

## MEMBERSHIP APPLICATION FORM

**\*ATTACH COPY OF NATIONAL ID/ BIRTH CERTIFICATE**

**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

### Section A: Value Plans

Jade	<input type="checkbox"/>	Green	<input type="checkbox"/>
Ebony	<input type="checkbox"/>	Ivory	<input type="checkbox"/>
		Mahogany	<input type="checkbox"/>

### Plan selection: Elite Plans

Green Elite	<input type="checkbox"/>	Ebony Elite	<input type="checkbox"/>	Ivory Elite	<input type="checkbox"/>	Mahogany Elite	<input type="checkbox"/>
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### Section B: Section B: Principal member details

Title	<input type="text"/>	Surname	<input type="text"/>	Cellphone	<input type="text"/>
Name	<input type="text"/>			Telephone (W)	<input type="text"/>
Identity number	<input type="text"/>			Telephone (H)	<input type="text"/>
Date of birth	<input type="text"/>	Gender (M/F)	<input type="text"/>	Marital status	<input type="text"/>
Physical address	<input type="text"/>			Join date	<input type="text"/>
Passport number (If Foreign national)	<input type="text"/>			Postal address	<input type="text"/>
	<input type="text"/>			E-mail	<input type="text"/>

### Section C: Dependant details

Name	Surname	Sex	Date of birth	Identity number	Relationship	Plan

### Section D: Employer details **\*\*for members joining under corporates only** You must submit the completed application form to your HR department if your medical aid is through the employer If your medical aid is through the employer this section must be completed and stamped by your employer

Name of employer	<input type="text"/>		Department/Division	<input type="text"/>	Employer stamp
Employee number	<input type="text"/>		Employment start date	<input type="text"/>	
Telephone (w)	<input type="text"/>		Position held	<input type="text"/>	
Group number	<input type="text"/>	Gender (M/F)	<input type="text"/>	Cell phone	
Employer representative	<input type="text"/>		Join date	<input type="text"/>	

We the Employer confirm that the applicant is employed by us and began employment as per employment date

**Section C.** Contributions will be deducted according to the Fund Rules and option chosen.

**Signature of employer representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Section E: Medical details:** Please enter the medical history of you and your dependants below. Failure to disclose medical conditions could limit your benefits, exclude you from receiving some benefits or result in termination of your membership.

Condition/Illness	Patient/s	Condition	Date of last treatment
1. Chronic illnesses (e.g. raised cholesterol, heart problems, diabetes, high or low blood pressure, asthma, depression and thyroid disorder)			
2. Gastro-intestinal disorders (e.g. ulcers, stomach disorder, Crohn's disease and ulcerative colitis)			
3. Muscle, Bone, Skin or Nerve disorders (e.g. back and neck-related conditions, arthritis, multiple sclerosis, epilepsy, knee or hip ailments and psoriasis, eczema)			
4. Urinary and reproductive disorders (e.g. kidney stones, prostate disorders, , endometriosis, ovarian cysts and menstrual disorders)			
5. Ear, nose or throat disorders (e.g. glaucoma, cataracts, visual disorders, deafness and dental complications)			
6. Blood diseases or cancer (e.g. cervical/ breast cancer, lymphomas, thalassemia, leukaemia)			
7. Are you or any of your dependants pregnant? (If yes, provide details)			
8. Have you or any of your dependants had surgery in the past, or are you planning to have surgery in the next 12 months? ( If yes please provide details)			
9. Are there any other conditions not listed above, for which medical advice, care or treatment has been recommended or received			

**Section G: Previous medical scheme information:** Please provide full details of the previous membership and attach a copy of your previous certificate of membership reflecting the termination date

Member name	Scheme	Member number	Join date	Termination date

**Section H: Banking details for refunds:** If the account holder's details differ from the main member, a letter from the account holder authorising use of their banking details is required.

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

Instruct Generation Health to deposit claims and savings refunds into the banking details provided above.

### Acknowledgement and declaration

- I, the undersigned, apply to be accepted as Generation Health member. If accepted I agree to follow the rules of Generation Health. I know that the rules are available at [www.generationhealth.co.zw](http://www.generationhealth.co.zw) and will be provided to me upon request from Generation Health
- I declare that the information contained in this application form, relating to me and my dependants, is correct. I also declare that I have the permission of my dependants to disclose personal information about them to Generation Health and will provide written proof of this if requested
- I declare that any false information in this application form or the non-disclosure of any material information will result in my membership being declared null and void and that any money paid to Generation Health will be forfeited
- I accept that Generation Health has the right to claim damages in respect of any loss or damages it may suffer due to my non-disclosure or misrepresentation or fraudulent behaviour. If any of my or my dependants' circumstances changes after the date of signing this application or the acceptance of my membership, I will promptly notify Generation Health of the changes within 30 days of the change in circumstances as required by Generation Health fund rules. I understand that failure to do so may lead to the termination or amendment of the terms and conditions of my membership and Generation Health shall also be entitled to reclaim any amounts, it may have erroneously paid to any service provider on behalf of me or my dependants, from me

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5. I instruct and allow my employer to deduct and pay over amounts that may become owing or due on my behalf to Generation Health
6. I agree that if Generation Health incurs any legal costs or expenses to recover any amount owed by me, I shall be responsible for such costs and expenses on the attorney/client scale
7. I understand that it is my responsibility as the principal member to ensure that the monthly contributions are received by Generation Health I also understand that if any contributions are unpaid, it may result in my dependants and I being suspended or terminated until such all arrear contributions have been settled. I also understand that should my membership be terminated or suspended or terminated, I will not be entitled to any benefits arising from my membership whatsoever
8. I authorise my and my dependants' healthcare providers to disclose information to Generation Health and its contracted service providers and partners, provided that the information is treated as confidential
9. I agree to provide Generation Health with any medical information and grant Generation Health access to medical information reasonably required relating to a specific ailment, disease, disorder, condition or disability
10. I agree that should I be accepted as a member of Generation Health, I shall provide Generation Health with all information that Generation Health may reasonably require for the purpose of carrying out its obligations in terms of the Medical Services Act of 2000 and the Generation Health fund rules
11. I also agree and understand that I may be required to attend and examination by Generation Health medical assessors as and when necessary
12. I understand that the following underwriting conditions may be applied to my membership as prescribed by Generation Health
- 12.1.1 Subject to the Fund Rules, applicants who are transferring directly from an Association of Healthcare Funders of Zimbabwe (AHFoZ) affiliated medical aid society, where they were covered continuously for twenty-four (24) month or more, may be admitted without waiting periods.
- 12.1.2 Applicants joining medical aid for the first time will be subject to a general three (3) month waiting period. The following condition specific waiting periods as detailed in the Brochure
13. I understand that the underwriting conditions will impact my and my dependant's rights to benefits is applied
14. I allow Generation Health to take all reasonable steps to verify information provided by me in this application form and agree to submit proof of identification to Generation Health on request
15. I consent to my telephone conversations with Generation Health contact centre being recorded and forming part of Generation Health records. I also agree that such records will remain the sole property of Generation Health
16. I declare that the information provided in this document is true and accurate and if accepted will form the basis of my agreement with Generation Health
17. I acknowledge that I have read and understood the content of this application form. I confirm that the content of this application form and the implications thereof have been read and explained to me

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

# **AJWc'6i g]bYgg#9bHYdf]gY'HYfa g'UbX'7 cbX]h]cbg' "; YbYfU]cb'<YUH 'A YX]WU': i bX'fh Y~: i bX~L'**

## **1. Definitions**

- 1.1. "Applicant" means a Micro Business/Enterprise applying for membership in the Fund on behalf of its employees.
- 1.2. "Member" means a natural person whose application has been accepted by the Fund, together with any duly registered Dependants.
- 1.3. "Dependants" means persons eligible for cover in terms of the Fund Rules (including spouse/partner and children within prescribed limits).
- 1.4. "Contributions" means the amounts payable monthly by the Micro Business/Enterprise to the Fund in respect of membership and benefits, as amended from time to time.
- 1.5. "Effective Date" means the date on which the Fund accepts the Member's application or such later date as the Fund may stipulate in writing.
- 1.6. "Fund Rules" means the rules of Generation Health Medical Fund, as amended from time to time, which form part of these Terms by reference.
- 1.7. "Personal Data" has the meaning ascribed to it in the Cyber and Data Protection Act [Chapter 12:07] of Zimbabwe.
- 1.8. "Service Provider" means any healthcare facility or professional accredited by the Fund to render services to Members.
- 1.9. "Underwriting" includes risk assessment measures such as waiting periods, condition-specific exclusions, and premium loadings applied in accordance with applicable law and the Fund Rules.
- 1.10. "Business Day" means any day other than a Saturday, Sunday, or public holiday in Zimbabwe.

## **2. Application and Acceptance**

- 2.1. The Applicant warrants that all information furnished in the application (including health disclosures) is true, complete, and accurate.
- 2.2. Membership is subject to the Fund's acceptance at its sole discretion, acting reasonably and in compliance with applicable law and the Fund Rules.
- 2.3. The Effective Date shall be confirmed in writing. No benefits are payable for services rendered prior to the Effective Date.
- 2.4. Membership cards or digital credentials issued by the Fund remain the property of the Fund and shall be returned or deactivated upon termination.

## **3. Warranties and Member Obligations**

- 3.1. The Micro Business/Enterprise shall promptly notify the Fund of any material change to information previously supplied, including member residential address, contact details, marital status, and dependant eligibility, within thirty (30) days of such change.
- 3.2. The Micro Business/Enterprise warrants that it has lawful authority to provide the Personal Data of its employees and their Dependents and has obtained all consents required under the Cyber and Data Protection Act [Chapter 12:07].
- 3.3. The Micro Business/Enterprise undertakes to comply with the Fund Rules and all reasonable policies, procedures, and pre-authorisation requirements notified by the Fund from time to time.



#### **4. Contributions and Payment Terms**

- 4.1. Contributions are due and payable monthly in advance on or before the first (1st) day of each month, by the payment methods approved by the Fund.
- 4.2. If Contributions are not received on the due date, the Fund may, without prejudice to any rights, suspend benefits with immediate effect and/or charge interest on arrears at a reasonable rate notified by the Fund.
- 4.3. Payments shall be allocated first to the oldest outstanding amounts unless the Fund determines otherwise. The Member bears all bank and transaction charges.
- 4.4. No benefits, discounts, or accrued values are redeemable for cash. Contributions are non-refundable except as required by law or expressly provided herein.

#### **5. Underwriting and Risk-Based Adjustments**

5.1. The Fund may undertake Underwriting and apply reasonable measures including waiting periods, benefit limitations, condition-specific exclusions, and/or premium loadings, in accordance with the Fund Rules and applicable law.

5.2. The Fund may, from time to time, adjust Contribution rates and/or benefits having regard to actuarial and risk considerations. Any material amendment shall be communicated with reasonable prior notice.

#### **6. Benefit Access and Utilisation**

- 6.1. Benefits are provided strictly in accordance with the Fund Rules and the applicable Benefit Schedule. Co-payments, sub-limits, and tariff rules may apply.
- 6.2. Pre-authorisation is required for specified procedures and admissions. Failure to obtain pre-authorisation may result in reduced or no benefits being payable.
- 6.3. The Fund may settle claims directly with Service Providers or reimburse the Member, at the Fund's discretion. Fraudulent or inflated claims constitute a material breach and may result in termination and recovery of amounts paid.

#### **7. Minimum Membership Period and High-Utilisation Controls**

- 7.1. If, within the first [ ] months from the Effective Date, any of the Micro Business/Enterprise's employees paid claims exceed [ ]% of the Member's annual Contributions, the Member shall be obliged to maintain membership for a minimum period of [ ] months from the Effective Date (the 'Minimum Period').
- 7.2. If membership is terminated prior to the expiry of the Minimum Period, the Fund may recover, on demand, a reasonable portion of claims paid in excess of Contributions and/or deny further claims to the extent permitted by law.
- 7.3. The Fund may implement monthly benefit access caps for high-utilisation cases, specifying the maximum portion of annual benefits accessible in any given month, until the conclusion of the membership year.

#### **8. Data Protection and Confidentiality**

- 8.1. The Fund shall process Personal Data in compliance with the Cyber and Data Protection Act [Chapter 12:07] and any regulations made thereunder.
- 8.2. Personal Data will be collected and processed for membership administration, risk management, claims adjudication, fraud prevention, customer service, and statutory reporting.
- 8.3. The Fund may disclose Personal Data to Service Providers, reinsurers, administrators, and regulatory authorities on a need-to-know basis, subject to appropriate safeguards.
- 8.4. The Member has rights of access, correction, and objection as provided under applicable law. Queries may be directed to the Fund's designated data protection officers at [aremwa@genhealth.co.zw](mailto:aremwa@genhealth.co.zw) / [andaramira@genhealth.co.zw](mailto:andaramira@genhealth.co.zw) or such address as notified.



## 9. Communications and Notices

9.1. The Micro Business/Enterprise consents to receive statements, notices, and legal communications electronically (including email, SMS, and portal notifications).

9.2. A notice sent by email to the latest address on record shall be deemed received on the next Business Day following transmission, unless a delivery failure is received.

## 10. Suspension and Termination

10.1. The Fund may suspend or terminate membership on written notice if the Micro Business/Enterprise or Member is in arrears, commits fraud or material misrepresentation, or otherwise breaches these Terms or the Fund Rules.

10.2. The Fund may terminate for convenience by providing thirty (30) days' prior written notice. The Micro Business/Enterprise or Member may terminate on thirty (30) days' written notice, subject to settlement of all amounts due.

10.3. On termination, benefits cease immediately for services rendered thereafter, save for claims with service dates prior to termination and submitted within the prescribed time limits.

## 11. Complaints and Dispute Resolution

11.1. Complaints should first be lodged with the Fund's customer service channels. The Fund shall endeavour to resolve complaints within a reasonable period.

11.2. If a dispute remains unresolved, the parties shall attempt mediation in good faith. Failing settlement within thirty (30) days, either party may refer the dispute to the competent courts of Zimbabwe.

## 12. Limitation of Liability and Indemnity

12.1. To the fullest extent permitted by law, the Fund shall not be liable for indirect, incidental, or consequential losses, or loss of profits, arising out of or in connection with membership.

12.2. The Micro Business/Enterprise or Member shall indemnify and hold the Fund harmless against losses arising from the Micro Business/Enterprise's or Member's breach of these Terms, unlawful conduct, or submission of false or misleading information.

## 13. General

13.1. No variation of these Terms shall be of any force unless reduced to writing and signed by an authorised representative of the Fund.

13.2. No indulgence or waiver by the Fund shall constitute a waiver of any existing or future rights.

13.3. If any provision is held invalid or unenforceable, the remainder shall continue in full force and effect.

13.4. These Terms are governed by the laws of Zimbabwe. The parties submit to the non-exclusive jurisdiction of the courts of Zimbabwe.

