2019 Medical Needs Analysis – For an Individual

Scan to: info@healthgroup.org.za
Phone 031 764 7298 for assistance

HealthGroup

The medical needs analysis is a statutory requirement of the Financial Services Board. This form must be completed by all members wishing to join or amend their scheme or option. This will remain on file.

Section 1 - Member Details

First Name:
Last Name:
Identity Number:
Cell Number:
Email Address:
Geographic Region:
Avg Household Income per month: R
Max Medical Aid Spend per month: R
Current Medical Aid:
Current Option:

Family Size

Main Member: 1
Adults (<21):
Children (<21):

Waiting Period Calculation

Are all members currently on an SA registered medical aid? Y N
If YES, have all members been on cover for longer than 24 months? Y N
If YES, have all members been on cover for longer than 24 months? Y N

Late Joiner Penalty Calculation
For all applicants aged 35 and over

	Adult 1	Adult 2	Adult 3
Current Age:			
Years on an SA medical aid since age 21:			
On constant medical aid cover since April 2001?	Y N	Y N	Y N

Section 2 - Type of Medical Aid Plan Required / Gap Cover

- Hospital Plan Only — Complete Sections 3,5 & 6
- Hospital PLUS limited day to day cover — Complete All Sections
- Hospital PLUS extensive day to day cover — Complete All Sections
- Gap Cover — Complete Sections 5 & 6

Section 3 - In Hospital (Core Benefit) Requirements

Specialist reimbursement rate: 100% 200% 500%

Medical aid rates are at 100%, private specialist rates are generally between 300% and 400%.

Has any applicant been previously diagnosed with cancer? Y N

Does any applicant have planned hospitalisation? Y N

If you answered YES to any above, please provide details (dates, diagnosis etc.)

Choice of Hospital

Will you use private network hospitals in order to reduce costs? Y N

Emergencies are covered at ANY private hospital. Schemes offer reduced rates if you use their networks.

Section 4 - Chronic Benefits

Has any applicant been diagnosed with a chronic condition? Y N

If YES, please provide details (member, condition, medication)

Pharmacy Choice
Courier:
Network:
Any:

Section 5 - Out of Hospital (Day to Day Benefit) Requirements

Please provide details of the utilisation that you would experience in a typical 12 month period

Provider	Visits per annum		Cost per visit		Estimated Annual Cost
General Practitioner:		X	R	=	R
Acute Medication (scripts):		X	R	=	R
Specialist:		X	R	=	R
Optometry:		X	R	=	R
Dentistry:		X	R	=	R
Other:		X	R	=	R
Other:		X	R	=	R
Other:		X	R	=	R

Total Day to Day Cost Requirement

R

Day to Day benefits may be provided through medical savings, via a separate savings facility or as stated scheme benefits.

Section 6 - Ancillary Cover Required

- Short Term Insurance — House, Car etc.
- Risk Insurance — Life & Disability Cover, Income Protection etc.
- Retirement Planning — Pension / Preservation Fund, RA's etc
- Investments — Unit Trusts, Endowments etc.

Section 7 - Product Recommendations Made

This section to be completed by an accredited intermediary

Scheme Name	Option	Selected	Reasons for selection
		Y N	
		Y N	
		Y N	
		Y N	

Section 8 - Client Declaration

I, _____ , declare that all my needs, with regards to my medical aid and / or gap cover were discussed.

The product recommendations were fully explained to me and I made my selection based on these recommendations. I undertake to read the product specific brochure that I have been provided with.

Signed: _____ Place: _____ Date: _____