

CompCare

Medical Scheme

AGM

**Annual General
Meeting 2022**

Administered by



Universal[™]

CompCare Medical Scheme is administered by Universal Healthcare Administrators (Pty) Ltd.

AGENDA

1. Welcome, apologies and confirmation of quorum
2. To fill Trustee vacancy
 - 2.1 Voting
3. To confirm the minutes of the 43rd Annual General Meeting held on Wednesday, 02 June 2021
4. To receive and consider the Report of the Board of Trustees for the year ended 31 December 2021, and the Annual Financial Statements for the year ended 31 December 2021
5. Governance
 - 5.1 Approval of the CompCare Medical Scheme: Remuneration Policy
 - 5.2 Approval of the CompCare Medical Scheme: Travel Cost Allowance Policy for Trustees and Officers of the Scheme
 - 5.3 Approval of the 2023 Trustee Remuneration
 - 5.3.1 Approval of the 2023 Chairman's Retainer
 - 5.4 Appointment of the Auditors for the Ensuing Year
6. Motions
7. General
8. Closure

Notices of motions to be placed before the Annual General Meeting must reach the Principal Officer not later than 7 days prior to the date of the meeting (Tuesday, 14 June 2022).

BY ORDER OF THE BOARD OF TRUSTEES

May 2022

COMPCARE MEDICAL SCHEME NOMINATION RECEIVED FOR TRUSTEE VACANCY

The term of one of the current Board of Trustee members of CompCare Medical Scheme ("the Scheme") ends at this Annual General Meeting. The Scheme has called for nominations on 29 April 2022 with a cut off date for nominations on Friday, 13 May 2022.

The Scheme has received one nomination for the vacancy. Herewith find the abridged CV of the candidate for ratification.



De Wit, Francois

Mr de Wit has extensive (29 years) experience in the healthcare industry in South Africa and have had exposure to all aspects of administration as well as aspects relating to Board of Trustees and Trusteeship of medical schemes. He has held senior management, executive and Board positions at some of South Africa's largest medical scheme administrators and therefore has an in-depth knowledge and extensive experience in the healthcare industry from an administrative, governance and financial point of view.

The administrators include Old Mutual Healthcare, Lethimvula Healthcare (subsidiary of Medscheme) and Professional Medical Scheme Administrators (PMSA).

He qualified from the Institute of Administration and Commerce, is both a Managed Healthcare Professional and a Health Insurance Associate from the Health Insurance Association of America and is a member of the Institute of Directors of Southern Africa.

Medical aid experience:

- Appointed as Board of Trustee member of CompCare Medical Scheme in September 2021 with his term of office coming to an end at the 2022 AGM. He also served as a member of the Audit Sub-Committee and Financial, Investment and Risk Committees.
- September 2019 to June 2021 and June 2021 to September 2021: Consultant, Universal Healthcare
- January 2017 to date: Principal Officer, Wooltru Healthcare Fund
- July 2013 to August 2019: Trustee, Selfmed Medical Scheme
- April 2011 to March 2013: Executive Client Relations (EXCO member), Professional Medical Scheme Administrators (PMSA)
- June 2009 to September 2010: Executive/General Manager: Client Relations, Lethimvula Healthcare
- April 2004 to May 2009: Senior Account Executive, Old Mutual Healthcare
- July 2001 to March 2004: Client Services Executive, Old Mutual Healthcare
- June 1997 to June 2001: Scheme Manager, Old Mutual Healthcare

- November 1992 to May 1997: Department Head: Treasury, Old Mutual Healthcare

Qualifications:

- IAC through the Institute for Administration and Commerce
- MHP and HIAA qualifications of the Health Insurance Association of America
- Other courses completed:
 - BHF Trustee Development Programme
 - CMS Trustee Training
 - Small Business Management
 - Facilitation skills
 - Numerous Financial and HR Related courses
 - Banking-related courses

Professional memberships:

- M Inst D (Member of the Institute of Directors of Southern Africa)
- Fellow membership of the Institute of Certified Bookkeepers
- South African Institute of Management (former member)

DRAFT - COMPCARE MEDICAL SCHEME
MINUTES OF THE FORTY-THIRD ANNUAL GENERAL MEETING OF COMPCARE MEDICAL SCHEME, HELD IN THE 19TH HOLE MEETING ROOM, AT THE JOHANNESBURG COUNTRY CLUB WOODMEAD - CNR WOODLANDS DRIVE AND LINCOLN STREET, WOODMEAD, ON WEDNESDAY, 02 JUNE 2021 AT 10H00.

1. PRESENT:

Mr H Odendaal	-	Chairperson – Member
Dr A Carlston	-	Member and Trustee
Dr R Engelbrecht	-	Member and Trustee
Mr T Harris	-	Member and Trustee
Mr S Ireton	-	Member and Trustee
Mr N Landman	-	Member and Trustee
Mr B le Roux	-	Member and Trustee
Mr K Mnisi	-	Member and Trustee
Dr S Nkosi	-	Member and Trustee
Mr P Wassermann	-	Member and Trustee
48 members as per attendance register		

PRINCIPAL OFFICER:

Mr Josua Joubert	-	Member
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IN ATTENDANCE:

Ms M Conradie	Fund Manager	Universal Healthcare
Mr P Dorfling	Director	Universal Healthcare
Mr M Bayley	Director	Universal Healthcare
Mr C Becker	Director	Universal Healthcare
Ms K Fisher	Scheme Secretary	Universal Healthcare

APOLOGIES:

Ms T Ntlebi	-	Membership no. 76004604
Mr B Reide	-	Membership no. 1803208

OBSERVER:

Ms V Pullen	-	Council for Medical Schemes
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NOTICE:

The notice dated May 2021, calling the meeting was taken as read.

2. CHAIRPERSON'S WELCOME TO MEMBERS:

The Chairperson introduced himself and welcomed those present to the Forty-Third Annual General Meeting (AGM) of the CompCare Medical Scheme (CompCare).

He advised that the meeting had been published as per the Rules of the Scheme. The necessary quorum being present, the Chairperson declared the meeting duly constituted.

3. TO FILL TRUSTEE VACANCIES:

In terms of the Rules of the Scheme, the affairs must be managed by a Board consisting of 8 (eight) persons who are fit and proper to be Trustees. The term of the current Board of Trustees of the Scheme comes to an end at this Annual General Meeting. A new Board of Trustees of 8 (eight) Trustees must therefore be elected in terms of the exposition document submitted to the Council for Medical Schemes upon the amalgamation of CompCare and Selfmed Medical Schemes.

This provides members with an opportunity to nominate and vote for other members of the Scheme who they feel would best represent their interests on the Board.

In terms of the Rules of the Scheme the Trustees must be elected by members from amongst members to serve terms of office of 4 years each. The Scheme called for nominations from members to fill the vacancies in terms of the Rules of the Scheme and the following nominations were received:

- Dr Alan Carlston
- Mr Francois de Wit
- Dr Reginald Engelbrecht
- Mr Trevor Harris
- Mr Stephen Ireton
- Mr Nico Landman
- Mr Bernard le Roux
- Mr Harold Leviton
- Mr Koenrad Peter Mnisi
- Dr Simangele Nkosi
- Mr Samuel Odendaal
- Mr Richard van der Merwe
- Mr Petrus Wassermann
- Mr Craig Wright

As a result, 14 nominations were received for 8 vacancies. All the candidates met the requirements in terms of the Rules of the Scheme and have completed the official Council for Medical Schemes vetting form to confirm that they are fit and proper to serve as Trustees on the CompCare Board. The names, photographs and abridged curriculum vitae (CV's) are in the Candidate List and Abridged CV booklet that was posted and emailed to members in terms of the Rules of the Scheme and a copy handed out with the AGM booklet upon registration at this meeting.

As we have received more nominations than vacancies, members present at the Annual General Meeting will therefore vote to fill these vacancies. In terms of the Rules of the Scheme voting will take place via ballot which was also handed out upon registration. Each principal member present will have one vote as well as votes for proxies received and must vote for 8 candidates only, out of the 14 nominations.

The Board of Trustees had engaged the Scheme's auditors Deloitte & Touche (Deloitte) to adjudicate the voting process and the counting of the votes.

Following the election, and counting of the ballots by Deloitte, the results will be verified by the Principal Officer and announced at the end of the meeting under point 8 on the agenda.

The members were given time to vote and to complete the process.

4. MINUTES OF THE FORTY-SECOND ANNUAL GENERAL MEETING HELD ON 25 NOVEMBER 2020:

The Minutes of the Forty-Second Annual General Meeting held on 25 November 2020, having been circulated with the notice of meeting, were taken as read.

There being no amendments to the Minutes, the Chairperson called for a proposer and seconder for the acceptance of the Minutes. Dr R Engelbrecht proposed and Mr N Landman seconded that the minutes be accepted as a true record of the proceedings and signed by the Chairperson.

5. ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020:

The Annual Financial Statements of the Scheme for the year ended 31 December 2020 had been circulated to members together with the notice of meeting.

The Chairperson gave a brief overview of the performance of the Scheme and highlighted the following:

- The Scheme incurred a net surplus for the year of R48.5m compared to R10.6m in the prior year.
- The solvency ratio, which is the key element of any medical scheme is 49.5%, which was well above the 25% statutory requirement of the Medical Schemes Act.
- Average number of beneficiaries 33 317 compared to 34 281 from the previous year, the prime reason for the decrease was affordability.
- The Scheme has total assets of R567m.
- Accumulated Funds of R438m.

The Chairperson noted that the financial performance of the Scheme is monitored rigorously by the Scheme's Finance Committee and that a full set of the Scheme's Annual Financial Statements were available on the Scheme's website.

As there were no questions, the Chairperson moved that the Annual Financial Statements as at 31 December 2020 be adopted and that all matters and actions undertaken by the Administrators on behalf of the Scheme, be confirmed.

Mr T Harris proposed the motion which was duly seconded by Dr R Engelbrecht and carried unanimously.

6. GOVERNANCE:

It was noted that the Trustee remuneration paid in a financial year is detailed in the Annual Financial Statements, which are available on the Scheme's website. The Board of Trustees' total remuneration must be approved by members at the Annual General Meeting in terms of rule 20.19 of the Registered Scheme Rules.

6.1. APPROVAL OF 2021 TRUSTEE REMUNERATION

The Principal Officer advised that the difference between the proposal being put forward at this meeting and the previous Annual General Meeting, is that last year the meeting was held in November where there was a clear indication of what was happening in the industry and in the environment and the proposal came about after engaging with the Scheme's actuaries and after consultation with the Audit Committee to determine the increases for 2021. This year it is different in that product design for next year has not yet been considered, nor increases for members, nor any other expenses that will increase for next year.

As such, the proposal for the year 2022 is a fee increase up to a maximum of a 5% for the Trustees.

The Principal Officer advised that the Trustee remuneration for 2021 was R23 620 per meeting attended. The proposed maximum remuneration for the year 2022 is R24 800 per meeting attended, effective 1 January 2022.

After due consideration, there being no objection, the motion for the 2022 trustee fee as presented, was proposed by Mr H Leviton, duly seconded by Mr R Parsons and carried unanimously.

6.1.1. APPROVAL OF RETAINER FEE PAID TO THE CHAIRPERSON

The Principal Officer explained that the retainer fee paid is compensation for all ad-hoc meetings and time spent on Scheme affairs. The same proposal applies in respect of the retainer fee, whereby for the year 2022, a fee increase up to a maximum of 5% is recommended for the Chairperson.

The current retainer fee paid to the Chairperson is R24 900 per month. The retainer fee for the year 2022 is recommended at R26 145 per month, effective 1 January 2022.

After due consideration, there being no objection, the motion was proposed by Mr H Leviton, duly seconded by Mr R Parsons and carried unanimously.

6.2. APPOINTMENT OF AUDITORS FOR THE ENSUING YEAR

The Chairperson advised that Deloitte & Touche is the current Auditors of the Scheme and it is recommended by the Audit Committee and the Board of Trustees that they be re-appointed for the 2021 financial audit.

The motion to re-appoint Deloitte and Touche as the Scheme's Auditor for the ensuing year was proposed by Mr B le Roux, duly seconded by Mr P Wassermann and was carried unanimously.

7. NOTICES OF MOTIONS:

The Chairperson reported that no specific notices of motions have been received to be placed before the meeting. What was received are benefit related queries which were noted as follows:

- T Schumann, membership no. 3690095: Related to the contribution and billings department.
- E Herzfeld, membership no. 7522038, who had questions on the COVID1-19 benefit on the MedX option.
- PH Wareham, membership no. 6939177, who had questions relating to the COVID-19 benefit and registration sites.

The Chairperson reiterated that this was not the forum to address queries. These have been dealt with on an individual basis, outside the meeting by the Fund Manager who will also be available after the meeting to address any further queries with members.

8. GENERAL:

8.1. OVERVIEW ON COVID-19

The Principal Officer advised that the most important aspect to understand are the rumours in the market that competitors managed to implement a system where some of their members can register for the vaccine and get preference if they are members of a specific scheme.

He wished to make it abundantly clear that the only organisation that manages the registration process of the vaccine is the government, by way of the EVDS system.

The confusion may have arisen where some competitors have registered their offices as vaccine sites and members are under the impression that it was the medical scheme that had arranged for their members to get preferential treatment. This is not the case.

For information purposes, the Principal Officer gave an overview on COVID-19 as follows:

He recalled that in 2020 since the outbreak of the pandemic, CompCare had conducted 4 930 tests of which 671 members tested positive (13.6%). Of the 671 positive members, 157 were admitted to hospital (23%).

In 2021 since the outbreak of the pandemic, CompCare has conducted 10 317 tests for COVID-19, of which 1 450 members tested positive (14%). Of the 1 450 positive members, 332 were admitted to hospital (22%). Currently there are 2 (two) CompCare members in hospital. There has been an increase in fatalities from 23 (14%) in 2020 compared to 58 fatalities (17%) in 2021, which talks to the severity of the new strain being experienced in the Scheme.

On average, the Length of Stay in hospital is 9.34 days and that is why the Scheme encourages CompCare members to have the vaccine. The average cost for members that are hospitalised is R104 000 per member.

In terms of total claims paid out by the Scheme for COVID-19 related claims, since the outset of the pandemic, out-patient claims which are members who went for tests and for members who needed medication but were not admitted to hospital, amounts to R7.4m, and in-hospital claims amount to R40.7m totalling some R48m, which relates to 5.09% of the Scheme's total claims for the year.

8.2. THE CHAIRPERSON INVITED THOSE PRESENT TO RAISE ANY GENERAL MATTERS:

8.2.1. Mr Siebrandt referred to recent media comments regarding the National Health Insurance (NHI) whereby medical schemes should transfer their reserves to the NHI Fund. Of concern was the fact that the reserves are members' funds.

Mr Pieter Dorfling of Universal Healthcare Administrators, assured the meeting that there is no formal request from the Department of Health or Treasury, that the reserves must be transferred, and there is certainly many legal and constitutional issues associated with it so as rightly said, it was merely a comment that was sensationalised in the media.

9. GENERAL:

The Chairperson expressed his sincere thanks and appreciation to the Board of Trustees whose current tenure had come to an end.

9.1. CONFIRMATION OF BOARD OF TRUSTEES

Following the election and the counting of the ballots, the Board of Trustees was confirmed by the Principal Officer as follows:

- Dr Alan Carlston
- Mr Stephen Ireton
- Mr Nico Landman
- Mr Koenrad Mnisi
- Dr Simangele Nkosi
- Mr Samuel Hermanus Daniel Odendaal
- Mr Richard van der Merwe
- Mr Petrus Wassermann

There being no further business the Chairperson once again expressed sincere thanks and appreciation to members, trustees and to Universal for their attendance and declared the meeting closed at 11h30.

COMPCARE MEDICAL SCHEME
EXTRACT FROM THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED
31 DECEMBER 2021

OPERATIONAL STATISTICS AS AT 31 DECEMBER 2021

	2021	2020
Average number of members	18 167	20 792
Average number of beneficiaries	29 395	33 317
Net contributions per average beneficiary per month (R)	2 439	1 990
Relevant healthcare expenditure per average beneficiary per month (R)	2 134	1 535
Average age of beneficiaries	42	44
Pensioner ratio (%)	21.9%	24.2%
Average accumulated funds per member at year end (R)	20 417	21 067
Solvency Ratio (%)	43.1%	49.5%

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2021

	2021 R	2020 R
ASSETS		
Non-current assets	24 750	1
Property, plant and equipment	24 750	1
Right-of-use asset	-	-
Current assets	536 692 966	567 454 648
Trade and other receivables	42 294 859	48 359 423
Investments held at fair value through profit or loss	309 187 348	269 348 386
Cash and cash equivalents	185 210 759	249 746 839
Scheme	185 210 759	249 746 839
Total assets	536 717 716	567 454 649
FUNDS AND LIABILITIES		
Members' funds	405 377 208	438 034 523
Accumulated funds	405 377 208	438 034 523
Current liabilities	131 340 508	129 420 126
Outstanding claims provision	17 859 151	18 777 731
Savings plan liability	65 648 158	59 096 893
Trade and other payables	47 833 199	51 545 502
Total funds and liabilities	536 717 716	567 454 649

COMPCARE MEDICAL SCHEME
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2021

	2021 R	2020 R
Risk contribution income	763 540 478	796 178 987
Relevant healthcare expenditure	(750 157 710)	(650 899 678)
Net claims incurred	(730 423 646)	(629 086 142)
Claims incurred	(733 024 030)	(626 200 185)
Third party claims (reversals)/recoveries	2 600 383	(2 885 957)
Managed healthcare services (no risk transfer)	(19 544 373)	(21 345 998)
Net expense on risk transfer arrangements	(189 691)	(467 538)
Risk transfer arrangement fees	(4 790 468)	(5 405 116)
Recoveries from risk transfer arrangements	4 600 777	4 937 578
Gross healthcare result	13 382 768	145 279 309
Broker service fees	(9 377 809)	(9 589 669)
Administration expenditure	(87 721 373)	(93 224 678)
Net impairment losses on healthcare receivables	(1 572)	(1 972 916)
Net healthcare result	(83 717 940)	40 492 047
Other income	53 020 623	9 867 917
Investment income	52 595 386	7 761 725
Sundry income	425 238	2 106 192
Other expenditure		
Asset management fees	(1 959 998)	(1 794 101)
Interest expense	-	(20 480)
Net surplus for the year	(32 657 315)	48 545 382
Total comprehensive (deficit)/surplus for the year	(32 657 315)	48 545 382

COMPCARE MEDICAL SCHEME
STATEMENT OF CHANGES IN FUNDS AND RESERVES
FOR THE YEAR ENDED 31 DECEMBER 2021

	Accumulated funds	Amalgamation reserve	Total members' funds
	R	R	R
Balance at 1 January 2020	135 255 579	254 233 562	389 489 141
Total comprehensive loss for the year	302 778 944	(254 233 562)	48 545 382
Surplus for the year	48 545 382	-	48 545 382
Amalgamation transfer of reserves (Note 20)	254 233 562	(254 233 562)	-
Balance at 31 December 2020	438 034 523	-	438 034 523
Total comprehensive surplus for the year	(32 657 315)	-	(32 657 315)
Deficit for the year	(32 657 315)	-	(32 657 315)
Balance at 31 December 2021	405 377 208	-	405 377 208

COMPCARE MEDICAL SCHEME
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2021

	2021 R	Restated 2020 R
Cash flows from operating activities		
Cash receipts from members and providers	817 458 993	877 836 945
Cash receipts from members – contributions	778 419 198	839 029 284
Cash receipts from members and providers – other	39 039 795	38 807 661
Cash paid to providers and members	(894 726 747)	(868 401 052)
Cash paid to providers and members – claims	(794 246 149)	(759 139 950)
Cash paid to providers and members – non-healthcare expenditure	(97 457 370)	(107 510 496)
Cash paid to members – savings plan refunds	(3 023 228)	(1 750 606)
Cash generated (utilised in)/from operating activities	(77 267 754)	9 435 893
Interest paid	-	(20 480)
Net Cash generated (utilised in)/from operating activities	(77 267 754)	9 415 413
Cash flows from investing activities		
Interest and dividend income	18 125 010	18 206 407
Disposal of property, plant and equipment	-	153 624
Purchase of property, plant and equipment	(24 749)	-
Purchase of investments	(5 368 587)	(34 245 050)
Proceeds on disposal of investments	-	76 845 427
Cash generated (utilised in)/from investing activities	12 731 674	60 960 407
Cash flows from financing activities		
Repayment of the lease liabilities	-	(151 500)
Cash generated from/(utilised in) financing activities	-	(151 500)
Net (decrease)/increase in cash and cash equivalents	(64 536 080)	70 224 320
Cash and cash equivalents at beginning of year	249 746 839	179 522 519
Cash and cash equivalents at end of year	185 210 759	249 746 839
Scheme	185 210 759	249 746 839

NB: Please note that a full set of the audited Annual Financial Statements and Auditor's Report are available on our website at www.compcare.co.za. A copy will be available at the Annual General Meeting.

GOVERNANCE

IN TERMS OF RULE 20.19 OF THE COMPCARE MEDICAL SCHEME RULES THE FOLLOWING POLICIES MUST BE APPROVED BY MEMBERS AT THE ANNUAL GENERAL MEETING:

CompCare Medical Scheme: Remuneration Policy

1. OVERALL PURPOSE

The remuneration philosophy is to reward individuals for their role and responsibilities on the CompCare Board of Trustees, in a fair, transparent and equitable manner.

The Remuneration Policy provides guidelines and procedures for the remuneration of the Board of Trustees and other Committee members of CompCare Medical Scheme.

2. REMUNERATION STRUCTURE

The fee structure recognises the contribution of Trustees and Board Committee members in terms of their knowledge, skills, and expertise and time commitments and includes the following elements:

- a) Trustees and Board Committee members are entitled to remuneration in respect of services rendered in their capacity as members of the Board or Board Committees as the case may be, which is reviewed on an annual basis.
- b) Trustees and Board Committee members are entitled to remuneration for meetings as called for by the Chairperson and/or Principal Officer.
- c) Trustee remuneration is based on a meeting fee for Board and Board Committee members as well as a monthly retainer fee for the Chairperson. The reason for the retainer is that the Chairperson of the Board is required to make additional preparations for Board Meetings and is expected to attend to various requirements between meetings as an inherent part of the role.
- d) Where Trustees and Board Committee members reside outside of a 50-kilometre radius and therefore need to travel to attend Scheme meetings, the Trustee or Board Committee member will qualify for travel, accommodation and subsistence costs where applicable as specified in the Travel Cost Allowance policy of the Scheme.
- e) Where Trustees and Board Committee members attend conferences or training events as part of their role and as prior approved by the Chairperson of the Scheme, the Scheme will pay the training provider's fees, as well as travel, accommodation and subsistence costs where applicable. The Scheme does not remunerate the Trustee or Board Committee member for attendance at such training events or conferences as this is considered to be part of the development of a Trustee/Committee member as part of his/her role.
- f) Independent Audit Committee members are appointed by the Board of Trustees and will be paid a market related fee, as set out in their appointment agreements.

The Board delegates responsibility for oversight of the Scheme's remuneration practices to the Remuneration Committee who will make recommendations to the Board regarding the remuneration strategy, policies and practices of the Scheme.

3. THE REMUNERATION COMMITTEE

- a) Is constituted of the Chairperson and Vice Chairperson of the Board of Trustees and an independent member of the Audit Committee, which ensures that the work of this Committee is free from conflict, which in turn provides a substantial degree of security for members.
- b) Acts under the delegated authority of the Board.
- c) Has a role to provide an independent influence on remuneration decisions made in respect of the Board and Board Committee members.
- d) Can also be assisted by independent remuneration advisors and experts when required.

4. ATTENDANCE OF MEETINGS

The Trustees or Committee members must be present at the meeting. If the meeting is conducted in-person, the Trustee or Committee member must physically be present. Should the meeting be conducted via any means of a digital platform, the Trustee or Committee member must be physically logged in for the whole duration of the meeting. Where the Trustee or Committee member has a choice to attend in person or digitally, the above will apply.

The Board may, subject to participation by sufficient members to form a quorum, discuss and resolve matters by telephone, electronic conferencing means or electronically via e-mail or a combination of the aforementioned upon request from the Chairperson and may adopt resolutions on that basis. The format of the meeting will be decided beforehand. Where it has been decided that a meeting will be in person, telephonic or electronic attendance will be accepted and remunerated where explicitly approved by the Chairperson, in order to achieve a quorum or if a critical matter needs to be discussed.

5. MEETING FEES

A fee per meeting is the standard remuneration structure used for CompCare, and includes the following meetings:

5.1. Board Meetings

- a) In-person or Digital Platform: Meeting fee is 100% of the fee as approved at the Annual General Meeting.
- b) Fee covers attendance at meeting, preparation work and travel time.

5.2 Annual General Meetings

- a) No fee payable for attendance of the AGM.
- b) Travel to the AGM will be compensated for based on a fee for single day return travel (accommodation excluded).

5.3 Sub-Committee Meetings

In-person: Meeting fee is 100% of approved fee.
Digital Platform: Meeting fee is 75% of approved fee.

- a) Clinical Sub-Committee.
- b) Marketing Sub-Committee.
- c) Finance Investment and Risk Committee.
- d) Any other meetings necessary and approved by the Board of Trustees.

5.4 Audit Sub-Committee Meetings

- a) Trustee members
As per 6.3

- b) Independent Audit Committee members
Fee as set out in their appointment agreements
Fee includes preparation work and travel time

5.5 Annual Strategic and Risk Planning Meetings

Fee covers attendance at meeting, preparation work and travel time

Any attendance at industry events, training sessions - other than those mentioned in point 3 above, or marketing events will not be remunerated but will be considered to be part of the development of a Trustee/Committee member as part of his/her role.

6. GENERAL

Where two sub-committee meetings or Board of Trustees meetings are held on the same day, Trustees will be remunerated for each meeting attended.

The Principal Officer will present the recommended fees for the following year to members present at the Annual General Meeting (AGM) for approval. After approval at the AGM, the approved fees will be ratified at the first Board of Trustees Meeting following the AGM. The fees will increase annually on 1 January.

7. REIMBURSEMENTS

Trustees or Board Committee members may be reimbursed for all reasonable expenses incurred by them in the performance of their duties as a Trustee.

In order to be reimbursed for travel expenses as per the Travel Cost Allowance policy, the Trustees or Board Committee members must submit all supporting documentation of the travel expenses he/she is claiming. Reimbursement payments are reviewed and approved by Principal Officer.

8. PAYMENT OF FEES

All fees shall be paid directly to the Trustee or Board Committee member into his/her nominated bank account within 5 working days after the meeting, the details of which are to be provided by the Trustee or Board Committee member to the Scheme accountant and/or the Scheme Secretary.

This policy was approved by the Board of Trustees and signed by the Chairperson on behalf of the Board of Trustees and will be due for review in twelve months.

Signed at **Honeydew** on **4 February** 2022.



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Chairperson of the Board of Trustees

CompCare Medical Scheme: Travel Cost Allowance Policy for Trustees and Officers of the Scheme

1. OVERVIEW

This Travel Cost Allowance Policy Document is applicable to all scheduled, official meetings of the Scheme. An official meeting is a Board, Sub-committee or Special/Ad-hoc meeting so called by the Chairperson of the Board.

Proof of payment for refund purposes is required (invoice, car parking ticket, flight confirmation, etc.).

2. IF A TRUSTEE TRAVELS BY AIR

2.1 Flights

- 2.1.1 If Trustee make own booking, proof of payment must be submitted for refund
- 2.1.2 A Trustee can request assistance with a flight booking
- 2.1.3 A flight must be booked 2 weeks in advance for any pre-scheduled meeting as per the annual meeting calendar. For any ad-hoc meeting called, flights must be booked within 24 hours of the meeting confirmation
- 2.1.4 The booking of 1st class flights are not permitted and flights are limited to a maximum of R6 000 (including VAT) for a return flight
- 2.1.5 Any cost associated with a change in meetings at short notice will be carried by the Scheme

2.2 Car rental

- 2.2.1 If a Trustee makes own booking, proof of payment must be submitted for a refund
- 2.2.2 A Trustee can request assistance with a car rental booking
- 2.2.3 If more than one Trustee are traveling from the same area, flights must be coordinated
- 2.2.4 Only one rental car will be allowed for Trustees travelling from the same area, and traveling to the same venue
- 2.2.5 The car category booking should fall into class B

2.3 Car parking

- 2.3.1 Trustee to pay for parking and claim cost back
- 2.3.2 No VIP/Valet Parking
- 2.3.3 Should a Trustee wish to park in the VIP/Valet section, the applicable Airport rate for normal covered parking will be refunded

2.4 Accommodation

- 2.4.1 If a Trustee makes own booking, proof of payment must be submitted for refund
- 2.4.2 A Trustee can request assistance with accommodation booking
- 2.4.3 Accommodation limit of R1 500 per night – including breakfast and VAT

2.5 Dinner

- 2.5.1 A Trustee will receive maximum of R280.00 per person per night for Dinner

3. IF A TRUSTEE TRAVELS BY ROAD

3.1 Travel cost

The Trustee will be refunded at the AA Rate, as at the time that the costs are incurred.

This policy was approved by the Board of Trustees and signed by the Chairperson on behalf of the Board of Trustees and will be due for review in twelve months.

Signed at**Honeydew**..... on**4 February**..... 2022.

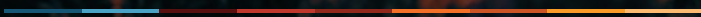


.....
Chairperson of the Board of Trustees



CompCare

Medical Scheme



Administered by



Universal™

CompCare Medical Scheme is administered by Universal Healthcare Administrators (Pty) Ltd.