

HEALTHY ME PROGRAMME APPLICATION FORM

The **Healthy Me Programme** is available only to the main member and their adult dependant on Umvuzo Health's **Activator Option**.

Please complete the personal and contact information for the persons joining the programme and email it to membership@umvuzohealth.co.za or submit it at your nearest Umvuzo Health satellite office.

A. PERSONAL INFORMATION OF MAIN MEMBER Race - A = African / Black, I = Indian / Asian, W = White, C = Coloured

Member name					Surname															
ID or Passport number	I	D	/	P	A	S	S	P	O	R	T	Date of Birth	Y	Y	Y	Y	M	M	D	D
Medical scheme number (if available)																				
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Race															
Cell phone number 1					Email address															
Cell phone number 2					WhatsApp number															
Preferred contact method (Please make an 'X' next to the option that applies to you for receiving updates)	<input type="checkbox"/>	Cell 1	<input type="checkbox"/>	Cell 2	<input type="checkbox"/>	Email	<input type="checkbox"/>	WhatsApp												

B. DETAILS OF ADULT DEPENDANT Race - A = African / Black, I = Indian / Asian, W = White, C = Coloured

Dependant name					Surname															
ID or Passport number	I	D	/	P	A	S	S	P	O	R	T	Date of Birth	Y	Y	Y	Y	M	M	D	D
Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Race															
Cell phone number 1					Email address															
Cell phone number 2					WhatsApp number															
Preferred contact method (Please make an 'X' next to the option that applies to you for receiving updates)	<input type="checkbox"/>	Cell 1	<input type="checkbox"/>	Cell 2	<input type="checkbox"/>	Email	<input type="checkbox"/>	WhatsApp												

C. HEALTHY ME PROGRAMME OVERVIEW

I, _____

(full name and surname), hereby declare that:

1. ENROLMENT

1.1. I, the undersigned, as the main member of the Activator Option, agree to participate in the compulsory Healthy Me Programme offered by Umvuzo Health. I further consent to the participation of my adult dependants, listed herewith, who are covered under the same Activator Option, and confirm that I have the necessary authority to provide this consent on their behalf.

2. CONSENT

- 2.1. I consent to the processing of my personal information, as well as the personal information of my adult dependants, for the purposes of enrolment and administration of the Healthy Me Programme.
- 2.2. Me and my dependant(s) consent to undergo a genetic test.
- 2.3. Me and my dependant(s) consent to receive and regularly wear the medical device for reasonable lengths of time as part of the Healthy Me Programme.
- 2.4. Me and my dependant(s) consent to upload health data from the wearable device as required and communicated by the Healthy Me Programme.
- 2.5. Me and my dependant(s) consent to make time available for conversations with our Healthy Me coordinator, report changes in our health to the Healthy Me coordinator and be responsive to health information notices and interventions communicated to us.

3. MEDICAL DEVICE AND FINANCIAL LIABILITY

- 3.1. I understand that full participation in the Healthy Me Programme is required for a minimum period of 24 (twenty-four) months, subject to the Healthy Me Programme Terms and Conditions.
- 3.2. If I or any of my adult dependants cease to be a member of Umvuzo Health, the device must be returned to Umvuzo Health, or the main member will be held liable for the cost of the device, in accordance with the financial liability table on the "I know and I understand" form.
- 3.3. Continuous enrolment in the programme for 24 (twenty-four) months is required to qualify for an upgrade or replacement of the wearable device.

4. ACCEPTANCE OF TERMS AND CONDITIONS

- 4.1. I acknowledge that my participation in the Healthy Me Programme is subject to the Healthy Me Programme Terms and Conditions, which are available on Umvuzo Health website. I hereby accept these terms and conditions, including on behalf of my adult dependants.
- 4.2. I acknowledge that I and my dependants are required to accept the terms and conditions set by Umvuzo Health's authorised agents and/or third-party providers regarding the services made available under the Healthy Me Programme.

HEALTHY ME PROGRAMME PARTICIPATION RULES

I KNOW AND UNDERSTAND THE PARTICIPATION RULES OF THE HEALTHY ME PROGRAMME

The **Healthy Me Programme** is part of the Activator Option and aims to empower you to be healthy and stay healthy.

1. THE HEALTHY ME PROGRAMME CONSISTS OF:

- 1.1. Genetic testing involving a cheek swab that is taken and analysed to assess your body's needs, which must be addressed so you can stay healthy.
- 1.2. SAM, a wearable medical device that monitors indicators such as blood pressure, heart rate, and oxygen levels, to name a few.
- 1.3. Personalised health roadmap, which is an actionable plan for improving your health. This may include recommended personalised supplements, as per the Programme formulary, based on the outcomes of the genetic test.

2. ACTIVE PARTICIPATION

- 2.1. You are required to provide a cheek swab sample to allow for the genetic test, upload your health data, engage in consultations with your Healthy Me care coordinator and report any health changes, such as pregnancy or a diagnosis of high blood pressure.
- 2.2. Health data from the wearable device, combined with genetic test results, will be used to develop a personalised health roadmap for you and any necessary treatment plans.
- 2.3. For positive outcomes and effectiveness of the Healthy Me Programme, you are required to follow the health recommendations and treatment plans.
- 2.4. You consent to receive communication, health tips and programme updates, as well as agree to engage with the programme coordinators and healthcare providers.

3. DEVICE MANAGEMENT

- 3.1 You will receive a wearable medical device (SAM) to wear on your wrist. The wearable medical device does ongoing health monitoring of indicators such as your heart rate, blood pressure and stress levels. The data will be communicated to Umvuzo Health.
- 3.2 You must return the wearable medical device should you resign from Umvuzo Health for whatever reason or change Options. If you do not return the wearable device (SAM) you will be responsible for the cost of the device.

FINANCIAL LIABILITY	PERIOD REMAINING IN 24-MONTH CYCLE
25% of cost is R562.50	< 6 months
50% of cost is R1 125	6-12 months
75% of cost is R1 687.50	12-18 months
100% of cost is R2 250	>18 months

- 3.3 If you remain enrolled for 24 months, you will qualify for a device upgrade or replacement, provided you return your current device.

Signature of applicant (main member)

Date

Y	Y	Y	Y	M	M	D	D
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