and those you apply for must be true, correct, and complete. This includes the details you give in this application form and in future dealings with us. It is important that you tell us about any medical condition, symptom or illness relating to you or those you apply for, even if you do not consider it relevant to your application. We may ask those you apply for who are 18 and older for more information about themselves.

**Your legal address**

The Scheme or Administrator will send documents to you at the address you indicated as the communication channel you prefer to be contacted on. If it is necessary to send you any legal notices or summonses, our legal team will serve these at the physical address you have given, or at any other address you have given us. It is your responsibility to make sure we have the correct address for you.

**The Scheme and Administrator may record telephone calls**

The Scheme and Administrator may record telephone conversations with you and with those you apply for. The recordings and all information we get during the recordings will be processed and kept as required by law.

**The Scheme and Administrator may get information about you from other relevant sources**

The Scheme and Administrator may (at any time and on an ongoing basis) obtain your personal information from other relevant sources, including healthcare providers, contracted service providers, credit bureaus or industry regulatory bodies (“relevant sources”) and further process such information to consider your membership application, to conduct underwriting or risk assessments, to consider a claim for medical expenses, to profile and analyse risk or to investigate fraud, waste and/or abuse (including by healthcare providers, contracted service providers). We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct, and complete.

You give your permission that the Scheme and Administrator may get any information that is relevant to your application from your employer.

**Tell the Scheme or Administrator immediately if your information changes**

You must tell the Scheme or Administrator in writing if any of the information you gave, in your application for membership, changes between the day you sign this document and the day your membership starts. This includes information about your health and the health of those you apply for. We need advance notice of any administrative changes such as cancellation of membership, as we do not accept backdated changes.

**When the Scheme may cancel your membership**

The Scheme may cancel any membership if you and those you apply for:

- do not give us information that later turns out to be relevant to this application
- give us any information that is not true, correct, and complete
- do not tell us about any relevant changes (including about your health and the health of those you apply for) between the day you sign this document, and the day cover starts.

Providing false information may lead to criminal charges being brought against you. You will have to pay any amount owing to the Scheme as a result of this cancellation.

**9.5. About becoming a member**

**The Scheme might not pay for certain expenses immediately**

The Scheme may have waiting periods that apply in certain circumstances. This means there may be a set time period before the Scheme starts paying for any general or specific medical conditions. We will advise if any waiting periods apply. Please speak to the Administrator with regard to any waiting periods applicable to your membership and the memberships of those you apply for.

**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 you apply for must resign from your current medical schemes when you receive notice from the Scheme by letter, email or SMS telling you that you and those you apply for have been accepted.

**You must ensure contributions are paid on time**

As the principal member of the Scheme, you are responsible for ensuring that your contributions and the contributions of those you apply for are paid on time every month to avoid suspension of benefits. The Scheme has the right to amend monthly contributions and benefits from time to time with prior notification.

**9.6. Repaying money owed to the Scheme**

The Scheme has the right at any time to collect from you any amount that you owe. We will notify you if there is any amount that you owe to the Scheme.

Signature of principal member

Date 

D	D	M	M	Y	Y	Y	Y
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## 10. Sasolmed Privacy Statement 2024

### Definitions

**The Scheme** refers to Sasolmed registration number 1234 registered with the Council for Medical Schemes.

**The Administrator** refers to Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider, the administrator and managed healthcare organisation for Sasolmed.

**We, us, our** refer collectively to the Scheme and the Administrator.

**You and your** refer to the member and the dependant/s on the Scheme which may include your spouse, children and other dependants, collectively "your dependants".

**Your personal information** includes information about race, gender, sex, pregnancy, biometrics, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and date of birth of the individual amongst other things

**Process(ing) (of) information** means the lawful and reasonable automated or manual activity of collecting, recording, organising, using, storing, updating, distributing and removing or deleting personal information to ensure that such processing is adequate, relevant and not excessive given the purpose for which it is processed.

**Competent person** means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a member or dependant for example a parent, legal guardian or a legal representative appointed by a court to manage the finances, property, or estate of another person unable to do so because of mental or physical incapacity.

### How we will process and disclose your personal information and communication with you:

1. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical, adheres to industry best practice and applicable protection of personal information legislation as enacted from time to time.
2. This Privacy Statement applies to you if you engage with us physically through our offices, or virtually through our website [sasolmed.co.za](https://sasolmed.co.za), email, mobile applications such as the Sasolmed app social media platforms, over the phone, or otherwise as may be the case from time to time.
3. When you engage with us, you entrust us, with personal information about you.
4. We are committed to protecting your right to privacy. We will keep your personal information confidential. We take protecting your personal information seriously and are continuously developing and updating our security systems, processes and data governance policies.
5. We have a duty to take all reasonably practicable steps to ensure your personal information is complete, accurate, not misleading and updated on a regular basis. To enable this, we will always endeavour to obtain personal information from you directly. Where we are unable to do so, we will make use of verifiable independent third-party data sources. Thus, your personal information comprises information you may have given to us yourself or we may have collected from other sources.
6. You have the right to object to the processing of your personal information and have a choice whether or not to accept these Terms and Conditions. However, it is important to note that we require your acceptance to activate and service your membership. If you do not accept these Terms and Conditions, we cannot activate and service your membership.
7. You understand and/or acknowledge that when you include dependants on your application, we will process their personal information for the activation of the network option and to pursue their legitimate interest. By submitting your dependants' relevant personal information, you hereby confirm that you are duly authorised to share such information with us.
8. If you are giving consent for a person under 18 (a minor) you confirm that you are their parent or legal guardian and that you give consent for us to process their personal information for the purposes covered in this Privacy Statement.
9. If you share your personal information with any third parties, we will not be responsible for how they use this information nor be responsible for any loss suffered by you.
10. You acknowledge and understand that we may process your personal information for the following purposes:
  - 10.1. to verify the accuracy, correctness and completeness of any information provided to us in the course of processing an application for membership or providing services related to the membership;
  - 10.2. for the administration of your network option;
  - 10.3. for the provision of managed healthcare services to you on your network option;
  - 10.4. for the provision of relevant information to a contracted third party who requires this information in order to provide a healthcare service to you on your network option;
  - 10.5. to profile and analyse risk;
  - 10.6. to share your personal information with external healthcare providers for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment;
  - 10.7. to investigate and/or remedy fraud, waste and abuse.
11. By signing this application form, you expressly consent that we can obtain and share information about your creditworthiness, or the creditworthiness of any payer of your contribution, with any credit bureau or credit providers' industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
12. Example of when and how we will obtain and share your personal information include:
  - 12.1. Obtaining your personal information from other relevant sources, including healthcare providers, contracted service providers, credit bureaus, entities that are part of Discovery Limited or industry regulatory bodies ("relevant sources") and further processing of such information to consider your membership application, to conduct underwriting or risk assessments, or to consider a claim for medical expenses. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
  - 12.2. If you have joined as a member of an employer group, getting from and sharing with your employer information that is relevant to your application;
  - 12.3. Communicating with you about any changes in your network option, including your contributions or changes and enhancements to the



- benefits you are entitled to on the network option you have chosen;
- 12.4. Transferring your personal information outside the borders of the Republic of South Africa where appropriate, for example to administer emergency or treatment benefit and/or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research; and/or
  - 12.5. Sharing your personal information to be processed by healthcare providers via a health information exchange in order to improve members' treatment and healthcare outcomes.
13. If a third party asks us for any of your personal information, we will share it with them only if:
- 13.1. you have already given your consent for the disclosure of this information to that third party (to the extent that your consent is required and no suitable alternative legal basis for such sharing may be relied on); and/or
  - 13.2. we have a legal or contractual duty to give the information to that third party.
14. We will provide your personal information to any Discovery Limited entity for the following purposes only:
- 14.1. to allow for the administration of your profile/membership/plan with the entity with whom you or your dependant/s already have a relationship; or
  - 14.2. where you or your dependant/s have applied for a product, service or benefit from such an entity, for the purpose of underwriting.
15. We may process your personal and/or depersonalised information for the following purposes:
- 15.1. for research and analysis; and/or
  - 15.2. to support the early identification of medical conditions and/or other lifestyle risks and to encourage you to change your lifestyle to lessen the impact of such conditions; or
  - 15.3. to provide personalised advice to you about risks to your health, how you may become healthier (such as by seeing a healthcare provider, having additional tests done or activating benefits) and the rewards and incentives which you may receive as a result of undertaking these activities. We will provide this advice to you based on market and behavioural research and analysis carried out using your personal, special and or depersonalised information. We may communicate this advice to you using the Sasolmed app or other communication channels.
- Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to an academic or research party unless that party has agreed to abide by strict confidentiality protocols that we require. If we and/or the academic and researcher publish the results of this research, you will not be identifiable.
16. You agree that we may transfer your personal information outside South Africa only:
- 16.1. if you give us an email address that is hosted outside South Africa; or
  - 16.2. to administer certain services, for example, cloud services.
17. When we share your information, we will ensure that, the company, person or regulatory body (in or outside of South Africa) to whom we pass your personal information to agrees to treat your information with the same level of protection as we are obliged to.
18. You consent and agree that:
- 18.1. we may process your information, including personal and special personal information, to adhere to South African legislative reporting obligations and to perform transaction monitoring activities; and/or
  - 18.2. we may communicate such personal information to local regulatory bodies as well as to other relevant governance structure of Discovery Limited or any of its relevant entities if any legislative reportable matters are identified.
19. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.
20. We have the right to communicate with you electronically about any changes on your network option, including your contributions or changes and improvements to the benefits you are entitled to on the network option you have chosen.
21. We have a duty to keep you updated about any offers and new products that are made available from time to time. We want to send you marketing of products that suit your needs and you can afford. For this reason we may obtain data from third parties, such as credit bureaus, to enrich and analyse your personal information and by agreeing to this Privacy Statement, you tell us to do so. We, any entity of Discovery Limited and/or any contracted third-party service providers may communicate with you about these. For additional information you can access the PAPIA manual via the website [sasolmed.co.za](http://sasolmed.co.za).
22. You may opt out of electronic marketing on [sasolmed.co.za](http://sasolmed.co.za). We will store your personal information in order to action this request and action it as soon as reasonably possible.
23. Unless required by law to keep your personal information for a certain period of time or purpose, you agree that we may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-identify it, and for purposes of proof, retain a secure copy of your request.
24. If we become involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
25. Where we are required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
- 25.1. Legislation applicable to us:
    - Medical Schemes Act, 1998
    - The Consumer Protection Act, 2008
    - The Protection of Personal Information Act, 2013
    - Electronic Communications and Transactions Act, 2002
    - Promotion of Access to Information Act, 2002
  - 25.2. Legislation specific to the Administrator only:
    - Financial Advisory and Intermediary Services Act, 2002
26. The Scheme may change this Privacy Statement at any time. It is your responsibility to check our website regularly to ensure that you are aware of these changes. By continuing to be a member you agree that the latest version will apply to you. The current version is available on [sasolmed.co.za](http://sasolmed.co.za).
27. You have the right to know what personal information we hold about you. If you wish to receive this information please complete a 'PAIA

Form to Request Access to Records' on [sasolmed.co.za](https://sasolmed.co.za) and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information in respect of this request. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.

28. If you believe that we have used your personal information in a way that is contrary to this Privacy Statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal escalation and/or disputes process to resolve the matter. We explain the escalation and/or disputes process on the website [sasolmed.co.za](https://sasolmed.co.za) or contact the Administrator's Information Officer at [sasolmeddataprivacy@sasol.com](mailto:sasolmeddataprivacy@sasol.com).

If, thereafter, you feel that we have not resolved your complaint adequately kindly contact the Information Regulator at: The Information Regulator (South Africa) | JD House | 27 Stiemens Street | Braamfontein | PO Box 31533 | Braamfontein | 2017 | Tel: +27 (0) 10 023 5200 | [POPIAComplaints@info regulator.org.za](mailto:POPIAComplaints@info regulator.org.za).