



**BOARD OF TRUSTEES
NOMINATION DOCUMENTATION
2025**

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UMVUZO HEALTH TRUSTEE NOMINATION FORM 2025

Rule 18.5 provides that every principal member has the right to nominate one other principal member to stand as a candidate for election to the Board of Trustees. Members may not nominate themselves. A beneficiary (spouse/partner/child) has no nomination rights. If you wish to nominate a member for election to the Board of Trustees, please complete the following details:

1. **PERSON NOMINATED:** _____
(FULL NAME IN BLOCK LETTERS)

I hereby accept my nomination to stand for election as a Trustee on the Board of Umvuzo Health Medical Scheme in terms of the Rules of the Scheme.

SIGNATURE OF NOMINEE: _____ DATE: _____

MEMBERSHIP NO: _____ CONTACT NO: _____

E-MAIL ADDRESS: _____

2. **PROPOSING MEMBER:** _____
(FULL NAME IN BLOCK LETTERS)

MEMBERSHIP NO: _____ CONTACT NO: _____

SIGNATURE OF PROPOSER: _____ DATE: _____

3. **SECONDING MEMBER:** _____
(FULL NAME IN BLOCK LETTERS)

MEMBERSHIP NO: _____ CONTACT NO: _____

SIGNATURE OF SECONDER: _____ DATE: _____

Please refer below for the conditions and criteria to be complied with. The conditions are also obtainable from the Scheme's website www.umvuzohealth.co.za. Duly completed and signed nominations and accompanying documentation must reach the Principal Officer by no later than 30 April 2025, 23h59.

Personal Information submitted and obtained during the nomination process will be processed by the scheme as set out in its Privacy Policy, which is available on the Umvuzo Health website www.umvuzohealth.co.za. All information received will be used to ensure that nominations are valid in terms of the scheme rules and in accordance with the criteria determined by the Board of Trustees and that the nominee is fit and proper as required in terms of the Medical Schemes Act 131 of 1998 and other applicable laws.

CONDITIONS AND CRITERIA

INTRODUCTION

In terms of the registered Scheme Rules of Umvuzo Health (“Scheme Rules”), the affairs of Umvuzo Health must be managed by a Board of Trustees (“the Board”) consisting of ten (10) persons who are fit and proper to be trustees.

The term of office for the current Board is due to expire in June 2025 and as such the Scheme Rules determine that the members of the Scheme are required to elect ten (10) members of the Scheme to serve on the Board effective 1 July 2025.

The Scheme Rules determine that the election of Trustees shall take place per ballot paper at an annual general meeting (AGM) as contemplated in Scheme Rule 26 and the outgoing Trustees shall be eligible for re-election.

As per Scheme Rule 18.6 - at the Scheme’s June 2025 elective AGM:

- a) the first 5 (five) most voted for nominees will serve a term of 4 (four) years and
- b) the second 5 (five) most voted for nominees will serve a term of 2 (two) years only.

Thereafter, the Scheme will hold another elective annual general meeting in June 2027 consistent with the expiry of term of office of those 5 (five) Trustees elected to serve a two-year term in June 2025. The 5 (five) Trustees elected during the June 2027 elective AGM will serve a 4 four-year term.

It is important to note that the abovementioned terms of office are consistent with the Board Continuity Plan approved by the Council for Medical Schemes (“CMS”) as well as the members of the Scheme during the 2024 AGM.

EXPLANATION OF THE NOMINATION PROCESS

What does NOMINATION mean?

A nomination involves putting forward names of suitable members of the Scheme to become candidates for election as Trustees of Umvuzo Health. A principal member may nominate one other principal member of his/her choice (on the official nomination form only) and forward it to Umvuzo Health on or before **30 April 2025 at 23h59**.

Right to nominate

In terms of Scheme Rule 18.5, each principal member has the right to nominate one other principal member to stand for election. Members may not nominate themselves. Members are invited, but not compelled to nominate a candidate. A dependant (spouse/partner/child) has no right to nominate a person to serve on the Board.

How to nominate

Members to be nominated (the nominees) must at least meet the criteria as set out below. The nominee must also agree to be nominated. The nomination form must be completed in full. If any details are

omitted, the nomination form will be regarded as spoilt and will not be processed. Fully completed nomination forms must reach the Principal Officer on or before **30 April 2025 at 23h59**.

Selection of candidates

Each nomination form received will be verified, and if all criteria are met, the name of the successful nominee will be added to the list of candidates to be vetted and voted for at the 2025 AGM.

INSTRUCTIONS WHEN COMPLETING FORMS

Person nominated – the principal member nominated for an election as Trustee, is known as the NOMINEE.

Proposing member – a nominee must be proposed by a PROPOSER who must be a qualifying principal member in terms of the Rules of the Scheme and in good standing with the Scheme.

Seconding member – each nominee proposed must be seconded by a SECONDER who must be a principal member (different from the Proposer) qualifying in terms of the Rules of the Scheme and in good standing with the Scheme. Fully complete all the attached documentation.

Duly completed set of forms can be:-

1. Posted for the attention of The Principal Officer: UMVUZO HEALTH, P O Box 1463, Faerie Glen, 0043; or
2. E-mailed to The Principal Officer: hugovz@umvuzohealth.co.za

Completed nomination forms MUST reach the Principal Officer on or before **30 April 2025 at 23h59**. Only fully completed nomination forms received by the **Principal Officer** on or before the closing date will be accepted. **Nomination forms not satisfying these conditions will be declared null and void.**

THE NOMINEE MUST MEET THE FOLLOWING CRITERIA

- Must be a principal member of Umvuzo Health in terms of the Scheme Rules;
- Must be in good standing with the Scheme;
- Must be willing to be nominated as a candidate for election;
- Must be fit and proper to manage the business of a medical scheme in accordance with the relevant legislation;
- Must accept fiduciary responsibility as required by the Medical Schemes Act;
- Must be available to attend Board of Trustee meetings and any special meetings during working hours;
- Must be readily contactable by telephone/cell phone, and/or e-mail; and
- Must consent to the Scheme's vetting process regarding credit and criminal record. **Separate consent and indemnity forms to be duly completed and signed are attached below.**

THE FOLLOWING PERSONS DO NOT QUALIFY AS NOMINEES

- A principal member under the age of 21 years;
- Any employee, director, officer, consultant, contractor or any person contracted by the Scheme to provide administrative, marketing or managed health care services, or of its holding company, subsidiary, joint venture or associate;
- Any broker or any employee, director, officer, consultant of a brokerage;
- The auditor of the Scheme;
- Any employee of the Scheme;
- A principal member who is mentally ill or incapable of managing his/her own affairs;
- A principal member who is declared insolvent or has surrendered his/her estate for the benefit of his/her creditors;
- A principal member who is convicted, whether in the Republic or elsewhere, of theft, fraud, forgery or uttering of a forged document, or perjury;
- A principal member who is removed by court from any office of trust on account of misconduct; or
- A principal member who is disqualified under any law from carrying on his/her profession.

PLEASE NOTE

- When entering your Umvuzo Health membership number, only enter the number as it appears on your Membership card.
- During the nomination process, no nominee may utilise the services of or have any relationship with any of the Scheme's service providers.
- A completed nomination means a nomination form fully completed, as described in this document, **together** with the relevant accompanying documentation and **a recent Curriculum Vitae of preferably no more than 150 words**.
- Nomination forms that are returned after **30 April 2025 at 23h59**; and/or forms that are sent to any other address than the address particulars provided above; and/or forms not completed correctly and in full, will be declared null and void.
- **Nominees are required to sign in full where required and to initial each and every other page at the right bottom corner.**
- Should you have any questions or queries regarding the nomination process, please contact the Principal Officer of Umvuzo Health via email at hugovz@umvuzohealth.co.za.
- A copy of the registered Scheme Rules is available on the Umvuzo Health website at www.umvuzohealth.co.za

VOTING PROCESS

1. Registration and voting will commence from 10h00 a.m. on the day of the AGM and close at 14h00 p.m.
2. Upon arrival, members are required to produce verification documents (**Umvuzo Health Membership Card and Identity Document**) and register at the Umvuzo Health desk.
3. After successful verification members will be issued with a ballot form and may cast their votes.
4. **Tie-breaker:** If after vote counting there's a tie (or draw) between two or more elected members for position 5 and 6 out of 10 or position 10 and 11, the member that has been with the Scheme for the longest time will be ranked higher. If there's still a tie after the tie-breaker process, the members will be subjected to a coin toss to be conducted by an independent person.

DECLARATION OF INTEREST FORM

NOMINEE DETAILS

Name																						
Surname																						
Date of Birth	D	D	M	M	Y	Y	Y	Y	ID Number													
Home Address																						
Phone Number (H)																						
Fax Number																						
Email Address																						

SPOUSE'S/PARTNER'S DETAILS

Name																						
Surname																						
Date of Birth	D	D	M	M	Y	Y	Y	Y	ID Number													

COMPLETION OF FORM

Before completing this form, you are required to familiarise yourself with the attached Code of Conduct for Members of UMVUZO HEALTH Board of Trustees.

Please ensure that EVERY QUESTION IS ANSWERED by placing a tick on the "yes" or "no" box, even if the details have remained unchanged from previous financial form submission.

Please attach ADDITIONAL DETAILS if there is insufficient space to fill in an answer, with the appropriate referencing.

DECLARATION FORM

Do you/your spouse/partner or your dependants own any shares or securities in any company/or supplier operating in the medical schemes industry that has business dealings with UMVUZO HEALTH?
(this includes listed shares obtained on the Stock Exchange and debentures)

Y	N
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If yes, please provide details by completing the table below:

Company(s) where Shares/securities are held	Nature of Shares (e.g. Ordinary, Preference, etc)

Do you/your spouse/partner or dependants have any interests in any close corporation, trust, company, partnership or other business undertaking that has business dealings with UMVUZO HEALTH?

Y	N
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If yes, please provide details by completing the table below:

Name of Company	Type of Business	Reg. Number	Details of Interest

Do you receive income from consulting or serving on a committee of an employer or administrator associated with UMVUZO HEALTH?

Y	N
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If yes, please provide details by completing the table below:

Name of Employer/Administrator	Type of Business Activity	Designation

Are you entitled to any benefits from businesses that have dealings with UMVUZO HEALTH, other than what was defined in questions 1 – 3 above?

Y	N
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If yes, please provide details by completing the table below:

Name of Organisation	Type of Business	Nature of Benefit	Reason for Benefit	Expected Life Span of Benefit?

DECLARATION BY NOMINEE

I declare that the information furnished by myself in this declaration is, to the best of my knowledge a true and correct reflection of my interests. Furthermore, I confirm that I have read, fully understand and agree to bind myself to Code of Conduct as at the date of my signature and I indemnify the Scheme against any claim or liability of whatever nature that may arise from my failure to declare all of my interests.

Signature	Full Name	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table> Date	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			



www.umvuzohealth.co.za

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P.O. Box 1463, Faerie Glen, 0043. T: +27 (0) 12 845 0000 F: +27 (0) 86 670 0242
E: info@umvuzohealth.co.za Call Centre and Authorisations: 0861 083 084

**UMVUZO HEALTH MEDICAL SCHEME NOMINATION FOR APPOINTMENT AS A TRUSTEE
CONSENT AND INDEMNITY BY NOMINEE**

Please complete this form in full and return it to the Principal Officer

I, _____ [full name & surname]

I.D. No: _____ **UMVUZO HEALTH** Member No: _____

Address: _____
_____ Postal Code: _____

Telephone No: _____ Cell No: _____

E-mail: _____

hereby authorise the Principal Officer of **UMVUZO HEALTH** to make my name, surname and identity number available to the South African Police Services (SAPS) for a criminal record verification, as well as to the credit reference company of its choice to enable a financial and credit check to be performed.

I hereby consent to, if necessary, having my fingerprints taken, as required for purposes of checking my criminal record. I furthermore authorise the SAPS to furnish personal information regarding any criminal record I may have, or other relevant information such as is usually provided by the Criminal Record Centre of the SAPS in this regard, to **UMVUZO HEALTH's** duly authorised agent.

I unconditionally indemnify **UMVUZO HEALTH**, its Trustees, its members, employees, subsidiaries, affiliates and outsourced service providers to **UMVUZO HEALTH** against any claim or liability which may result from furnishing information in this regard.

I furthermore unconditionally indemnify the SAPS as well as the Government of the Republic of South Africa against any liability which may result from furnishing information in this regard.

I understand that it is a condition of the SAPS that –

- (a) the information is furnished solely for the purpose of my proposed appointment as a trustee of **UMVUZO HEALTH** medical scheme;
- (b) any information furnished to **UMVUZO HEALTH** will be disclosed to me upon request;
- (c) **UMVUZO HEALTH's** authorised agent is responsible for verifying the accuracy of the information furnished by the SAPS.

Signed at _____ on this _____ day of _____ 20__

Witnesses: 1. _____

2. _____

Signature of Nominee



CODE OF CONDUCT

Custodian:	Board of Trustees
Previous versions:	13 June 2019, 3 December 2021, 2 December 2022, 1 December 2023
Review date:	29 November 2024
Next review date:	December 2025

CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

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CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

1. PREAMBLE

- 1.1. **UMVUZO HEALTH** Medical Scheme (“**UMVUZO HEALTH**”) is a restricted registered medical scheme, registered in terms of the Medical Schemes Act 131 of 1998 (“MSA”) on 1 July 2004 under registration number 1597.
- 1.2. **UMVUZO HEALTH** is restricted only to employer groups and their respective employees within the Mining, Food, Steel, Retail, Hospitality and Education sectors. **UMVUZO HEALTH** was created on the foundation of being a Scheme for the people.
- 1.3. **UMVUZO HEALTH** is self-administered and has long standing agreements with select service providers with contractually agreed service levels to ensure that optimal services are delivered to our members in accordance with the underlying philosophy of being a Scheme for the people.
- 1.4. The Board of Trustees (“the Board”) of **UMVUZO HEALTH** are elected to represent the **UMVUZO HEALTH’s** membership in terms of the provisions of the **UMVUZO HEALTH** Rules as approved by the Registrar of Medical Schemes from time-to-time as well as the Act.
- 1.5. The Board regards corporate governance as fundamentally important to the achievement of **UMVUZO HEALTH’s** mission, its financial objectives and the fulfilment of its corporate responsibilities and are accordingly committed to applying the principles of King IV and ancillary governance best practices, the **UMVUZO HEALTH** Rules, the Act and the Financial Institutions Act.
- 1.6. The Board is the focal point of **UMVUZO HEALTH’s** corporate governance system and remains responsible for the performance and affairs of the Scheme. It should exercise ethical leadership, corporate integrity and judgement in directing the scheme to achieve any stated objects.
- 1.7. Consequently, it is necessary to ensure that **UMVUZO HEALTH** has structured mechanisms of accountability to its membership, and, to meet their priority needs by providing services effectively, expeditiously and sustainably within the means of **UMVUZO HEALTH**.
- 1.8. In order to ensure that the members of the Board fulfil their obligations to their membership and support the achievement by **UMVUZO HEALTH** of its objectives as set out in the approved **UMVUZO HEALTH** Medical Scheme Rules, as well as in the relevant provisions of the applicable legislation, the following Code of Conduct is established.

CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

2. DEFINITIONS

In this Code of Conduct, “**UMVUZO HEALTH**” means the **UMVUZO HEALTH** Medical Scheme as Approved and Registered by the Registrar for Medical Schemes in terms of the provisions of the Medical Schemes Act 131 of 1998.

“Trustee” means a member of the duly elected Board of Trustees of **UMVUZO HEALTH** and;

“Committee Member” means any person appointed by **UMVUZO HEALTH** Board of Trustees from time-to-time to serve on a duly constituted **UMVUZO HEALTH** Committee.

“The Act” means the Medical Schemes Act No. 131 of 1998 as amended from time-to-time together with the Regulations promulgated thereunder.

“the Board” means the Board of Trustees of **UMVUZO HEALTH** Medical Scheme as elected from time-to-time.

“Conflict of Interest” means any situation in which a Trustee/Committee Member and/or his/her immediate family has a private or personal interest sufficient to appear to influence the objective exercise of the Trustee/Committee Member’s official duties.

“Confidential Information” shall include, but shall not be limited to, all technical, operational or commercial information of the Scheme, client lists, beneficiary information, price schedules, marketing strategies, research projects, know-how, all personal information of any data subject of the Scheme, information of any party disclosed to the Scheme under conditions of confidentiality, or any other information deemed confidential and/or intellectual property of the Scheme and any other materials of whatsoever nature and whatsoever description and which the Scheme has an interest in keeping confidential, unless it has entered the public domain as result of the lawful conduct of others or after intentional disclosure by the Scheme.

“Personal information” and “data subject” bear the meanings assigned to these terms in the Protection of Personal Information Act (Act 4 of 2013) (POPIA)

3. THE AIM AND OBJECTIVE

3.1 The aim and objective of this Code is to establish guidelines for the professional conduct and responsible behaviour of those elected and/or appointed as a Trustee or a Committee Member of **UMVUZO HEALTH**.

CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

- 3.2 The Code requires from those elected and/or appointed as a Trustee or a Committee Member of **UMVUZO HEALTH** to conduct themselves with dignity, honesty, integrity and respect when interacting with the members of the Scheme, employees of **UMVUZO HEALTH**, service providers and other stakeholders of **UMVUZO HEALTH**.
- 3.3 The Code also requires from all the persons appointed as a Trustee or a Committee Member of **UMVUZO HEALTH** to assist the Scheme to be a responsible corporate citizen.

4. POWERS AND DUTIES OF A TRUSTEE OR A COMMITTEE MEMBER

- 4.1 The Board of Trustees has the powers conferred upon it in terms of the approved **UMVUZO HEALTH** Medical Scheme Rules and the Act.
- 4.2 Trustees look after money that belongs to other people and have a fiduciary duty to protect the money contributed to the Scheme by members, the investments, the accumulated reserves as well as any other money held by or on behalf of **UMVUZO HEALTH** and its members.
- 4.3 In the exercise of the powers and the discharge of the duties of a Trustee or a Committee Member in terms of the approved Rules of **UMVUZO HEALTH** Medical Scheme, a Trustee or a Committee Member must ensure that:
- 4.3.1 he/she remains fit and proper to hold the position of Trustee for the duration of his/her term of office;
 - 4.3.2 he/she performs his / her functions to the best of his / her ability in good faith, honestly, transparently and in accordance with the relevant provisions of the Medical Schemes Act read with the Rules of the Fund as may be amended from time-to-time as well as any other applicable law;
 - 4.3.3 his/her personal interest and duty to the Scheme are not in conflict;
 - 4.3.4 ethical risks are incorporate in the Scheme's risk management process and that the Board provides effective leadership based on an ethical foundation; and
 - 4.3.5 at all times act in the best interest of **UMVUZO HEALTH** and in such a way that the credibility and integrity of **UMVUZO HEALTH** is not compromised.

CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

5. ATTENDANCE AT MEETINGS

- 5.1 A Trustee or a Committee Member must attend all meetings of the Board of Trustees and/or of any Committee of which that Trustee is a member for the full duration of such meeting, except when leave of absence is granted in terms of the Rules of the Scheme.
- 5.2 A Trustee or Committee Member who, without leave of absence, is absent from 3 or more consecutive meetings of the Board of Trustees or from 3 or more consecutive meetings of a Committee to which that Member is required to attend, shall become vacant in terms of the provisions of Rule 18.16 (viii) of the **UMVUZO HEALTH** Medical Scheme Rules.

6. DECLARATION OF INTERESTS AND GIFTS

- 6.1 The disclosure of interest is governed by **UMVUZO HEALTH's** Declaration of Interest Policy. The purpose of this policy is to regulate and clarify the parameters and set a standard to ensure that Trustees, Committee Members and employees of the Scheme are in a position to identify, avoid and declare actual and potential conflicts of interests. The policy aims to facilitate a healthy relationship between **UMVUZO HEALTH** and its Trustee, Committee Members and employees.
- 6.2 Where there is a potential conflict of interest between a Trustee's or Committee Member's personal interests and his/her duty to the Scheme, this must immediately be disclosed, verbally or in writing to the PO, who must then declare same to the Board at the first available opportunity.
- 6.3 Any conflict of interest that has been declared must be assessed by the Board on its own merits taking into account, the nature, extent, benefits derived, degree of conflict and any other relevant information.
- 6.4 In this regard, a declaration of interest by a Trustee or a Committee Member in any contract or potential contract to which **UMVUZO HEALTH** is a party or may become a party is obligatory. A mere declaration that the Trustee/Committee Member is not participating in the debate and remains in the meeting venue is not permissible.
- 6.5 Although a conflicted Trustee or Committee member is required to recuse themselves from the meeting of the Board or Committee at which the matter in question is deliberated, they must not execute any documents on

CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

behalf of **UMVUZU HEALTH** in relation to the matter unless specifically requested or directed by the Board or Committee to do so.

- 6.6 The declaration of Gifts is governed by **UMVUZU HEALTH** Declaration of Gifts Policy. The objective of this policy is to regulate and simplify the parameters of giving and receiving gifts from or to service providers and/or clients. The element of discretion will be removed from the Scheme officers when receiving or giving gifts, which will assist in a healthy relationship between the scheme and its officers.
- 6.7 Gifts received by a Trustee or a Committee Member that are directly related to **UMVUZU HEALTH** above an amount resolved upon by the **UMVUZU HEALTH** Board of Trustees, from time-to-time, shall be declared to the Board of Trustees.

7. PERSONAL GAIN

- 7.1 A Trustee or Committee Member may not use the position or privileges of a Trustee or Committee Member, or confidential information obtained as a Trustee or Committee Member, for private gain or to improperly benefit himself / herself or another person.

8. IMPROPER CONDUCT: REWARDS, GIFTS AND FAVOURS

- 8.1 A Trustee or Committee Member may not request, solicit or accept any reward, gift or favour for:
- 8.1.1 voting or not voting in a particular manner on any matter before the Board of Trustees or before a Committee of which that Trustee or Committee Member is a member;
 - 8.1.2 attempting to persuade **UMVUZU HEALTH** Board of Trustees or any Committee thereof in regard to the exercise of any power, function or duty;
 - 8.1.3 making a representation to the Board of Trustees or any Committee of the Board of Trustees; and/or
 - 8.1.4 disclosing privileged or confidential information.

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9. UNAUTHORISED DISCLOSURE OF INFORMATION

- 9.1 All Trustees and Committee Members who have access to information owned by **UMVUZO HEALTH** are expected to know and understand the relevant access and privacy requirements and are expected to take measures to enforce the confidentiality and security of information.
- 9.2 **UMVUZO HEALTH** is committed to keeping all personal information regarding its beneficiaries and employees confidential. Access to and knowledge of the content of beneficiaries' medical records, employee records, etc, will be limited to persons who need the information for legitimate **UMVUZO HEALTH** business or legal purposes.
- 9.3 Trustees and Committee Members must only process personal information in accordance with the Protection of Personal Information Act 4 of 2013 (POPIA) and the Promotion of Access to Information Act 2 of 2000 (PAIA).
- 9.4 Trustees and Committee Members may not impart, without authorisation, confidential and/or personal information (including business strategies, pending contracts, unannounced services, research results and information beneficiaries and personnel) to any person, company or entity where such person, company or entity is not legitimately entitled to the information.
- 9.5 For the purpose of this Clause "privileged information" includes any information-
- 9.5.1 determined by the Scheme, the Board of Trustees or Committee to be privileged or confidential;
 - 9.5.2 discussed in closed session by the Board of Trustees or Committee;
 - 9.5.3 disclosure of which would violate a person's rights to privacy; and/or
 - 9.5.4 declared to be privileged, confidential or secret in terms of law.

10. INTERFERING WITH THE ADMINISTRATION OF THE SCHEME

- 10.1 A Trustee shall not, except as provided by law:
- 10.1.1 interfere in the management or administration of the Scheme unless mandated by the **UMVUZO HEALTH** Board;

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- 10.1.2 give or purport to give any instruction to any in the service of **UMVUZO HEALTH** except when authorised to do so;
- 10.1.3 obstruct or attempt to obstruct the implementation by the Board or any employee of the Scheme of any resolution of the Board; or
- 10.1.4 encourage or participate in any conduct which causes or contributes, or which would cause or contribute to maladministration of the Scheme.

11. MISREPRESENTATION OF UMVUZO HEALTH

- 11.1 A Trustee or Committee Member may not make any misrepresentation purporting to be that of **UMVUZO HEALTH** without sanction from the Board of Trustees.

12. SCHEME PROPERTY

- 12.1 A Trustee or Committee Member may not use, take, acquire or benefit from any property or asset owned, controlled or managed by **UMVUZO HEALTH** to which that Trustee or Committee Member has no entitlement, unless duly authorised thereto.

13. NON-COMPLIANCE WITH THE CODE OF CONDUCT

- 13.1 All breaches of this Code may be regarded as misconduct and may result in disciplinary action up to and including the removal of a Trustee or a Committee Member as per the **UMVUZO HEALTH** Scheme Rules.
- 13.2 When it is suspected that a Trustee or a Committee Member has breached the Code, the Board may:
 - 13.2.1 investigate the allegation and make a finding on any alleged breach of a provision of this Code, or
 - 13.2.2 establish a special committee to investigate and make a finding on any alleged breach of this Code and to make appropriate recommendations to the Board of Trustees thereon.
- 13.3 If the Board finds that a Trustee or a Committee Member has breached a provision of this Code, the Board may:

CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

- 13.3.1 issue a formal warning to the Trustee or Committee Member; and/or
 - 13.3.2 reprimand the Trustee or Committee Member; or
 - 13.3.3 pass a resolution in terms of Rule 18.22 to suspend or remove that particular Trustee or Committee Member from the Board and/or the Committee based on good cause shown and following a due process that is consistent with the provisions of Section 46 of the Medical Schemes Act, or the provisions of the Promotions of Administrative Justice Act 3 of 2000; or
 - 13.3.4 refer the matter to the Registrar of Medical Schemes for such action he/she may deem fit and proper.
- 13.4 If the Board suspends or removes a Trustee from office in terms of this Code of Conduct and the affected Trustee or Committee Member is aggrieved by the decision, he/she may lodge a complaint in writing to the Registrar of Medical Schemes.
- 13.5 In this regard, Trustees and Committee Members must familiarise themselves with this Code and ensure that they comply with the letter as well as the spirit, being the intention and the content, of the Code.

14. SKILLS DEVELOPMENT

- 14.1 Every Trustee/Committee Member is required to receive training on matters related to the business of a medical scheme, the Medical Schemes Act and the medical schemes industry in general.

15. INTERPRETATION

- 15.1 This Code should be read in conjunction with existing policy documents, **UMVUZO HEALTH** Scheme Rules, the Medical Schemes Act and other relevant legislation.
- 15.2 The Code is not only an abridged version of rules already contained in other policy documents and regulations, but also contains additional guidelines.
- 15.3 If any provision in this Code is in conflict with any applicable legislation, such legislation shall enjoy precedence. If a local custom or policy conflicts with this Code, the Code must be complied with.

CODE OF CONDUCT FOR BOARD AND COMMITTEE MEMBERS

15.4 Trustees and Committee Members are also required to report any prima facie (on the face of it), transgressions of the law, this Code or any policy of **UMVUZO HEALTH**.

15.5 If any immoral or unethical conduct is not specifically addressed in this Code, the actions of a Trustee or Committee Member should still be guided by the vision, mission and value system of **UMVUZO HEALTH** as well as generally accepted ethical business practices.

I certify that I have read, fully understand and agree to bind myself to all the terms and conditions included in this Confidentiality Undertaking.

Signature

Full names and surname: _____

Identity number _____

Date: _____

Place: _____

Policy:	Code of Conduct
Custodian:	Board of Trustees
Previous versions:	13 June 2019, 3 December 2021, 2 December 2022, 1 December 2023
Reviewed	29 November 2024
Next review date:	December 2025

BOARD OF TRUSTEES

VETTING QUESTIONNAIRE AND DECLARATION OF INTEREST



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.

B. PERSONAL INFORMATION

1. Full name(s) and Surname:

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

Answer		
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3. Identification (ID) number:

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4. Have you ever been subjected to identification ID number change? If yes, former identification number and reasons for the change?

Answer		
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5. Current Age:

Answer		
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6. Gender:

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7. Nationality:

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8. Race:

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9. Postal Address:	
10. Permanent/ residential address:	
11. 1 Have you ever obtained a National Senior Certificate (matric certificate) or its equivalent?	
Answer	
11. 1 What is your highest qualification? ?	
Answer	
12. Other obtained qualifications	
Date Obtained	Qualification details and Institution
13. The full name of your spouse(s), including life partners and their identity numbers. Indicate if spouse or partner is employed or conducting any work for relevant scheme.	
14. Current employment:	
Name of entity (employer)	
C. Membership and Nomination Details (kindly tick the appropriate box, and if answered yes, please provide further details where applicable)	
2. Are you a member of the medical scheme for which you serve as a member of a committee or member of Board of Trustees?	
Answer	
3. Membership Number?	
4 When did you become a member of the medical schemes?	

5.What committee(s) of the Board of Trustees you been elected/appointed and when were you appointed?						
Committee	Role	Appointment date			Function	
6.Have you previously served on any committee of Board of Trustees?						
Answer						
		Appointment date				
		Year	Month	To	Year	Month
7.Do you currently serve on any Board of Trustees of any other Medical Scheme?						
Answer						
Medical Scheme	Committee	Appointment date				
		Year	Month	To	Year	Month
8.Have you previously served on any Board of Trustees of any other Medical Scheme?						
Answer						
Medical Scheme	Committee	Appointment date				
		Year	Month	To	Year	Month
9. Do you currently hold office as a trustee or principal officer of any other medical scheme?						
Answer						
Medical Scheme	Committee	Appointment date				
		Year	Month	To	Year	Month
11. Have you ever been associated, in ownership or supervisory capacity, with any business entity (Administrators, Managed Care Organization, Brokerage, or any other service provider) that provides or provided services to the scheme? If yes, provide further details as to the entity, role and duration of association.						
Answer						
Entity Name						
Position/Interest held						
Duration of Association						

Other relevant details			
12. Who nominated or approached to serve on the committee(s)?			
13. Were you nominated or approached to serve on any of the committees by any person, who renders contractual services (Administrators, Managed Care Organization, Brokerage) to the medical scheme? If yes, provide further details as to who.			
Answer			
Name of person who approached/nominated you and the entity they associated with			
Other relevant details			
14. Did you received an award, payment or consideration to serve on the committee or for accepting such appointment? If yes, provide further details as to what was received and from whom.			
Answer			
15. Have you undergone any training relevant to the committee you serve on, since your appointment?			
Answer			
Date	Institution	Qualification/ Training details	
16. Other than payment of fee as a committee member of the medical scheme, have you received any other benefits directly or indirectly, for yourself or any other family member from the medical scheme or party that contracts/ contracted with the medical scheme? If yes, provide details thereof			
Answer			
D. Specific questions to assess fit and propriety (Kindly select appropriate answer from the drop-down, and if yes, please provide further details)			
1. Have you ever been declared insolvent, filed for bankruptcy, made any debt arrangement with (any of) your creditors, applied for debt review, had assets sequestrated or involved in any proceedings of this nature?			
Answer			
Date		Type of proceedings	

Other relevant details			
Other relevant details			
Other relevant details			
2. Have you ever been subject any proceedings of disciplinary hearing, civil, or criminal nature, or been notified of any proceedings or any investigation that you may lead to such proceedings?			
Answer			
Date		Type of proceedings	
Other relevant details			
Other relevant details			
Other relevant details			
3. Have you, or any business 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?			
Answer			
Date		Type of proceedings	
Other relevant details			
Other relevant details			
Other relevant details			
4. Have you ever been associated, in ownership or supervisory capacity, with any business that gone into liquidation or insolvency while contacted with that business or within five years after that connection, or is currently subject to that application of such proceedings?			
Answer			
Date		Type of proceedings	
Other relevant details			
Other relevant details			
Other relevant details			
5. Have you ever been associated, in ownership or supervisory capacity, with any business that has been refused registration or accreditation to conduct business, or has had such registration or accreditation suspended, revoked or withdrawn.			
Answer			
Date		Type of proceedings	
Other relevant details			
Other relevant details			
Other relevant details			
6. Have you ever been disqualified from serving in a managerial or director capacity or been removed from such position by a professional body or regulated entity, tribunal or court in South Africa or elsewhere, or are you aware of any matter against you or investigation that may lead to such removal?			
Answer			
Date		Type of proceedings	
Other relevant details			
Other relevant details			
Other relevant details			

7. Were you ever dismissed from a position of employment or removed as a trustee or member of the committee of the board of the medical scheme or Council for medical schemes?			
Answer			
Date		Type of proceedings	
Other relevant details			
8. Were you ever dismissed, requested to resign, or resigned from a position (of employment, trust fiduciary or similar) because of questions about your integrity, incompetence and mismanagement.			
Answer			
Date		Type of proceedings	
Other relevant details			
9. Have you ever been declared mentally incapacitated?			
Answer			
Date		Type of proceedings	
Other relevant details			
10. Have been subject to an adverse finding or judgement (i.e. fine) that has not been satisfied as per the finding?			
Answer			
Date		Type of proceedings	
Other relevant details			
11. Do you have any relationship, business or personal, with any person (trustee, principal officer, member of any sub-committee, or any employee) of the medical scheme which you are a trustee? If yes, kindly stipulate the kind of relationship and with whom.			
Answer			
12. Are you a broker to do you have any affiliation with the broker or brokerage, other than personal brokerage?			
Answer			
Broker/Brokerage name			
Position/Interest held			
Name of association (if any)			
Other relevant details			

13. Are you an officer (employee, executive/director) of the medical scheme, or an employee, director, officer, consultant, or association of any person, who renders contractual services for the medical schemes or any regulated entity in terms of the Medical Schemes Act? If yes, provide further details.						
Answer						
Broker/Brokerage name						
Position/Interest held						
Name of association (if any)						
Other relevant details						
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?						
Answer						
Broker/Administrator/Medical Scheme						
Position/Interest held						
Name of association (if any)						
Other relevant details						
15. Are any of your immediate family option (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 to who.						
Answer						
Broker/Administrator/Medical Scheme						
Position/Interest held						
Name of association (if any)						
Other relevant details						
16. Are you aware of any information not covered the above questions but which, if known to the medical schemes and/or Curator of the Medical Scheme will render you not fit and proper to serve either as a trustee or principal officer? If yes, provide further details.						
Answer						
17 Kindly confirm if the qualifications were verified by an independent body.						
Answer						

Name of Institution		
Attach a documentary proof		
18. Kindly confirm if your credit check was done by an independent body.		
Answer		
Name of Institution		
Attach a documentary proof		
19. Kindly confirm if the criminal checks were conducted by an independent body.		
Answer		
Name of Institution		
Attach a documentary proof		
20. Kindly confirm if the nominee was/is a director of any other company.		
Answer		
Name of Institution		
Attach a documentary proof		
DECLARATION		
<p>I hereby declare that:</p> <ol style="list-style-type: none"> 1. 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 relevant for assessing my fitness and propriety; 2. 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 a trustee, inform the Council for Medical Schemes thereof; 3. The Council for Medical Scheme may require or seek further information from my self and/or any third party it deems necessary in accessing my fitness and propriety; 4. I understand that any false information provided by me may lead to my removal as a member of the Board of Trustees. 		
Printed Full Names:		
Signature		
Place:		
Date:		



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TO BE COMPLETED BY THE AUDITORS

Documentation received is accepted/rejected

Approved	Rejected
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Reason if application is rejected: _____

_____	_____	D	D	M	M	Y	Y	Y	Y
Signed by AUDITOR - UMVUZO HEALTH	Full Name	Date							

FOR OFFICE USE ONLY

I hereby acknowledge receipt of the documentation and confirmed that it has been captured & filed.

_____	_____	D	D	M	M	Y	Y	Y	Y
Compliance Executive	Full Name	Date							