

PG GROUP MEDICAL SCHEME PROTECTION OF INFORMATION MANUAL

1. Introduction

PG Group Medical Scheme, a responsible corporate citizen and a medical scheme with the best interest of its members at heart, aims and endeavours to pursue and comply with all relevant and applicable legislation within reason and its sphere of control.

2. Purpose

The objective of the manual is to document the PG Group Medical Scheme's approach and arrangements managing information and compliance in terms of the Protection of Personal Information (POPI) Act 4 of 2013.

3. Consent

The scheme, with its main objective offering healthcare cover to members obtaining medical services such as hospitalisation, treatment and medication within the ambit of the Medical Schemes Act and the scheme's rules, requires obtaining, collecting, disclosing, processing and storing information of applicants, its members and those beneficiaries for which it offers membership and healthcare cover.

Respecting individuals' and stakeholders right to privacy, the scheme and or its appointed administrator will request consent to collect, obtain from or disclose to third parties, process and store stakeholders, members and their beneficiaries' information. Due care will be taken protecting, safeguarding and maintaining the confidentially of information obtained whilst adhering to the Protection of Personal Information Act (POPIA) when processing personal information. Personal information will be processed for the purpose of conducting the business of a medical scheme in terms of the Medical Schemes Act 131 of 1998.

An individual or stakeholder has the right to withdraw consent to have his or her personal information processed provided that the lawfulness of the processing of personal information before withdrawal will not be affected. An Individual further has the right to object on reasonable grounds relating to his or her particular situation, to the processing of personal information unless processing is required by law.

While consent is voluntary, it is a requirement for membership or to conduct business with of PG Group Medical Scheme. Failure to provide the personal information required or unwillingness to agree to the processing of personal information; the PG Group Medical Scheme will not be able to conduct business, administer or offer membership to the medical scheme.

4. Collection

Information required from the applicant, member and or beneficiaries to facilitate membership and offering the required services and cover, may include but are not limited to:

- · Name
- Surname
- Gender
- Date of Birth



- ID Number
- Income Tax Number
- Health Information
- Medical History
- Medical Scheme Membership History
- Affidavit & Evidence of Relationship
- Affidavit & Evidence of Dependency
- Employer Information
- Banking Information
- Contact Information
- Communication Preferences

Information required from stakeholders such as the administrator, managed care, assurance and advisory service providers, to contract and transact with the scheme, may include but are not limited to:

- Entity Name
- Registration Number
- CIPC Information
- Tax Status
- BBBEE Status
- Service Offering
- Service History
- Banking Information
- Contact Information
- Contractual Agreement

Special personal information in terms of the POPI Act collected include information on members or beneficiaries' health and information on a child where the beneficiary is classified as such.

Provisions of the POPI Act, requires that all medical schemes communicate directly with dependants who are 18 years and older.

5. Processing

Information may be collected and obtained directly from stakeholders, the member or beneficiary, obtained from or disclosed to third parties and will be utilised to conduct the business of a medical scheme which may include:

- Benefit Design
- Membership Administration
- Claims Administration
- Financial Management
- Risk & Fraud Risk Management
- Assurance
- Performance Management
- Financial Reporting



Regulatory Reporting

Conducting the above activities, PG Group Medical Scheme or the administrator may also provide personal information to any natural or juristic person (which could include a company, corporation, state, or agency of a state, association, trust or partnership) if a contractual relationship exists between PG Group Medical Scheme or the administrator which requires them to do so.

In all instances, information will be managed with due care, aggregated, anonymised where possible and disclosed containing the minimum personal information required to achieve set objective and support the relevant business process.

6. Disclosure

Personal information will be disclosed and shared between PG Group Medical Scheme, regulatory authorities, the administrator and contracted third parties both locally and outside the Republic of South Africa who requires this information for purposes related to individuals' membership of the PG Group Medical Scheme.

Third parties the scheme may have a regulatory or contractual obligation to disclose information may include but not be limited to:

- Council of Medical Schemes
- Board of Healthcare Funders (BHF)
- Employer (PG Group)
- Scheme Administrator
- Advisors & Consultants
- Managed Care Providers
- Industry Bodies
- External Auditors
- Internal Auditors
- South African Revenue Service (SARS)
- Law Enforcement Agencies

Where so required, any credit bureau or registered credit provider may be provided with a members 's credit information as defined in the National Credit Act, 2005 (credit information includes, for example, credit history, financial history, pattern of payment or default under any credit agreements, debt rearrangement arrangements or judgements obtained for outstanding debts).

7. Retention

Information collected, obtained and processed will be safeguarded, retained and stored with due care and in accordance with regulatory requirements for document retention.

8. Disposal

Similarly information no longer required or exceeding its stipulated retention period may be identified and then responsibly and secured disposed.



9. Access and Correction

The Scheme acknowledges stakeholder and an individual's right to:

- Request his or her personal information, which is in the possession of PG Group Medical Scheme and the administrator, provided that he or she furnishes adequate identification.
- Request PG Group Medical Scheme and the administrator where necessary, to correct or delete his or her personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.

10. Third Parties

The Scheme endeavour to have agreements in place with all our suppliers, insurers and third party service providers to ensure there is a mutual understanding with regard to the protection of our members' Personal Information. These stakeholders or providers will be subject to the same regulations and/or responsibilities stipulated.

11. Breach

In the unlikely event of a breach in the confidentiality of personal information, the scheme undertakes to swiftly assess the incident, duly and appropriately communicate to those impacted to address and limit the impact the incident may cause.

12. Complaint

Should a member have a complaint relating to the processing of his or her personal information, the complaint should be communicated to the administrator to resolve it in terms of its internal complaints process first. If not satisfied with the outcome of the complaint, the complaint should be referred to PG Group Information Officer before being lodged, if still unresolved, with the Information Regulator who can be contacted on 012 406 4818 or via email at inforeg@justice.gov.za.

13. Continuous Improvement

The Scheme endeavours to constantly review and seek opportunities to improve the manner in which it collects, obtains, disclose, process, retain, store safeguard and dispose of personal information.

14. Information Officer

	Information Officer	Deputy Information Officer
Name:	Lyn Longley	Theo Rochussen
Telephone Number:	+27 (0) 11 417 5800	+27 (0) 11 417 5800
Facsimile Number:		+27 (0) 86 211 8353
Postal Address:	PO Box 2329, Bedfordview, 2008	PO Box 2329, Bedfordview, 2008
Physical Address:	18 Skeen Boulevard, Bedfordview, 2007	18 Skeen Boulevard, Bedfordview, 2007
Email Address:	llongley@pg.co.za	trochussen@pg.co.za



REPUBLIC OF SOUTH AFRICA

FORM C REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY (Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 10]

A. Particulars of private body The Head:

B. Particulars of person requesting access to the record

 (a) The particulars of the person who requests access to the record must be given below. (b) The address and/or fax number in the Republic to which the information is to be sent must be given. (c) Proof of the capacity in which the request is made, if applicable, must be attached. 											
Full names and surname:										 	
Identity number:											
Postal address:										 	
Telephone number:	()				Fax	k numb	er: (.)	 	
E-mail address:										 	

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

This section must be completed ONLY if a request for information is made on behalf of another person.

Full names and surname:	 	 	 	 	 	 	
Identity number:							

D. Particulars of record

 (a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located. (b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.
1. Description of record or relevant part of the record:
2. Reference number, if available:
3. Any further particulars of record:

E. Fees

(a)	A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
(b)	You will be notified of the amount required to be paid as the request fee.
(c)	The fee payable for access to a record depends on the form in which access is required and the reasonable time
	required to search for and prepare a record.
(d)	If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

F. Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 below, state your disability and indicate in which form the record is required.

Disability:

Form in which record is required:

Mark the appropriate box with an X.

NOTES:

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.

1. If the record is in written or printed form:										
	copy of record*		inspection of record							
2. If record consists of visual images - (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):										
	view the images		copy of the images*		transcription of the images*					
3. If record	3. If record consists of recorded words or information which can be reproduced in sound:									
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)							
4. If record	4. If record is held on computer or in an electronic or machine-readable form:									
	printed copy of record*		printed copy of information derived from the record*		copy in computer readable form* (stiffy or compact disc)					

*If you requested a copy or transcription of a record (above), do you wish the copy or	YES	NO
transcription to be posted to you?		
Postage is payable.		

G. Particulars of right to be exercised or protected

If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.

1. Indicate which right is to be exercised or protected:

2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

H. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved / denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE