



**TRUSTEE AND PRINCIPAL OFFICER
PERSONAL VETTING QUESTIONANRE AND DECLARATION**

A. INTRODUCTION

Section 57 of the Medical Schemes Act 131 of 1998 (“the Act”), requires all medical schemes to have a board of trustees consisting of persons who are fit and proper to manage the business contemplated by the medical scheme, in accordance with the applicable laws and the rules of such medical scheme. This creates confidence [in members] that trustees are persons that are competent, honest and sound.

The propriety and competence of the medical scheme officers (trustees and principal officers) are of strong interest to the Council for Medical Schemes (“the CMS”). The CMS has periodically conducted vetting of medical scheme officers to determine their fit and proper status, on the understanding that medical schemes independently vet their officers. It has emerged that not all medical schemes have methodical vetting processes. To this end, the CMS has decided to embark on a joint exercise with the medical schemes in the vetting of medical scheme officers.

The CMS undertakes to conduct vetting with utmost confidentiality and in accordance with section 60 of the Act, which deals with preservation of secrecy by the Council and its staff members. The information provided will not be disclosed or used for any other purpose than to assess the proprietary and fitness of medical scheme officers, except in so far as it may be required and permitted by law.

In the effective discharge of this obligation, trustees, principal officers and members of a committee of the Board of Trustees are requested to furnish CMS with the applicable vetting questionnaire completed accurately and legibly, together with a copy of the officer’s current curriculum vitae and identification document. A separate sheet may be used to provide more details on any of the information provided or to provide further information which you believe has a bearing in assessing whether you are fit and proper to serve as a trustee or a principal officer.

B. PERSONAL INFORMATION

(Where applicable, mark the appropriate box with an X)

1. Full name(s) and surname:

2. Have you ever been subject to a name change? If yes, former name and reason for the name change.

| | |
|------------|--|
| YES | |
| NO | |

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3. Identification (ID) number:

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4. Have you ever been subject to identification (ID) number change? If yes, former identification number and reason for the change.

| | |
|------------|--|
| YES | |
| NO | |

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5. Current Age:

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6. Gender:

| | |
|---------------|--|
| FEMALE | |
| MALE | |

7. Nationality:

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8. Race:

| | | | | | | | | | |
|--------------|--|--------------|--|-----------------|--|--------------|--|--------------|--|
| Asian | | Black | | Coloured | | White | | Other | |
|--------------|--|--------------|--|-----------------|--|--------------|--|--------------|--|

9. Postal address:

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10. Permanent / residential address:

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11. Have you obtained a National Senior Certificate (Matric certificate) or its equivalent:

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|------------|--|
| YES | |
| NO | |

If yes:

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|----------------------|--|
| Institution | |
| Date obtained | |

12. Other qualifications obtained:

| Date obtained | Qualification details; Institution |
|----------------------|---|
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13. The full name and surname of your spouse(s), including life partner(s) and their Identification number:

| Name and surname | Identification (ID) number |
|------------------|----------------------------|
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| | |

14. Current employment:

| | |
|----------------------------------|--|
| Name of entity (employer) | |
| Position | |
| Date of employment | |

15. Previous employment:

| | |
|----------------------------------|--|
| Name of entity (employer) | |
| Position | |
| Date of employment | |

C. MEMBERSHIP AND NOMINATION DETAILS

1. The name of the medical scheme for which you have been elected/ appointed as a trustee or principal officer?

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2. Were you elected or appointed as a trustee or principal officer and when?

| | | | |
|------------------|-------|-----|--|
| Elected | | | |
| Appointed | | | |
| YEAR | MONTH | DAY | |

3. In what capacity are you elected/ appointed as a trustee (elected, co-opted, employer representative, union representative etc.)?

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4. Are you a member of the medical scheme of which you are a trustee or principal officer? If no, what medical scheme are you a member of, if any?

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|------------|--|
| YES | |
| NO | |
| | |

5. Membership number?

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6. When did you become a member of the medical scheme?

| | | | |
|------|-------|-----|--|
| YEAR | MONTH | DAY | |
|------|-------|-----|--|

7. Have you undergone any training relevant to board governance since your appointment? If yes, provide further details as requested.

| | |
|------------|--|
| YES | |
| NO | |

| Date | Institution | Qualification / Training details |
|------|-------------|----------------------------------|
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8. Have you previously been appointed/ elected as a trustee or principal officer of any medical scheme? If yes, for which medical scheme and the period of such appointment?

| YES | | | | | | |
|----------------|------|------------------|-------|----|------|-------|
| NO | | | | | | |
| Medical Scheme | Role | Appointment date | | | | |
| | | YEAR | MONTH | to | YEAR | MONTH |
| | | YEAR | MONTH | to | YEAR | MONTH |
| | | YEAR | MONTH | to | YEAR | MONTH |
| | | YEAR | MONTH | to | YEAR | MONTH |

9. Do you currently serve as a trustee or principal officer of any other medical scheme? If yes, for which medical scheme and the period of such appointment?

| YES | | | | | | |
|----------------|------|------------------|-------|----|------|-------|
| NO | | | | | | |
| Medical Scheme | Role | Appointment date | | | | |
| | | YEAR | MONTH | to | YEAR | MONTH |
| | | YEAR | MONTH | to | YEAR | MONTH |
| | | YEAR | MONTH | to | YEAR | MONTH |
| | | YEAR | MONTH | to | YEAR | MONTH |

10. Do you serve or have you served on any committee of the board of trustees, for instance, the Audit Committee, Risk Committee, and / or Remuneration Committee? If yes, please provide further information as requested.

| YES | | | | |
|-------------------------------|-------------------------|-----------------------------------|-------|--|
| NO | | | | |
| Committee (Risk Committee) | Role (Chair, member) | Appointment date (2018; March) | | Function (Contribute to the oversight of the risk management function.) |
| | | YEAR | MONTH | |
| | | YEAR | MONTH | |
| | | YEAR | MONTH | |
| | | YEAR | MONTH | |
| | | YEAR | MONTH | |
| | | YEAR | MONTH | |

11. Have you ever been associated, in ownership or supervisory capacity, with any business entity (Administrator, Managed Care Organisation, Brokerage or any other provider of service) that provides or provided services to the medical scheme? If yes, provide further details as to the entity, role and duration of association.

| YES | |
|-------------------------|--|
| NO | |
| Entity name | |
| Position/ interest held | |
| Duration of association | |
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|-------------------------------|--|
| Other relevant details | |
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12. Who nominated or approached you to serve on the BoT or to express interest in the role of principal officer?

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13. Were you nominated or approached to serve on the BoT or to express interest in the role of principal officer by an employee, principal officer or trustee of the medical scheme or by an employee, director, officer, consultant, or associate of any person, who renders contractual services (administrator, managed care organisation, or brokerage) to the medical scheme? If yes, provide further details as requested.

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|---|--|
| YES | |
| NO | |
| Name of person who approached/ nominated you and the entity they associated with | |
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| | |
| Other relevant details | |
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14. Did you receive an award, payment or other consideration to be nominated to serve on the BoT or for accepting such nomination? If yes, provide further details as to what was received, when and from whom.

| | |
|------------|--|
| YES | |
| NO | |
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15. Other than payment of fee as a trustee or principal officer of the medical scheme, have you received any other benefits, directly or indirectly, for yourself or any family member from the medical scheme or any party that contracts / contracted with the medical scheme? If yes, provide details on what was received, from who and when.

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| YES | |
| NO | |
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D. SPECIFIC QUESTIONS TO ASSESS FIT AND PROPRIETY

(Kindly tick the appropriate box, and if answered yes, please provide further details.)

1. Have you ever been declared insolvent, filed for bankruptcy, made any debt arrangements with (any of) your creditors, applied for debt review, had assets sequestrated or involved in any proceedings of this nature?

| | |
|------------|--|
| YES | |
| NO | |

| | | | |
|-------------------------------|--------------|----------------------------|--|
| Date | YEAR / MONTH | Type of proceedings | |
| Other relevant details | | | |
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2. Have you ever been subject to any proceedings of a disciplinary, civil or criminal nature, or been notified of any proceedings or any investigation that may lead to such proceedings?

| | | | |
|-------------------------------|--------------|----------------------------|--|
| YES | | | |
| NO | | | |
| Date | YEAR / MONTH | Type of proceedings | |
| Other relevant details | | | |
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3. Have you, or any business in which you have or had a personal interest or exercised influence, been investigated, suspended or reprimanded by a professional or regulatory body, tribunal, or court, in South Africa or elsewhere?

| | | | |
|-------------------------------------|--------------|----------------------------|--|
| YES | | | |
| NO | | | |
| Date | YEAR / MONTH | Type of proceedings | |
| Name of business if relevant | | | |
| Other relevant details | | | |
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4. Have you ever been associated, in ownership or supervisory capacity, with any business entity that has been refused registration or accreditation to conduct business, or has had such registration or accreditation suspended, revoked, or withdrawn?

| | | | |
|---------------------------------------|--------------|----------------------------|--|
| YES | | | |
| NO | | | |
| Date | YEAR / MONTH | Type of proceedings | |
| Name of business (if relevant) | | | |
| Other relevant details | | | |
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| | | | |

5. Have you ever been associated, in ownership or supervisory capacity, with any business that has gone into liquidation or insolvency while connected with that business or within five years after that connection, or is currently subject to an application of such proceedings?

| | | | |
|-------------------------------|--------------|----------------------------|--|
| YES | | | |
| NO | | | |
| Date | YEAR / MONTH | Type of proceedings | |
| Name of business | | | |
| Other relevant details | | | |
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6. Have you ever been disqualified from serving in a managerial or director capacity or been removed from such position by a professional or regulatory body, tribunal, or court, in South Africa or elsewhere or are you aware of any matter against you or investigation which may lead to such removal?

| | | | |
|-------------------------------|--|--------------|----------------------------|
| YES | | | |
| NO | | | |
| Date | | YEAR / MONTH | Type of proceedings |
| Other relevant details | | | |
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7. Were you ever removed, dismissed, requested to resign, or resigned from a position (of employment, trust, fiduciary or similar) because of questions about your integrity, incompetence, or mismanagement?

| | | | |
|-------------------------------|--|--------------|----------------------------|
| YES | | | |
| NO | | | |
| Date | | YEAR / MONTH | Type of proceedings |
| Other relevant details | | | |
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8. Were you ever dismissed from a position of employment or removed as trustee or member of a committee of the board of trustees by a medical scheme or the Council for Medical Schemes?

| | | | |
|-------------------------------|--|--------------|----------------------------|
| YES | | | |
| NO | | | |
| Date | | YEAR / MONTH | Type of proceedings |
| Other relevant details | | | |
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9. Have you ever been declared mentally incapacitated?

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|-------------------------------|--|--------------|----------------------------|
| YES | | | |
| NO | | | |
| Date | | YEAR / MONTH | Type of proceedings |
| Other relevant details | | | |
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10. Have you ever been subject to an adverse finding or judgement (i.e. a fine) that has not been satisfied as per the finding?

| | | | |
|-------------------------------|--|--------------|---------------------------|
| YES | | | |
| NO | | | |
| Date | | YEAR / MONTH | Judgement/ finding |
| Other relevant details | | | |
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11. Do you have any relationship, business or personal, with any officer (trustee, principal officer, member of any sub-committee or any employee) of the medical scheme for which you a trustee? If yes, kindly stipulate the type of relationship and with whom.

| | |
|------------|--|
| YES | |
| NO | |
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12. Are you a broker or do you have any affiliation with a broker or brokerage, other than for personal brokerage services?

| | |
|-----------------------------------|--|
| YES | |
| NO | |
| Broker/ brokerage name | |
| Position/ interest held | |
| Name of associate (if any) | |
| Other relevant details | |
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13. Are you an officer (employee or executive / director) of the medical scheme, or an employee, director, officer, consultant, or associate of any person, who renders contractual services to the medical scheme or? If yes, provide further details as requested.

| | |
|-----------------------------------|--|
| YES | |
| NO | |
| Entity name | |
| Position/ interest held | |
| Name of associate (if any) | |
| Other relevant details | |
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14. Do you hold any position or have any interest in any other entity regulated in terms of the Medical Schemes Act 131 of 1998? If yes, clearly state the name of the entity and the position or interest held.

| | |
|--------------------------------|--|
| YES | |
| NO | |
| Entity name | |
| Position/ interest held | |
| Other relevant details | |
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15. Is any of your immediate family (including spouse, life partner) or close affiliates an officer (employee, executive, or trustee) of the medical scheme, or an employee, director, officer, consultant, or associate of any person, who renders contractual services to the medical scheme? If yes, provide further details as requested.

| | |
|--------------------------------|--|
| YES | |
| NO | |
| Entity name | |
| Position/ interest held | |

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|-----------------------------------|--|
| Name of associate (if any) | |
| Other relevant details | |
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16. Are you aware of any information not covered by the above questions but which, if known to the medical scheme and/or to Council for Medical Schemes will render you not fit and proper to serve either as a trustee or a principal officer? If yes, kindly provide further details.

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| YES | |
| NO | |
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| <p>DECLARATION</p> <p>I hereby declare that:</p> <ol style="list-style-type: none"> All information provided was done voluntarily by me and is complete and correct to the best of my knowledge and there are no other facts that are relevant for assessing my fitness and propriety; I will in writing, within 60 days of an event or matter or learning of such event or matter that may affect my fitness and propriety to hold office as trustee, inform the Council for Medical Schemes thereof; The Council for Medical Schemes may require or seek further information from myself and / or any third party it deems necessary in assessing my fitness and propriety; I understand that any false information provided by me may lead to my removal as a member of the Board of Trustees or Principal Officer. <p>Printed full names: _____</p> <p>Signature of scheme officer: _____</p> <p>Place: _____</p> <p>Date: _____</p> |
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| <p>Date of submission of completed form to CMS _____</p> |
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