

NAA-SA EMPLOYER APPLICATION FORM

01 EMPLOYER DETAILS

Name of the Employer/Company:

Company Postal Address:
 Code:

Company Physical Address:
 Code:

Person responsible for Human Resources: Date of Birth:

Telephone Number: Fax:

VAT Number:

Email Address:

Person responsible for OCSACare Payments: Date of Birth:

Email Address:

02 PREMIUM OPTIONS

Premiums are payable monthly in advance:

Option Selected: Gold Silver Plus Silver

Join Date | (YEAR/MONTH): /

Will OCSACare be compulsory for all new members? Yes No

EFT PAYMENTS

Please use details below:

Standard Bank
Branch Code: 025109
Current Account No: 072616199
Account Name: Occupational Care South Africa (PTY) Ltd.

DEBIT ORDER

Please complete details below for monthly deductions.

Silver - Debit my account with the sum of R per member

Silver Plus - Debit my account with the sum of R per member

Gold - Debit my account with the sum of R per member

Current Account: Savings Account: Credit Card Account:

Bank:

Branch Code: Branch Name:

Account Number:

Account/ Cardholder Name:

Expiry: CVV:

03

TERMS AND CONDITIONS

- a. We hereby apply to OCSA for the provision of the OCSACare services.
- b. We accept the benefits provided by the services and we agree to be bound by the rules, specifically with regard to notice periods, namely that one (1) month's written notice being required.
- c. We confirm the correctness of the statements and information contained in this application.
- d. We undertake to respect the confidential nature of the information relating to employees.
- e. We further undertake to pay the full premiums due by the 1st of the month. We also acknowledge that OCSACare reserves the right to suspend all services in the event that premiums are not paid within seven (7) days of the due date. Services will be suspended until payment is received, failing which services will be terminated.
- f. We understand that no refund of premiums or backdating of cancellations will be considered.
- g. All premiums will increase annually - 01 January.
- h. Replacement card charged at R25.00 per card.
- i. OCSA reserves the right to implement restrictions on employees that utilise benefits excessively. By completing this application form the employer agrees to be bound by OCSA's standard terms and conditions, as amended from time to time.

Signed at: on the:

On behalf of the employer duty authorised:

Authorised Signatures:

Name:

Designation:

BROKER DETAILS

First Name:

Surname:

Telephone Number:

Fax Number:

Email Address:

Broker Code:

Signature:

FOR OFFICE USE ONLY

Employer Group Code:

Broker Code:

Other: