



2025
**ANNUAL
REPORT**

Notice of Annual
General Meeting



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TWENTY-SECOND ANNUAL REPORT: 2025

NOTICE IS HEREBY GIVEN THAT THE 22nd (TWENTY-SECOND) ANNUAL GENERAL MEETING OF MEMBERS OF UMVUZO HEALTH MEDICAL SCHEME WILL BE HELD ON FRIDAY, 19 JUNE 2026, AT 12:00 IN THE OCTAGON ROOM, THE CAPITAL MENLYN MAINE, 194 BANCOR AVENUE, MENLYN, PRETORIA.

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HB VAN ZYL
PRINCIPAL OFFICER

8 May 2026

A full set of the Financial Statements is available from **UMVUZO HEALTH** on request.

MINUTES OF THE 22ND ANNUAL GENERAL MEETING (AGM) OF MEMBERS HELD ON FRIDAY 20 JUNE 2025, AT 12:05, AT THE CAPITAL MENLYN MAINE – OCTAGON ROOM, 194 BANCOR AVENUE, MENLYN MAINE, PRETORIA.

ATTENDANCE REGISTER

A BOARD OF TRUSTEES CAPACITY P = PRESENT A = ABS

Mr MF Nqume	Chairperson	P
Me SS Mabuza	Vice-Chairperson	P
Mr M Gugushe	Member	P
Mr MM Kiet	Member	P
Mr SS Mokoena	Member	P
Mr WM Mokoena	Member	P
Mr TJ Molete	Member	P
Mr J Ngwako	Member	P
Mr SS Sibambo	Member	P
Mr JL Tantsi	Member	P

B MEMBERS

Five Hundred and Forty-two (542) members were present according to the signed Attendance Register.

No apologies were received from members.

C OFFICIALS IN ATTENDANCE

Mr HB van Zyl	Principal Officer	P
Me. H Mavundza	Executive: Head of Administration	P
Mr B Tshisani	Stakeholder Relations Executive	P
Mr BT Diniso	Compliance Executive	P
Mr DE Mkhize	Finance Manager	P
Mr PC du Preez	Medical Advisor	P
Mr J Barnard	External Auditor: Ransome Russouw Inc	P
Me. B Motholo	Council for Medical Schemes Representative	P

1. NOTICE CONVENING THE AGM

The Chairperson of **UMVUZO HEALTH**, Mr. MF Nqume, confirmed that Rule 26.2.1 of the Registered Rules of **UMVUZO HEALTH** states that the Notice convening the AGM shall be sent to members at least twenty-one (21) days before the meeting day.

The Chairperson confirmed that the Notice together with the Agenda for the AGM were circulated in terms of the Scheme Rules and received by the members, as such the Notice and the Agenda were declared as read.

2. OPENING AND WELCOME

2.1 WELCOME

The Chairperson opened the 21st AGM and welcomed all the attendees present.

The meeting was informed that more than three hundred and thirty-five (335) members had already signed the attendance register by 12h05 p.m. and as such the meeting was quorate in terms of Scheme Rule 26.1.3 (i.e., more than thirty (30) members present in-person). The Chairperson declared the meeting as duly constituted and officially opened.

Given that this was an elective AGM, members were advised to vote as soon as possible as voting would close at 14h00 per the AGM Notice.

The meeting was also reminded that the Scheme will be turning 21 years on 1 July 2025. It was noted that this is a huge milestone from the Scheme's humble beginnings in 2004. The Scheme has taken its rightful position in the market and continues to make a positive difference in people's lives.

The Chairperson used part of his opening remarks to remind the meeting that it is his duty to ensure that this meeting is conducted in an orderly fashion and called for the meeting to accept and observe the proposed rules of order for this meeting, that is: -

- A member will only have a chance to speak once per topic;
- The speaker must keep to the discussion;
- Only items appearing on the Agenda of the AGM shall be discussed;
- All cell phones must please be switched off or put on silent;
- Members must avoid coming and leaving the venue as much as possible;
- No interjections while another speaker has the platform;
- If one wishes to speak, they are required to raise their hand to be identified and must introduce themselves before they speak;
- Problems of a personal nature must be discussed in this meeting; and
- Discussions/questions of items not on the Agenda to be addressed after the formal conclusion of this meeting.

2.2 ATTENDANCE REGISTER

It was noted that members were required to sign the attendance register at the entrance. The Chairperson confirmed that the Scheme did not receive any apology for this meeting.

The Chairperson used this opportunity to give a brief presentation on some of **UMVUZO HEALTH's** key achievements for 2024. The meeting was informed that: -

- **UMVUZO HEALTH** now covers in excess of 55,000 members and more than 100,000 lives.
- **UMVUZO HEALTH** ended 2024 with a solvency ratio of 54%.
- According to the latest *Medical Aid* Insights report by Alexander Forbes, **UMVUZO HEALTH** ranks **3rd** on their Medical Schemes Sustainability Index. This was viewed as a powerful reflection of the Scheme's financial stability and ability to serve our members well into the future.
- It was noted that the government's plan to implement the National Health Insurance (NHI) remains on course. However, it remains unclear what benefits will be provided or how the implementation of NHI will affect medical schemes. The Board continues to keep a close eye on this issue.
- In closing his opening address, the Chairperson reminded the meeting that the rising cost of private healthcare, the ageing medical scheme population

as well as the increase in lifestyle related diseases continues to pose a big risk and a challenge to the medical schemes industry. The Chairperson assured the members that the Board, together with the relevant parties, will continue to work tirelessly to ensure that **UMVUZO HEALTH** remains relevant to its members and their dependants.

3. MINUTES OF THE PREVIOUS ANNUAL GENERAL MEETING

Members were referred to the minutes of the previous AGM as set out on pages 2 to 11 of the AGM Booklet. It was noted that the minutes were circulated to all members and were also made available via the Scheme's website. The members were then requested to consider the minutes for accuracy and correctness. It was noted that no comment or amendment was received from the members.

The members were requested to approve the minutes. The approval was proposed by Me Sibongile Lukhele and seconded by Mr Sphele Dladla.

4. MATTERS ARISING FROM THE PREVIOUS MINUTES

It was noted that there were no matters arising from the previous minutes.

5. ANNUAL REPORT OF THE BOARD OF TRUSTEES

The Chairperson referred the meeting to the Annual Report of **UMVUZO HEALTH's** Board of Trustees as contained on pages 12 – 29 of the AGM Booklet. The report was taken as read.

The meeting was advised that the Board reviewed and approved the information contained in the Scheme's Annual Financial Statements (AFS) for 2024. The Board believes that the Scheme has adequate financial resources to continue in operation for the foreseeable future and accordingly the AFS had been prepared on a going concern basis. The Board is satisfied that the Financial Statements fairly presents the financial position and operations of the Scheme.

Members were requested to adopt the report. Mr. Kenneth proposed the adoption and Mr. Masilela seconded the proposal. The Chairperson invited Mr. SS Mokoena, who is a Trustee and member of the Audit Committee, to present Items 6 and 7 of the Agenda.

6. ABRIDGED ANNUAL FINANCIAL STATEMENTS AND AUDITOR'S REPORT

Following a brief introduction, Mr. Mokoena invited Mr. Barnard from Ranrus Inc. to the podium to present **UMVUZO HEALTH's** Annual Financial Report for 2024.

Mr. Barnard, as the Audit Partner responsible for the 2024 UMVUZO HEALTH audit, introduced himself to the members and proceeded to highlight key aspects of the audit. In conclusion, Mr. Barnard confirmed that the auditors were satisfied that the Scheme was well managed and recommended that the members should consider adopting the Annual Financial Statements for 2024 as laid before the meeting.

Following Mr. Barnard's presentation, members were requested to accept the Annual Financial Statements and the Auditors Report for 2024. Before moving for adoption, members raised concerns with the fact that there was no power point presentation of the Scheme's financials. Members also raised concerns with the fact that the financials of the Scheme were not presented by a member of the Board of Trustees. The meeting requested that in the future, the financials of the Scheme must first be presented by a Trustee via power point before the presentation by the external audit partner.

The meeting adopted the 2024 Annual Financial Statements and the Auditor's report.

7. APPOINTMENT OF AUDITORS

Mr. Mokoena reminded the meeting that in terms of the Rules of the Scheme, the AGM is required to appoint the Auditors of the Scheme for 2025. Mr. Mokoena then requested the current auditors of the Scheme to excuse themselves from the meeting for the purpose of discussing this Agenda item. The auditors duly complied with the request.

Members were reminded that on 21 June 2024, the AGM approved a recommendation from the Board of Trustees that Ransome Russouw Inc, now Ranrus Inc, be appointed for three years effective 21 June 2024 to cover the audit for the financial years ending 31 December 2024, 2025 and 2026.

In terms of Rule 25.1 of the Rules of the Scheme, an auditor must be appointed by resolution at each AGM, to hold office from the conclusion of that meeting to the conclusion of the next AGM. It was confirmed that the re-appointment of Ranrus Inc was reviewed and recommended by the Audit committee on 28 March 2025 and also by the Board of Trustees on 10 April 2025. In this regard, it was recommended that the AGM consider the reappointment of Ranrus Inc for the 2025 financial year.

Resolution:

Following discussions, the meeting resolved to unanimously reappoint Ranrus Inc for the 2025 audit.

8. REMUNERATION OF TRUSTEES

The Chairperson advised the meeting that Scheme Rule 18.16 provides that an honorarium may be paid to the Trustees of the Scheme as determined by the members at the AGM. The Chairperson invited Mr. TJ Molete, a current Trustee, to the podium to address this agenda item.

Mr. Molete gave a brief background on how the current fees were established and reminded the meeting that, annually at the AGM, the members review and approve an adjustment to the remuneration of trustees. Members were requested to note how the Scheme performed exceptionally well over time despite the prevailing challenges faced by the medical schemes industry. Mr. Molete referred the members to page 44 of the AGM pack wherein it was noted that the Trustees currently receive the following remuneration: -

- R18 458 per month for Trustees and R26 071 per month for the Chairperson;
- R6 789 meeting allowance per Trustee for meetings other than Board/ Workshop meetings and the Chairperson 30% on that at R8 513;
- R13 000 meeting allowance for independent members serving on sub-committees and R18 000 for the independent Chairperson serving on sub-committees;
- R1 540 daily allowance when away from home/work for Scheme purposes;
- Travelling reimbursement at the SARS prescribed rate (currently R4.76 per kilometre);
- Accommodation with breakfast at an appropriate hotel facility; and
- R1 000 cell phone allowance per month for the Chairperson of the Board of Trustees.

The meeting was requested to consider the recommendation that monthly Trustee remuneration and meeting allowance be increased with effect from 1 July 2025 with the latest Consumer Price Index (CPI) plus: -

- a) 0%, or
- b) CPI plus 1% or
- c) CPI plus 2%.

Resolution:

Following extensive discussions on this matter, it was unanimously resolved to increase Trustees' remuneration and allowances by CPI plus 2% with effect from 1 July 2025.

9. ELECTION OF TRUSTEES

The Chairperson reminded the meeting that today is the end of the present Board of Trustees' three (3) year term. The Chairperson used this opportunity to thank each and every Board member for their dedicated work and support. He expressed his appreciation of the fact that, apart from attending meetings, these Board members were always readily accessible to assist in whatever challenge facing the Scheme.

At this point the Chairperson requested the Principal Officer (PO) to lead this Agenda Item.

The PO thanked the Chairperson and the Board for their support during the past three (3) years. He highlighted the fact that the Scheme could always count on the Board for assistance in addressing any issues, whether it was with an employer or service providers.

The PO took the meeting through the nominations procedure and informed the meeting that the Scheme received forty-two (42) nominations on or before 30 April 2025. Four (4) nomination forms were not duly completed, and further particulars were requested but not received. The remaining thirty-eight (38) duly completed nomination forms were sent for vetting and after vetting, there were twenty-five (25) eligible candidates on the ballot.

Given that there was still time to cast votes until 14h00 p.m., the meeting was adjourned at 13h10 to allow for further voting and capturing of the votes.

The meeting resumed at 15:15.

The PO announced the winners of the two competitions ran by Intelligene and Enbiosis. Just before the PO could announce the election results, a member sought to raise issues not related to the Agenda item. The member was removed from the auditorium after arriving late and failing to comply with the orders of the presiding officer and then allowed back after the meeting agreed that he should be allowed back.

The Scheme utilised the services of Herbert & Liebisch Inc (H&L) auditors to administer the election process to ensure free and fair elections. This process was further overseen by the Scheme's external auditors.

The PO requested Me. Sethabile Zuma from H&L Inc to hand him the results of the elections.

The PO announced the election results as follows: -

- There were 542 registered voters, and 542 votes recorded;
- Out of the 542 votes, 18 votes were spoilt.
- First 5 elected Trustees to serve four (4) years: -
 - o Me SS Mabuza
 - o Me CG Mathekga
 - o Mr WM Mokoena
 - o Mr SS Mokoena
 - o Mr TJ Molete
- Second 5 elected Trustees to serve two (2) years: -
 - o Mr M Gugushe
 - o Mr NL Jaas
 - o Mr ST Mashele
 - o Mr MA Masilela
 - o Mr SS Sibambo

10. CLOSURE

The Chairperson returned to the podium and congratulated the new Board of Trustees and wished them well for the future.

The meeting closed at 15:40.

APPROVED AND SIGNED AT THE AGM MEETING HELD ON 19 JUNE 2026.

**SS Mokoena
CHAIRPERSON**

ANNUAL REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees hereby presents its report for the year ended 31 December 2025. Registration number: 1597

1. DESCRIPTION OF THE MEDICAL SCHEME

1.1 TERMS OF REGISTRATION

Umvuzo Health Medical Scheme is a not for profit closed scheme registered in terms of the Medical Schemes Act, 1998 (Act 131 of 1998), as amended. The Scheme is self-administered and the administration accreditation number is 51.

1.2 BENEFIT OPTIONS WITHIN UMVUZO HEALTH MEDICAL SCHEME

The Medical Scheme offered six (6) benefit options during the year under review, five (5) original options and one (1) Efficiency Discounted Option (EDO). The EDO is included in the original for reporting purposes.

The options were: -

- Standard Option;
- Ultra Affordable Option;
- Ultra Affordable Value Option - EDO;
- Supreme Option;
- Extreme Option; and
- Activator Option.

1.3 SAVINGS PLAN

None.

1.4 REINSURANCE CONTRACTS

The Scheme had capitation agreements for the duration of the year with the following:

- Netcare 911 for ambulance services on all options.

Refer note 8.3 Reinsurance contract assets/liabilities of the financial statements.

2. MANAGEMENT

2.1 BOARD OF TRUSTEES IN OFFICE DURING THE YEAR UNDER REVIEW

Name		Date re-elected	Date term ended
Mr SS Mokoena	Chairperson: Member trustee	20/06/2025	
Mr MF Nqume	Chairperson: Member trustee	14/06/2013	20/06/2025
Ms SS Mabuza	Vice-chairperson: Member trustee	20/06/2025	
Mr A Masilela	Member trustee	20/06/2025	
Mr J Ngwako	Member trustee	29/08/2025	
Mr LJ Tantsi	Member trustee	17/06/2011	20/06/2025
Mr M Gugushe	Member trustee	20/06/2025	31/07/2025
Mr MM Kiet	Member trustee	24/06/2016	20/06/2025
Mr N Jaas	Member trustee	20/06/2025	
Mr SS Sibambo	Member trustee	20/06/2025	
Mr T Mashele	Member trustee	20/06/2025	
Mr TJ Molete	Member trustee	20/06/2025	
Mr WM Mokoena	Member trustee	20/06/2025	
Ms CG Mathekga	Member trustee	20/06/2025	

The Scheme held an elective Annual General Meeting on 20 June 2025 wherein changes in the Board occurred as dated above.

2.2 PRINCIPAL OFFICER

HB van Zyl

Physical address

Alenti Office Park, Building D
457 Witherite Road
The Willows
Pretoria, 0040

Postal address

P O Box 1463
Faerie Glen
0043

2.3 REGISTERED OFFICE ADDRESS AND POSTAL ADDRESS

Physical address

Alenti Office Park, Building D
457 Witherite Road
The Willows
Pretoria, 0040

Postal address

P O Box 1463
Faerie Glen
0043

2.4 EXTERNAL AUDITORS

Ranus Incorporated

Physical address

Hyde Park, Building 2, Ground Floor
79 Hyde Lane
Hyde Park, 2196

Postal address

P O Box 6706
Cresta
2118

2.5 ACTUARIES

Insight Actuarial Solutions (Pty) Ltd

Physical address

2nd Floor Gateway West Offices
22 Maqwa Crescent
Waterval City
Midrand, 2066

Postal address

Private Bag X17
Halfway House
1685

2.6 INVESTMENT MANAGER

Old Mutual Corporate Consultants

Physical address

The Estuaries
2 Oxbow Crescent
Century City, 7441

Postal address

P O Box 207
Cape Town
8000

3. INVESTMENT STRATEGY OF THE MEDICAL SCHEME

The Scheme's investment objectives are to maximise the return on its investments on a long term basis at minimal risk. The investment strategy takes into consideration both constraints imposed by legislation and those imposed by the Board of Trustees.

The mandate of Management is to ensure that:

- the Scheme remains liquid;
- investments are placed at minimum risk and the best possible rate of return;
- investments made are in compliance with the regulations of the Act; and
- a risk assessment is performed with feedback to the Board of Trustees with recommendations on the risks identified.

The Scheme invested in equities, unit trusts, money market instruments, bonds, call deposits and fixed deposits during 2025. This policy is reviewed annually, taking into consideration compliance with the Act, the risk and returns of the various investment instruments and the surplus of funds available.

4. MANAGEMENT OF INSURANCE RISK

The primary insurance activity carried out by the Scheme assumes the risk of loss from members and their dependants that are directly subject to the risk. This risk relates to the health of the Scheme members. As such the Scheme is exposed to the uncertainty surrounding the timing and severity of claims under contract.

The Scheme manages its insurance risk through benefit limits and sub-limits, approval procedures for transactions that involve pricing guidelines, pre-authorisation and case management, service provider profiling, centralised management of reinsurance contracts and the monitoring of emerging issues.

The Scheme uses several methods to assess and monitor insurance risk exposures both for individual types of risks insured and overall risks. These methods include internal risk measurement models, sensitivity analysis, scenario analysis and stress testing. The theory of probability is applied to the pricing and provisioning for a portfolio of insurance contracts. The principal risk is that the frequency and severity of claims are greater than expected.

Insurance events are, by their nature, random, and the actual number and size of events during any one year may vary from those estimated with established statistical techniques. There are no changes to assumptions used to measure insurance assets and liabilities that have a material effect on the financial statements and there are no terms and conditions of insurance contracts that have a material effect on the amount, timing and uncertainty of the Scheme's cash flows.

5. REVIEW OF THE ACCOUNTING PERIOD'S ACTIVITIES

5.1 OPERATIONAL STATISTICS PER BENEFIT OPTION: 2025

	Extreme	Supreme	Standard	Ultra	Activator	Total
Average number of members during the year	1,688	16,356	6,671	30,176	253	55,143
Number of members at 31 December	1,974	17,406	6,864	30,504	308	57,056
Average number of beneficiaries during the year	4,149	42,396	13,704	41,512	453	102,212
Number of beneficiaries at 31 December	4,882	45,212	14,264	42,639	559	107,556
Dependant ratio at 31 December	1.47	1.60	1.08	0.40	0.81	0.89
Insurance revenue per average member per month	7,124.65	5,889.13	4,329.67	2,489.02	3,841.71	3,868.23
Insurance revenue per average beneficiary per month	2,897.77	2,271.93	2,107.57	1,809.34	2,147.96	2,086.88
Insurance expense per average beneficiary per month	2,819.27	1,997.38	2,024.76	1,757.05	1,649.58	1,935.27
Other operating expense per average beneficiary per month	63.11	49.48	45.90	39.40	46.78	45.45
Insurance expense as a % of risk contributions	97%	88%	96%	97%	77%	93%
Other operating expense as a % of risk contributions	2%	2%	2%	2%	2%	2%
Relevant healthcare expenditure ratio as a % of contributions	97%	88%	96%	97%	77%	93%
Relevant healthcare expenditure incurred per average beneficiary per month	2,829.51	1,986.57	2,021.52	1,765.26	1,667.46	1,934.18
Directly Attributable Insurance Service Expenses ratio as a % of contributions	6%	7%	7%	5%	9%	6%
Directly Attributable Insurance Service Expenses per average beneficiary per month (pabpm)	172.59	156.47	148.20	97.59	190.24	132.25
Average age of beneficiaries at 31 December	30.15	28.23	30.99	36.12	29.34	31.77
Pensioner ratio at 31 December (>60)	6%	4%	5%	4%	5%	4%
Average accumulated funds per member at 31 December						25,420.52
Return on investments as a % of investments						14%

OPERATIONAL STATISTICS PER BENEFIT OPTION: 2024

	Extreme	Supreme	Standard	Ultra	Activator	Total
Average number of members during the year	1,413	15,375	6,463	29,224	182	52,657
Number of members at 31 December	1,401	15,304	6,475	29,859	198	53,237
Average number of beneficiaries during the year	3,451	39,602	13,029	39,222	325	95,629
Number of beneficiaries at 31 December	3,411	39,572	13,132	40,400	346	96,861
Dependant ratio at 31 December	1.43	1.59	1.03	0.35	0.75	0.82
Insurance revenue per average member per month	6,946.28	5,459.14	3,869.45	2,206.44	2,829.00	3,489.63
Insurance revenue per average beneficiary per month	2,843.96	2,119.45	1,919.33	1,644.02	1,582.70	1,921.51
Insurance expense per average beneficiary per month	2,546.00	1,852.03	2,063.89	1,674.21	1,671.48	1,832.40
Other operating expense per average beneficiary per month	53.66	40.43	38.07	32.50	29.41	37.30
Insurance expense as a % of risk contributions	90%	87%	108%	102%	106%	95%
Other operating expense as a % of risk contributions	2%	2%	2%	2%	2%	2%
Relevant healthcare expenditure ratio as a % of contributions	90%	87%	108%	102%	106%	95%
Relevant healthcare expenditure incurred per average beneficiary per month	2,552.61	1,840.69	2,056.07	1,681.91	1,687.27	1,830.08
Directly Attributable Insurance Service Expenses ratio as a % of contributions	6%	7%	7%	5%	6%	6%
Directly Attributable Insurance Service Expenses per average beneficiary per month (pabpm)	165.14	143.51	133.26	85.66	101.39	119.02
Average age of beneficiaries at 31 December	29.44	27.90	31.34	34.54	30.59	31.98
Pensioner ratio at 31 December (>60)	7%	5%	7%	4%	4%	5%
Average accumulated funds per member at 31 December						22,615.84
Return on investments as a % of investments						11%

5.2 OPERATIONAL STATISTICS FOR THE SCHEME	2025	2024
	R	R
Average accumulated funds per member	25,420.52	22,615.84
Total amount paid to Accredited Managed Care Organisation for management services	113,313,829	92,161,333
Return on investments as a percentage of investments.	13.81%	10.51%

5.3 RESULTS OF OPERATIONS

The results of the Medical Scheme are set out in the annual financial statements, and the trustees believe that no further clarification is required.

5.4 SOLVENCY RATIO

Total members' funds per statement of financial position - excluding unrealised fair value gains realised into profit or loss	<u>1,450,393,189</u>	<u>1,203,999,728</u>
Less: Unrealised investment gains - reclassified to profit or loss on adoption of IFRS 9 on 1 January 2023 **	<u>(53 381 397)</u>	<u>(36 283 949)</u>
Accumulated funds per Regulation 29	<u>1,397,011,792</u>	<u>1,167,715,779</u>
Insurance revenue	<u>2,559,649,098</u>	<u>2,203,569,921</u>
Solvency ratio	54.58%	52.99%
Unrealised investment gains - reclassified to profit or loss: Opening Balance	(36 283 949)	(26 462 460)
Current year movement	<u>(17 097 448)</u>	<u>(9 821 498)</u>
Unrealised investment gains - reclassified to profit or loss: Closing Balance	<u>(53 381 397)</u>	<u>(36 283 949)</u>

** In terms of Regulation 29(2) of the Medical Schemes Act 131 of 1998, as amended, the Scheme must maintain accumulated funds (Total members' funds per statement of financial position - excluding

unrealised fair value gains realised into profit or loss) expressed as a percentage of Insurance revenue for the accounting period under review which may not be less than 25%.

The prior year solvency has been restated to include restated Insurance revenue (adjusted for the impairment on collectibility), the impact thereof is less than 1% which has been assessed as immaterial.

Refer to note 30 on reclassification on prior year.

The Board of Trustees have set a strategic target of above 30% on reserves.

5.5 RESERVE ACCOUNTS

Movements in the reserve accounts are set out in the statement of changes in members' funds and reserves. There were no unusual movements that the trustees believe need to be brought to the attention of the members of the Medical Scheme.

5.6 LIABILITY FOR INCURRED CLAIMS (LIC)

The basis of calculation of the liability for incurred claims is disclosed in note 1.5 to the financial statements. Movements in the liability for incurred claims provision are set out in note 8 to the financial statements. There have been no unusual movements that the trustees believe need to be brought to the attention of the members of the Medical Scheme.

6. ACTUARIAL SERVICES

The Scheme's actuaries were consulted in the determination of the contribution and benefit levels and for the LIC they calculated the LIC amount as well as the risk adjustment.

7. GUARANTEES RECEIVED BY THE SCHEME FROM A THIRD PARTY

In terms of section 33(3) of the Medical Schemes Act, Standard Bank of South Africa Limited has provided a guarantee of R2 500 000 (2024: R2 500 000) in favour of the Scheme. Since the Scheme has grown and maintained a solvency of above 50%, the guarantee of R2 500 000 was no longer necessary nor would it be sufficient for claims. The guarantee has since been revoked by the Council of Medical Schemes on 27 August 2025.

8. SUBSEQUENT EVENTS

The Board of Trustees are not aware of any material matter or issue which has arisen since the end of the financial year which would effect these financial statements.

9. INVESTMENTS IN AND LOANS TO PARTICIPATING EMPLOYERS OF MEMBERS OF THE MEDICAL SCHEME AND TO OTHER RELATED PARTIES

During the year, the Scheme had through its Investment Manager pooled investments with exposure to Employer groups who participate in the medical scheme. No loans have been granted by the Scheme.

10. RELATED PARTY TRANSACTIONS

Transaction with related parties are disclosed in notes 18 and 19 to the financial statements.

11. AUDIT COMMITTEE

An audit committee was established in accordance with the provisions of the Act. The committee is mandated by the Board of Trustees by means of a written terms of reference as to its membership, authority and duties. The committee consists of five members of which two are members of the Board of Trustees. The majority of the members, including the chairperson, are not officers of the Medical Scheme. The committee met twice during the year under review.

The Principal Officer of the Medical Scheme, Executive Head of Administration, Compliance Executive and the Financial Manager attend all audit committee meetings and have unrestricted access to the chairperson of the committee.

In accordance with the provisions of the Act, the primary responsibility of the committee is to assist the Board of Trustees in carrying out its duties relating to the Medical Scheme's accounting policies, internal control systems and financial reporting practices. The external auditors formally report to the committee on critical findings arising from audit activities.

The committee presently comprises: Alderman NM Malefo (Chairperson), Mr RBT Mwelase, Mr M Lombard, Mr SS Sibambo and Mr SS Mokoena.

12. INVESTMENTS

Management is mandated by the Board of Trustees by means of written terms of reference as to its authority and duties. The Board of Trustees continue to invest excess funds in line with the requirements of Annexure B of the Regulation to the Medical Schemes Act.

13. BOARD OF TRUSTEES AND SUB-COMMITTEE MEETING ATTENDANCE

The following schedule sets out Board of Trustee and sub-committee meeting attendances. Trustee remuneration and considerations are disclosed in note 18 to the annual financial statements.

	Board meetings attended	EXCO committee meetings attended	Remuneration committee meetings attended	Investment committee meetings attended	Audit committee meetings attended
Mr SS Mokoena: Chairperson	6 of 6	1 of 1	2 of 2		2 of 2
Mr MF Nqume: Chairperson	3 of 3		1 of 1	1 of 1	
Mr MM Kiet Me SS Mabuza: Vice-Chairperson	6 of 6	1 of 1			
Mr A Masilela	3 of 3				
Mr J Ngwako	2 of 2				
Mr LJ Tantsi	3 of 3				
Mr M Gugushe	4 of 4			1 of 1	
Mr MM Kiet	3 of 3	1 of 1			
Mr N Jaas	3 of 3				
Mr SS Sibambo	6 of 6				2 of 2
Mr T Mashele	3 of 3				
Mr TJ Molete	6 of 6				2 of 2
Mr WM Mokoena	6 of 6	1 of 1			
Ms CG Mathekga	3 of 3		2 of 2		

14. NON-COMPLIANCE WITH THE ACT

The following areas of non-compliance with the Act were identified during the course of the financial year:

- ***Contravention of section 26(7) of the Act***

In terms of section 26(7) of the Medical Schemes Act, contributions must be paid over to the Scheme within 3 days after becoming due.

Cause of non-compliance

There are instances where the Scheme received contributions after 3 days of it becoming due. It should be noted that there are no contracts in place that is contrary to the legislation.

Possible impact

If not well managed, late payment of contributions could result in:

- Negative impact on the Scheme's cash flow; and
- Loss of potential interest income.

Corrective action taken

The Scheme's credit policy is applied:

- Employers and members are notified via sms and e-mail of the non-payment and requested to urgently address this matter.
- Where contributions owing to the Scheme have not been paid within 30 days of the due date, the Scheme suspends all benefit payments in respect of claims which arose during the period of default.
- Where outstanding contributions are not paid within 90 days of the notification, membership is cancelled.

- ***Contravention of section 59(2) of the Act***

In terms of section 59(2) of the Medical Schemes Act, accounts must be paid within 30 days after the day on which the claim was received.

Cause of non-compliance

The auditing of hospital accounts can cause some accounts to be paid after the 30 day period. Members who are suspended due to non-payment of their contributions, can also cause claims not to be paid until their contributions have been paid up.

Possible impact

- Non-compliance with section 59(2) of the Medical Schemes Act; and
- Reputational damage with members and providers.

Corrective action taken

- The Scheme will endeavour, together with the Managed care organisation and Hospitals, to speed up the auditing process.

- ***Contravention of Section 35(8)(d)***

In terms of Section 35(8)(d), a medical scheme shall not invest any of its assets in the business of or grant loans to —

- (a) An employer who participates in the medical scheme or any

administrator or any arrangement associated with the medical scheme;

(b) Any other medical scheme;

(c) Any administrator; and

(d) Any person associated with any of the above mentioned.

Cause of non-compliance

The Scheme has investments in certain groups and companies associated with medical scheme administration. The exposure to these entities had been obtained through the Scheme's investment in a Collective Investment Scheme. The Scheme does not control the investing activities of the Investment manager.

Possible impact

- Non-compliance with the Regulation 35(8) (d) of the Medical Schemes Act.

Corrective action taken

The Scheme obtained exemption in terms of section 8(h) from section 35(8) of the Act from the Council for Medical Schemes. The exemption had been granted with the proviso that the Scheme does not make any direct investments in these entities. This exemption is valid until 30 November 2028.

• **Contravention of section 33(2) of the Act**

In terms of section 33(2) of the Medical Schemes Act, each benefit option shall be self-supporting in terms of membership and financial performance and be financially sound.

In the current financial year, each benefit option was self-supporting in terms of membership and financial performance. The Ultra Affordable Value Option EDO had an Insurance Service Result loss of R1 893 493 for the 2025 financial year. During 2025 the Board resolved to discontinue the option from 1 January 2026.

15. GOING CONCERN

The financial statements have been prepared on a basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of the operations.

The Trustees believe that the Scheme has adequate financial resources to continue in operation for the foreseeable future and accordingly the financial statements have been prepared on a going concern basis.

The Trustees are not aware of any new material changes that may adversely impact the Scheme. The Trustees are not aware of any material non-compliance with statutory or regulatory requirements or pending changes to legislation which may affect the Scheme.

SS Mokoena
Chairperson
17 April 2026

SS Mabuza
Vice-Chairperson

HB van Zyl
Principal Officer

STATEMENT OF RESPONSIBILITY BY THE BOARD OF TRUSTEES

The Trustees are responsible for the preparation, integrity and fair presentation of the financial statements of Umvuzo Health Medical Scheme. The financial statements comprise the statement of financial position as at 31 December 2025, the statement of comprehensive income, the statement of changes in members' funds and reserves and the statement of cash flows for the year then ended and the notes to the financial statements, which include a summary of significant accounting policies and other explanatory notes. The financial statements have been prepared in accordance with the IFRS® Accounting Standards as issued by the International Accounting Standard Board and in the manner required by the Medical Schemes Act, 131 of 1998, as amended.

The Trustees consider that, in preparing the financial statements, they have used the most appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The Trustees are satisfied that the information contained in the financial statements fairly presents the results of operations for the year and the financial position of the Scheme at the end of the year. The Trustees also prepared the other information included in the annual report and are responsible for both its accuracy and its consistency with the financial statements.

The Trustees have the responsibility for ensuring that accounting records are kept. The accounting records disclose with reasonable accuracy the financial position of the Scheme and enable the Trustees to ensure that the financial statements comply with the relevant legislation.

Umvuzo Health Medical Scheme operates in a well-established controlled environment which is well documented and regularly reviewed. This incorporates risk management and internal control procedures, which are designed to provide reasonable, but not absolute, assurances that assets are safeguarded and the risk facing the business are being controlled.

The going concern basis has been adopted in preparing the financial statements. The Trustees have no reason to believe that the Scheme will not be a going concern in the foreseeable future, based on forecasts and available cash resources. These financial statements support the viability of the Scheme.

The financial statements have been audited by an independent firm, Ranrus Incorporated, which was given unrestricted access to all financial records and related data, including minutes of meetings of members, the Board of Trustees and Committees of the Board. The auditor is responsible for reporting on whether the financial statements are fairly presented in accordance with the applicable financial reporting framework.

APPROVAL OF THE ANNUAL FINANCIAL STATEMENTS

The annual financial statements of Umvuzo Health Medical Scheme were approved by the Board of Trustees on 17 April 2026 and are signed on their behalf by:

SS Mokoena
Chairperson
17 April 2026

SS Mabuza
Vice-Chairperson

HB van Zyl
Principal Officer

STATEMENT OF CORPORATE GOVERNANCE BY BOARD OF TRUSTEES

Umvuzo Health Medical Scheme is committed to the principles and practices of fairness, openness, integrity and accountability in all dealings with its stakeholders. The Scheme is committed to good Corporate Governance and applies good governance principles. The Trustees are proposed and elected by the members of the Scheme.

BOARD OF TRUSTEES

The Trustees and their committees meet regularly and monitor the performance of the outsourced services. They address a range of key issues and ensure that discussion of items of policy, strategy and performance is critical, informed and constructive.

All Trustees have access to the advice and services of the Principal Officer and, where appropriate, may seek independent professional advice at the expense of the Scheme.

INTERNAL CONTROL

The Principal Officer and the Trustees of the Scheme maintain internal controls and systems designed to provide reasonable assurance as to the integrity and reliability of the financial statements and to adequately safeguard, verify and maintain accountability for its assets. Such controls are based on established policies and procedures and are implemented by trained personnel with the appropriate segregation of duties.

No event or item has come to the attention of the Board of Trustees that indicates any material breakdown in the functioning of the key internal controls during the year under review.

ETHICAL VALUES OF THE SCHEME

The Scheme is bound by a Code of Conduct, mandates and principles of treating beneficiaries fairly. The Code of Conduct outlines the principles that guide the Scheme in a way that contributes to the welfare of the key stakeholders and helps balance the needs of all stakeholders in the system. Governance and ethical values within the Scheme are continually being addressed by the Board of Trustees.

The Scheme committees have mandates that set out their responsibilities that promote the principles of transparency and ethics. The Scheme is bound to open communication with all its stakeholders about its financial and business targets and to treat them fairly in all business dealings.

COMPLIANCE WITH THE MEDICAL SCHEMES ACT

The Trustees monitor that the Scheme complies with the Medical Schemes Act, No. 131 of 1998 and the Regulations issued in terms of the Act. The Board is also fully committed to, and has applied, the principles of the Code of Corporate Practices and Conduct as set out in the King IV report on governance, where necessary and practical. The Board of Trustees has noted the minor non-compliance matters which are set out fully in the Report of the Board of Trustees.

INDEPENDENT EVALUATION OF THE BOARD AND COMMITTEES

The Board of Trustees adopted a practice of performing evaluations on the Board of Trustees and its Committees during 2024. These evaluations will be performed by independent professionals and through the relevant committees during the following financial year.

SS Mokoena
Chairperson
17 April 2026

SS Mabuza
Vice-Chairperson

HB van Zyl
Principal Officer

REPORT OF THE INDEPENDENT AUDITORS TO THE MEMBERS OF THE UMVUZO HEALTH MEDICAL SCHEME

REPORT ON THE FINANCIAL STATEMENTS

OPINION

We have audited the financial statements of Umvuzo Health Medical Scheme (the Scheme), set out on pages 19 to 67, which comprise the statement of financial position as at 31 December 2025; and the statement of comprehensive income; the statement of changes in member's funds and the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Umvuzo Health Medical Scheme as at 31 December 2025 and its financial performance and cash flows for the year then ended in accordance with IFRS Accounting Standards as issued by the International Accounting Standards Board and the requirements of the Medical Schemes Act of South Africa, as amended.

SUMMARIZED FINANCIAL STATEMENTS

The summarized financial statements do not contain all the disclosures as required by IFRS Accounting Standards, as issued by the International Accounting Standards Board (IASB) and the requirements of the Medical Schemes Act of South Africa as applicable to annual financial statements. Reading the summarized financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of Umvuzo Health Medical Scheme and the auditor's report thereon.

THE AUDITED FINANCIAL STATEMENTS AND OUR REPORT THEREON

We expressed an unmodified audit opinion on the audited financial statements in our report dated 17 April 2026. That report also includes the communication of key matters reported in the auditor's report of the audited financial statements.

TRUSTEE RESPONSIBILITY FOR THE SUMMARIZED FINANCIAL STATEMENTS

The trustees are responsible for the preparation of the summarized financial statements in accordance with the basis of preparation and accounting policy note in the summarized financial statements, and the requirements of the Medical Schemes Act of South Africa as applicable to summary financial statements, and for such internal controls as the trustees determine are necessary to enable the preparation of the summarized financial statements that are free from material misstatement.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on whether the summarized financial statements are consistent in all material respects, with the audited financial statements based on our procedures, based on our procedures which were conducted in accordance with International Standard on Auditing (ISA) 810 (Revised) Engagements to report on Summary Financial Statements.

Ranrus Incorporated
Registered Auditors

Per: JA Barnard (CA)SA
Director
17 June 2026

Ground Floor, Building 2, Hyde Park Manor
79 Hyde Lane
Hyde Park
Johannesburg
2196

STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2025

	2025	2024
	R	R
ASSETS		
Non-current assets		
Right of use asset	1,872,811	3,121,352
Financial assets at fair value through profit or loss	183,472,467	159,532,562
Current assets		
Cash and cash equivalents	991,308,618	761,851,051
Trade and other receivables	62,233,311	43,175,065
Financial assets at amortised cost	384,000,000	461,000,000
TOTAL ASSETS	<u>1,622,887,206</u>	<u>1,428,680,030</u>
FUNDS AND LIABILITIES		
Non-current liabilities		
Lease liabilities	850,492	2,396,148
Liability to members for future benefits	1,450,393,189	1,203,999,728
Current liabilities		
Lease liabilities	1,545,656	1,327,263
Trade and other payables	4,231,458	3,573,251
Insurance contract liabilities	165,866,408	217,383,636
TOTAL FUNDS AND LIABILITIES	<u>1,622,887,206</u>	<u>1,428,680,030</u>

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 DECEMBER 2025**

	2025	2024
	R	R
Insurance Revenue	2,559,649,098	2,203,569,921
Insurance service expense	(2,373,691,815)	(2,102,753,408)
Claims incurred	(2,027,731,641)	(1,813,468,735)
Third party claim recoveries	(6,849,195)	(5,453,690)
Accredited managed healthcare services	(113,313,829)	(92,161,333)
Broker service fees	(63,584,696)	(55,085,987)
Directly attributable expenses	(162,212,454)	(136,583,663)
Net income/(expense) on reinsurance contracts	1,335,867	2,652,543
Reinsurance premiums paid	(23,901,819)	(21,501,023)
Recoveries from reinsurance contracts	25,237,686	24,153,566
Insurance service result	187,293,149	(103,469,056)
Other operating expenses - not directly attributable	(54,698,262)	(41,628,442)
Other income	123,669,846	113,288,101
Investment income	106,357,676	103,179,899
Net gains on assets carried at FVTPL	17,097,448	9,821,489
Sundry income	214,721	286,713
Other expenditure	(1,045,663)	(1,173,118)
Expenses for asset management services rendered	(739,043)	(763,957)
Sundry expenses	(24,394)	(17,175)
Finance cost - Lease	(282,226)	(391,986)

Net impairment (losses)/reversals on healthcare receivables	(8,825,609)	(22,047,454)
Profit or loss for the year before amounts attributable to members for future benefits	246,393,462	151,908,143
Amounts attributable to future members	(246,393,462)	(151,908,143)
Surplus for the year	-	-
Other comprehensive income	-	-
Total comprehensive income for the year	-	-

NET INCOME / (EXPENSE) FROM OPERATIONS PER BENEFIT OPTION

2025	Extreme R	Supreme R	Standard R	Ultra R	Activator R	Total R
Insurance Revenue	144 274 235	1155 836 252	346 572 758	901 302 416	11 663 438	2,559,649,098
Insurance service expense	(140 365 613)	(1016 158 556)	(332 955 019)	(875 255 405)	(8 957 221)	(2,373,691,814)
Claims incurred	(125 011 560)	(876 343 905)	(274 821 668)	(744 345 093)	(7 209 414)	(2027 731 641)
Third party claim recoveries	(239 298)	(3 931 630)	(1 100 514)	(1 585 997)	8 243	(6 849 195)
Accredited management healthcare services	(4 032 225)	(32 798 672)	(24 013 329)	(52 061 946)	(407 657)	(113 313 829)
Broker service fees	(2 489 826)	(23 483 308)	(8 648 504)	(28 647 653)	(315 404)	(63 584 696)
Directly attributable expenses	(8 592 705)	(79 601 041)	(24 371 004)	(48 614 716)	(1 032 988)	(162 212 454)
Amounts attributable to future members	-	-	-	-	-	-
Net income/(expense) on reinsurance contracts	(509 796)	5 500 885	531 732	(4 089 848)	(97 106)	1 335 867
Reinsurance premiums paid	(691 514)	(6 999 544)	(2 930 109)	(13 183 546)	(97 106)	(23 901 819)
Recoveries from reinsurance agreements	181 719	12 500 429	3 461 840	9 093 698	0	25 237 686
Insurance service result	3 398 826	145 178 581	14 149 471	21 957 163	2 609 110	187 293 150
Other operating expenses	(3,083,059)	(24,699,571)	(7,406,065)	(19,260,326)	(249,241)	(54 698 262)
Other income	6 958 894	55 802 631	16 855 471	43 490 307	562 542	123 669 846
Investment income	5 994 834	48 026 918	14 400 674	37 450 614	484 635	106 357 676
Net gains on assets carried at FVTPL	963 695	7 720 531	2 314 970	6 020 345	77 907	17 097 448

Sundry income	365	55 181	139 827	19 348	-	214 721
Other expenditure	(58 939)	(472 180)	(141 581)	(368 198)	(4 765)	(1 045 663)
Expenses for asset management services rendered	(41 656)	(333 723)	(100 065)	(260 232)	(3 368)	(739 043)
Sundry expenses	(1 375)	(11 015)	(3 303)	(8 589)	(111)	(24 394)
Finance costs	(15 908)	(127 442)	(38 213)	(99 377)	(1 286)	(282 226)
Net impairment losses on healthcare receivables	(501 588)	(3 899 698)	(1 204 904)	(3 178 148)	(41 272)	(8 825 609)
Net income/expense for the year	6 714 135	171 909 764	22 252 392	42 640 798	2 876 374	246 393 462
TOTAL OTHER COMPREHENSIVE INCOME FOR THE YEAR	6 714 135	171 909 764	22 252 392	42 640 798	2 876 374	246 393 462
Number of members at 31 December 2025	1 974	17 406	6 864	30 504	308	57 056

NET INCOME / (EXPENSE) FROM OPERATIONS PER BENEFIT OPTION

2024	Extreme R	Supreme R	Standard R	Ultra R	Activator R	Total R
Insurance Revenue	117 788 101	1 007 200 868	300 079 633	773 776 778	6 175 705	2,205,021,085
Insurance service expense	(105 447 643)	(880 118 384)	(322 680 946)	(787 984 301)	(6 522 133)	(2,102,753,408)
Claims incurred	(93 250 297)	(760 862 877)	(274 444 386)	(679 155 704)	(5 755 470)	(1813 468 735)
Third party claim recoveries	(197 766)	(3 812 967)	27 434	(1 475 929)	5 538	(5 453 690)
Accredited management healthcare services	(3 097 552)	(26 883 726)	(19 917 281)	(42 070 344)	(192 431)	(92 161 333)
Broker service fees	(2 062 482)	(20 359 845)	(7 512 260)	(24 967 264)	(184 135)	(55 085 987)
Directly attributable expenses	(6 839 546)	(68 198 969)	(20 834 453)	(40 315 061)	(395 635)	(136 583 663)
Amounts attributable to future members	-	-	-	-	-	-
Net income/(expense) on reinsurance contracts	(273 735)	5 388 887	1 223 336	(3 624 342)	(61 602)	2 652 543
Reinsurance premiums paid	(577 651)	(6 280 120)	(2 638 006)	(11 931 781)	(73 465)	(21 501 023)
Recoveries from reinsurance contracts	303 916	11 669 006	3 861 342	8 307 439	11 863	24 153 566
Insurance service result	12 066 722	132 471 372	(21 377 977)	(17 831 865)	(408 030)	104 920 221
Other operating expenses	(2,159,728)	(18,678,620)	(5,792,684)	(14,885,923)	(111,488)	(41 628 442)
Other income	6 038 041	51 743 526	15 501 364	39 688 682	3 16 488	113 288 101
Investment income	5 511 677	47 130 109	14 041 674	36 207 459	288 981	103 179 899
Net gains on assets carried at FVTPL	524 646	4 486 221	1 336 599	3 446 516	27 508	9 821 489

Sundry income	1 719	127 196	123 092	34 707	-	286 713
Other expenditure	(62 666)	(535 852)	(159 649)	(411 665)	(3 286)	(1 173 118)
Expenses for asset management services rendered	(40 809)	(348 957)	(103 966)	(268 085)	(2 140)	(763 957)
Sundry expenses	(917)	(7 845)	(2 337)	(6 027)	(48)	(17 175)
Finance costs	(20 939)	(179 050)	(53 345)	(137 554)	(1 098)	(391 986)
Net impairment losses on healthcare receivables	(1 164 023)	(14 873 566)	(830 419)	(6 619 641)	(10 970)	23 498 619
Net income/expense for the year	14 718 347	150 126 860	(12 659 366)	(60 413)	(217 284)	151 908 143
TOTAL OTHER COMPREHENSIVE INCOME FOR THE YEAR	14 718 347	150 126 860	(12 659 366)	(60 413)	(217 284)	151 908 143
Number of members at 31 December 2024	1 401	15 304	6 475	29 859	198	53 237

BASIS OF PREPARATION

These summary financial statements have been prepared for providing accessible overview of the financial position and performance of Umvuzo Health Medical Scheme for the financial year ended 31 December 2025. They intended for presentation in the packs for the annual general meeting and are not a substitute for the full audited financial statements.

LEGAL STATUS AND REPORTING FRAMEWORK

Umvuzo Health Medical Scheme is a non-profit Medical Scheme incorporated in South Africa under the Medical Schemes Act (“the Act”). The full audited financial statements have been prepared in accordance with IFRS Accounting Standards, as issued by the International Accounting Standards Board (IASB), and in compliance with the requirements of the Medical Schemes Act of South Africa.

BASIS OF PREPARATION

These summary financial statements are prepared in accordance with Circular 6 of 2013 as issued by the Council of Medical Schemes which permits a scheme to provide any person with a summary of its audited financial statements, provided that the summary complies with prescribed requirements.

These summary financial statements do not include all disclosures required by IFRS Accounting Standards, as issued by the International Accounting Standards Board (IASB) and should be read in conjunction with the full audited financial statements.

RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

The trustees are responsible for the preparation and fair presentation of the summary financial statements.

AUDIT OPINION

The full financial statements were audited by Rannus Incorporated, who expressed an unmodified audit opinion thereon. The auditors have confirmed that the summary financial statements are consistent, in all material respects, with the audited financial statements.

AVAILABILITY OF FULL FINANCIAL STATEMENTS

The full audited financial statements are available on the scheme website.

REMUNERATION OF TRUSTEE MEMBERS

In terms of Rule 18.18 an honorarium as from time to time determined at the Annual General Meeting (AGM) may be paid to members of the Board of Trustees.

Board of Trustee members currently receive the following remuneration:

1. R19 344 per month for Trustees and R29 016 per month for the Chairperson;
2. R7 115 meeting allowance per Trustee for meetings other than Board/ Workshop meetings and the Chairperson 30% on that at R8 922;
3. R13 000 meeting allowance for independent members serving on sub-committees and R18 000 for the independent Chairperson serving on sub-committees;
4. R1 600 daily allowance when away from home/work for Scheme purposes;
5. Travelling reimbursement at the SARS prescribed rate (currently R4.95 per kilometre);
6. Accommodation with breakfast at an appropriate hotel facility; and
7. R1 000 cell phone allowance per month for the Chairperson of the Board of Trustees..

Annually at the AGM, the members approve an adjustment of the meeting allowance as in 1 and 2 above.

Following a benchmarking exercise using the latest available data from the Council for Medical Schemes and comparable medical schemes, it was noted that Umvuzo Health trustees' remuneration is currently positioned at approximately 4% below the average of the market.

In recognition of the need to ensure fair, competitive and sustainable remuneration, the Remuneration Committee (13 March 2026) and the Board of Trustees (17 April 2026) recommend that trustee stipends and meeting allowances be adjusted with effect from 1 July 2026 by CPI plus 4%.

As a prudent alternative, should the proposed adjustment not be supported in full, a secondary option of CPI plus 3% is presented for consideration

For consideration by the meeting.

The image shows the South African flag, which is a horizontal tricolor of red, white, and blue, with a green and gold isosceles triangle on the left side, and a white band in the center containing a black and gold Y-shaped design. The flag is set against a yellow background.

South Africa's National Anthem

Nkosi sikelel' iAfrika
Maluphakanyisw' uphondo lwayo,
Yizwa imithandazo yethu,
Nkosi sikelela, thina lusapho lwayo.

Morena boloka setjhaba sa heso,
O fedise dintwa le matshwenyeho,
O se boloke, O se boloke setjhaba sa heso,
Setjhaba sa South Afrika – South Africa.

Uit die blou van onse hemel,
Uit die diepte van ons see,
Oor ons ewige gebergtes,
Waar die kranse antwoord gee.

Sounds the call to come together,
And united we shall stand,
Let us live and strive for freedom,
In South Africa our land.



IMPORTANT CONTACT INFORMATION

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