

TERMS & CONDITIONS ON APPLICATION FOR MEMBERSHIP

SECTION H : Medical History (To be completed for all applicants)

Pre-existing conditions may be excluded from benefit. Please read carefully and tick the appropriate box. If the answer to any of the questions is "YES", please provide details in the space provided in respect of each person registered. Failure to disclose material information or disclosing incorrect information can result in immediate cancellation of your membership or benefits.

Have you, your spouse or any of your dependants suffered from any of the following?

| | YES | NO |
|--|--------------------------|--------------------------|
| 1. Heart (Cardiac) Disease : Heart attack, Rheumatic fever, Congenital heart abnormalities, Angina, Embolism, High blood Pressure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Circulatory Disorders : Varicose veins, Thrombosis, Blood disorders (eg. Anaemia, Leukemia). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Diseases of the Liver : Jaundice, Gall bladder, Liver cirrhosis. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Respiratory ailments: Asthma, Chronic bronchitis, Tuberculosis, Emphysema. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Disease of the Digestive System: Gastric ulcers, Duodenal Ulcers, Hiatus hernia, severe recurring diarrhoea. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Urinary tract disorders: Kidney stone, Congenital kidney disorder, Nephritis, Bladder infections, Bilharzia. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Neurological Disorders: Migraine, Stroke, Epilepsy, Parkinsons, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Diseases of the Bone, Joints & Muscles: Arthritis, Back, Neck, Joint problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Endocrine Disorders: Diabetes mellitus, Thyroid disease (eg. Goitre) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Mental Health Disorders: Psychotic disorders (eg. Schizophrenia), Mood disorders, Anxiety disorders,(eg. Panic disorders) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently taking medication for any permanent or recurring condition? If so, please detail name, dosage & frequency | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there any illness or condition not mentioned on this questionnaire that might affect your health in the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you or any of your dependants pregnant? If so, what is the expected date of delivery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14: Any condition not mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> |

15. IF YOU HAVE TICKED YES TO ANY OF THE ABOVE, PLEASE COMPLETE THE SECTION BELOW. PLEASE NOTE ALL IMPORTANT INFORMATION MUST BE DISCLOSED.

| QUESTION | NAME | DATE | PLEASE GIVE DETAILS OF THE CONDITION, DURATION AND TREATMENT |
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If there is insufficient space above, please attach a separate sheet with additional information.

NB : IF YOU OR ANY OF YOUR DEPENDANTS SUFFERS FROM ANY CHRONIC CONDITION PLEASE COMPLETE THE CHRONIC REGISTRATION FORM IN ORDER TO ASSIST THE SOCIETY TO PLAN ADEQUATELY. SECTION 15 ABOVE MUST ALSO BE COMPLETED

SECTION I : Declaration and Signature

1. I hereby acknowledge that all the information provided above is accurate and correct.
2. I understand that failure to disclose any condition for which I or any of my family have received medical treatment for may result in exclusion from benefit in terms of the Society's rules.
3. I understand that I or any of my dependants may be required to obtain a medical report or undergo a medical examination to provide further information on any of the conditions declared above.
4. I authorise ProHealth Medical Aid Society to have unrestricted access to my medical records but require confidentiality to be maintained.
5. I have completed the medical history for myself and my dependants declared in this application.
6. I hereby acknowledge that I have read and understood the full terms and conditions of this agreement.

| | |
|---------------|-----------------------------|
| Date : | Member's Signature : |
|---------------|-----------------------------|

- 1. DEFINITIONS:**
 - 1.1. "Adult" means a member who is 18 years or older, excluding full-time students who are younger than 25 and dependants who are permanently physically and mentally disabled.
 - 1.2. "Benefit start date" means the date from which a member becomes entitled to benefits.
 - 1.3. "Chronic medicine" means medicine that meets all the following requirements:
 - 1.3.1. Is within formulary and prescribed by a network medical practitioner for an uninterrupted period of at least 6 (six) months;
 - 1.3.2. Is for a condition appearing on the list of approved chronic conditions, as amended from time to time;
 - 1.3.3. Which has been applied for in the manner and at the frequency prescribed and which application has been approved and accepted.
 - 1.4. "Dependant" means the following persons for whom the principal applicant is liable for care and support and that are duly registered as dependants.
 - 1.4.1. A spouse and/or partner,
 - 1.4.2. A child - including an adopted child (including a child adopted under a tradition practiced by the people of Zimbabwe, provided that the child's natural parents are both deceased), a stepchild, biological or foster child; and/or
 - 1.4.3 Any other person approved by ProHealth.
 - 1.4.4. NB: You will be requested to send proof of relationship where the child is not your biological child.
 - 1.5. "Family" means the Principal member (being a natural person) in whose name this option is effected and includes the principal member's spouse and dependant children under the age of 18 (eighteen) years which form part of the Principal members household and who are resident in the Republic of Zimbabwe.
 - 1.6. "Inception date" means the date on which the registration of the option becomes effective.
 - 1.7. "Member" means each individual under cover, including a dependant.
 - 1.8. "Medicine" means a substance registered under the Medicines Control Act, as amended or replaced from time to time and within the ProHealth formulary.
 - 1.9. "Option" means a product registered under ProHealth, which offers a specific structure of benefits.
 - 1.10. "Main member" means a person who has been registered as the principal applicant.
 - 1.11. "Minor" means a dependant who is not yet 18 years old, and a dependant who is over the age of 18 but not over the age of 25 years, who is studying full time at a recognised institution.
 - 1.12. "Service Provider" means a registered provider of health services.
 - 1.13. "Spouse" means a person to whom a member is married under a system recognised by Zimbabwean law.
 - 1.14. "Waiting period" means the number of months you have to wait from inception before you can access your benefits.
 - 1.15. "Year" means a 12 month period beginning from January 1st and ending on December 31st.
 - 1.16. "Membership year" means a period of 12 months from the date of joining ProHealth.
- 2. MEMBERSHIP REQUIREMENTS:**
 - 2.1. Unless otherwise provided for herein, the main member and spouse to be covered should be above the age of 18 years at the time of application;
 - 2.2. Unless otherwise provided for within, the main member to be covered should be above the age of 18 at the time of application;
 - 2.3. All dependants will be covered up to the age of 18, unless otherwise provided for herein;
 - 2.4. Cover will cease automatically once any dependant reaches the maximum age of 18, or 25 in the case of a dependant studying at a recognized institution. Annual proof of registration at a recognized educational institution will be required where a dependant over the age of 18 is to be covered.
 - 2.5. Certified copies of birth certificates and identity documents are required as proof of family relationship between members and minor dependants upon registration.
 - 2.6. Members who join ProHealth, having been existing members of another registered Medical Aid Society, without a break in membership, may in certain instances be entitled to a waiver of waiting periods for Primary Care services subject to the rules and conditions contained herein. Members transferring from another medical aid society, which is a member of the Association of Health Funders of Zimbabwe (AFHoZ), must provide proof of membership to benefit from a waiver of any waiting periods.
- 3. WAITING PERIODS:**

Waiting periods will apply for all members and their dependants before they can claim any benefits as follows:

 - 3.1. General Medical Practitioner and primary care benefits are subject to a 3 (three) month waiting period from the inception date, unless otherwise stated herein;
 - 3.2. (Six) 6 month waiting period will apply should you choose to upgrade your health plan. During the 6 (six) month period, members and dependants will retain the benefits of their existing health plan until the 6 (six) month waiting period has lapsed.
 - 3.3. (Twelve) 12 month waiting period will apply should you choose to downgrade your health Plan. During the 12 (Twelve) month waiting period members will be required to continue paying the tariff rates for their existing health plan, before the tariff applicable to the chosen downgrade takes effect.
 - 3.4. (Six) 6 month waiting period will apply for access to chronic medication benefits, (12 months) for Anti-Retroviral therapy programs, specialist treatment, CT and MRI scans, spectacles and contact lenses, special appliances such as nebulizers, glucometers and hearing aids.
 - 3.5. (Twelve) 12 months for maternity benefits, and Maternity notification should be made immediately after confirmation of pregnancy.
 - 3.6. (Twenty Four) 24 month waiting period will apply for access to orthodontics and internal prosthesis.
 - 3.7. (Twenty Four) 24 month waiting period will apply for Haemodialysis, Chemotherapy and Radiotherapy.
 - 3.8. (Twelve) 12 month waiting period will apply for dental care, optical benefits, wellness benefits and access to health services that are not available locally such as foreign hospital treatment.
 - 3.9. (Six) 6 month waiting period for hospitalisation.
 - 3.10. (Twelve) 12 month waiting period from the inception date for planned or elective surgery, unless otherwise stated herein;
- 4. AMENDMENT / UPGRADE PROCEDURE**
 - 4.1. Should you wish to change your personal details, amend any option or add dependants on to your existing product, please contact our office directly with your membership number.
 - 4.2. The addition or removal of a product option may result in a change of premium, equivalent to the current rates applicable to the options and members covered.

NB: STANDARD WAITING PERIODS ON UPGRADED OR DOWNGRADED BENEFITS WILL APPLY ONCE THE SPECIFIED POLICY WAITING PERIODS FOR UPGRADES AND DOWNGRADES HAVE LAPSED.
- 5. PRODUCT PREMIUM PAYMENTS**
 - 5.1. Product premiums are payable monthly in advance. If the product premium is not received in time, all option benefits will be suspended. There is an extended grace period to receive premium up to the 15th of the month for which the premium is due. If your contributions fall in arrears for more than 1 month without alternative arrangements being made, your membership will be terminated immediately without further notice. The Society understands the needs of its members; therefore various payment methods are accepted to suit everyone's needs. The use of mobile banking platforms to make contribution payments is encouraged.
 - 5.2. Premiums are due on the 25th of each month, unless otherwise agreed.
 - 5.4. If your membership lapses due to non-payment, you may reinstate the product within the first two months of such lapsing by paying the missed contributions.
 - 5.4.1. If missed premium contributions are not paid upon re-instatement, the inception date will be changed to the date of re-instatement, and standard waiting periods will apply from this date.
 - 5.5. At retirement age, those members who have enjoyed 25 years of continuous subscription will continue to receive medical cover, at a discount of up to 100%. The length of the contribution period and claims experience of the member will determine the level of retirement cover.