



**POLICY DOCUMENT ON THE REQUIREMENTS FOR  
AND PROCESS WITH REGARD TO THE  
ACCREDITATION OF HEALTH CARE BROKERS AND  
BROKER ORGANISATIONS**



**Policy:** Policy document on the requirements for and process with regard to the accreditation of health care brokers and broker organisations

**Manual :** Accreditation Broker Policy

## 1. EXECUTIVE SUMMARY

Consolidation of previous circulars describing the process in terms of which brokers are accredited, legal requirements and references in relation to brokers, fit and proper requirements; remuneration provisions and statutory sanctions applicable to brokers.

## 2. SCOPE AND PURPOSE OF THE POLICY

### 2.1 Purpose

The purpose of this document is to provide guidance and clarity on the functions, requirements and processes in terms of which accreditation of brokers takes place as prescribed in terms of the Medical Schemes Act (Act No. 131 of 1998).

### 2.2 Scope

This document covers Section 1 and 65 of the Medical Schemes Act, (Act No.131 of 1998), and Regulations 28 and 31 framed there under. The circulars referred to herein are as published on the website [www.medicalschemes.com](http://www.medicalschemes.com). To the extent that brokers are similarly required to be licensed by the Financial Services Board (FSB), appropriate reference is made to dual regulatory provisions provided for in the Financial Advisory and Intermediary Services Act, 2002 ("FAIS Act").

## 3 DEFINITIONS

**3.1 "Broker"** means a person whose business, or part thereof, entails providing broker services.

**3.2 "Broker services mean:**

- (a) The provision of service or advice in respect of the introduction or admission of members to a medical scheme; or
- (b) The ongoing provision of service or advice in respect of access to, or benefit or services offered by, a medical scheme.

**3.3 "Person"** refers to a natural person (e.g. individual person or sole proprietor) and a juristic persons (e.g. company, close corporation, associations and partnership).

Approved by : SMM	18 March 2013
	Page 2/15

## 4 LEGAL FRAMEWORK

### 4.1 Legal Requirements

The table below summarises the legislative and regulatory requirements that must be met.

Acts/ Regulations	Summary of Requirements
Section 1	Defines certain terms which are used in this section, including "broker" and "broker services"
Section 65(1)	Determines certain prerequisites for persons acting as a broker to be accredited as broker.
Section 65(3)	A broker can only be compensated by a medical scheme for providing broker services provided he/she is accredited as a broker.
Section 65 (5)	A medical scheme cannot compensate a broker directly or indirectly for any other services other than for providing broker services.
Section 65(6)	A broker can only be compensated by a medical scheme, a member or prospective member or an employer in terms of employer group or a broker employing such broker.
Regulation 28	Determines certain conditions for compensation of brokers, including the need for prior written agreements between the broker and the medical scheme concerned, the cap amount to be paid to brokers by medical schemes for providing broker services and sets out the grounds and procedure for discontinuing payment to a broker in respect of services rendered when the appointment is terminated.
Regulation 28A	Deals with the admission of members to medical schemes in the sense that medical schemes must not prevent any person from applying for membership of a medical scheme for the reason that that person is not using the services of a broker for such membership.
Regulation 28B	Sets out requirements for information and documents to be supplied for consideration, qualifications and experience, operational processes in respect of the granting of accreditation to brokers, apprentice brokers as well as broker organizations by the Council. It also defines the parameters of information required for accreditation purposes, the period within which renewal applications must be lodged and disqualification from being a broker.



Regulation 28C	Sets out the grounds and procedures for suspension and withdrawal of accreditation.
----------------	---

## 4.2 Compliance requirements

The table below summarises the standards that must be complied with.

Standards	Summary of Requirements
Broker Agreement	Must be concluded between the broker and the medical scheme concerned
Service Level Agreement	Brokers must continue to meet the service level agreed to with the medical scheme in terms of the written agreement between them.
Appointment of broker by client	The broker must be appointed properly by the client in terms of an official letter of appointment or a broker note if the client switches from one broker to another.
Member allocation	Any allocation by a medical scheme or administrator of members already admitted, to any broker without an official appointment by the client, is unacceptable and without legal foundation.
Broker Code of Conduct	Reference to the Code of Conduct has been removed from the Act since compliance therewith vests with the Financial Services Board. Brokers must comply with requirements determined by the Financial Advisory and Intermediary Services Act, 2002 (FAIS Act)
Licensing of accredited brokers	All accredited brokers must be licensed to provide health benefits in terms of the FAIS Act, 2002
Companies, Close Corporations, Associations and Partnerships	Must be accredited as brokerages in the event that they are contracted to medical schemes for providing broker services.

## 5 POLICY CONTENT

### 5.1 Applicability

This document applies to any person who provides broker services in terms of the Act and the Regulations.

It does not apply to the following persons which are excluded in the definition of broker in the Act:

- (i) *an employer or employer representative who provides service or advice exclusively to the employees of that employer;*
- (ii) *a trade union or trade union representative who provides service or advice exclusively to members of that trade union; or*
- (iii) *a person who provides service or advice exclusively for the purposes of performing his or her normal functions as a trustee, principal officer, employee or administrator of a medical scheme,*
- (iv) *Franchises that are contracted to medical schemes for the purpose of providing training to brokers.*

### 5.2 References

For more information, refer to:

- The Medical Schemes Act, Act No. 131 of 1998 and the Regulations published there under.
- Circulars as published on the website, [www.medicalschemes.com](http://www.medicalschemes.com) under publications.
- [Faisinfo@fsb.co.za](mailto:Faisinfo@fsb.co.za) in respect of all matters under the jurisdiction of the Financial Services Board (FSB) as authority that regulates matters provided for in the Financial Advisory and Intermediary Services Act (FAIS).

Approved by : SMM	18 March 2013
	Page 5/15

### 5.3 Accreditation of Brokers, Apprentice Brokers and Broker Organisations

Application forms are required to be completed and submitted with proof of payment of the prescribed fees and the information requested for consideration. Information is verified with the FSB as well to ensure that applicants are licensed as financial services providers in terms of the FAIS Act to provide health service products.

Regulation 28B regulates the requirements and provides as follows:

**“28B. Accreditation of brokers.—**(1) Any person desiring to be accredited as a broker must apply in writing to the Council, and the application must be accompanied by—

- a) documentary proof of a recognised educational qualification and appropriate experience;
- b) documentary evidence of having passed or current enrolment in a relevant course of study recognised by the Council;
- (c) in the case of a juristic person, documentary proof and a sworn affidavit that any person employed by the person, or acting under the auspices of the person, who provides or will provide advice on medical schemes to clients, is accredited with Council as a broker or an apprentice broker; and

(d) such additional information as the Council may deem necessary.

(2) A recognized educational qualification and appropriate experience, for the purposes of this regulation, means—

(a) Grade 12 education or equivalent educational qualification; and

(b) a minimum of two years demonstrated experience as broker or apprentice broker in health care business.

(3) Individuals not meeting the qualifications for a broker may apply to the Council for accreditation as apprentice brokers and such applications must be accompanied by documentary proof of—

(a) Grade 12 education or equivalent educational qualification;

(b) agreement by a fully accredited broker to supervise the applicant;

(c) current accreditation of the supervising broker;

(d) having passed or current enrolment in a relevant course of study recognised by the Council; and

(e) such additional information as the Council may deem necessary.

(4) In the case of a natural person, an application for accreditation as a broker or an apprentice broker must also be accompanied by information to satisfy the Council that the applicant complies with—

Approved by : SMM	18 March 2013
	Page 6/15



(a) any requirements for fit and proper brokers which may be determined by the Council, by notice in the *Gazette*; and

(b) any relevant requirements for fit and proper financial services providers or categories of providers which may be determined by the Registrar of Financial Service Providers in terms of section 8 (1) of the Financial Advisory and Intermediary Services Act, 2002.

(7) Accreditation of brokers and apprentice brokers is granted for two years, and is accompanied by a certificate which clearly specifies the date on which accreditation expires.

## 5.4 Renewal of accreditation

Regulation 28B(9) determines that:

“(9) A broker or apprentice broker wishing to renew his or her accreditation shall apply to the Council for such renewal in such format as the Council may from time to time determine, provided that—

(a) such application for renewal shall be made by the broker or apprentice broker at least three months prior to the date of expiry of the accreditation;

(b) the broker or apprentice broker shall furnish the Council with any information that the Council may require.”

## 5.5 Fees payable

A non-refundable application fee of R1000.00 is payable in favour of the Council for Medical Schemes and proof of payment by electronic transfer or direct deposit must accompany the application for accreditation or renewal of accreditation. The office does not accept any payments in cash when applications are handed in at the counter. The application fee is non-refundable. The reference to be used when making payments is the accreditation number (BR or ORG No.) or I.D number or name of an organisation or CK number (in case of new applications)

### Banking details

**BANK:** ABSA

**ACCOUNT NO.:** 4051163394

**BRANCH NAME:** Vermeulen Street (Pretoria)

Approved by : SMM	18 March 2013
	Page 7/15

**BRANCH CODE:** 517 245

**ACCOUNT HOLDER:** Council for Medical Schemes

## **5.6 Sub- contracting of broker services by an accredited broker to another organization or individual**

Brokers who are exclusively sub-contracted to other accredited brokers to provide broker services have no contract with one or more medical schemes. They are nevertheless required to be accredited by virtue of the reference to providing broker services. Disclosure of these relationships should be made clear in the application forms and substantiated with copies of relevant contracts between the parties. **Refer to Circular 5 of 2003** as published on the CMS website: [www.medicalschemes.com](http://www.medicalschemes.com).

## **5.7 Accreditation of Broker Organisations and Sole Proprietors in terms of the Medical Schemes Act**

In the event that a closed corporation, company or other legal entity contracts with medical schemes to provide broker services, the organisation is required to be accredited as a brokerage as it is a legal person distinct from its members. All brokers who provide broker services in their capacity as employee or representative of the entity are required to be accredited as individuals.

A partnership or an association of persons would similarly require dual accreditation. The position with a sole proprietor providing broker services under a business name or trade mark, does not require dual accreditation provided such person specifies the trade name under which he or she operates on the application form for individuals when application is made for accreditation and the contract with the medical scheme reflects the trade name under which he or she operates. **Refer to Circular 22 of 2004** as published on the CMS website: [www.medicalschemes.com](http://www.medicalschemes.com).

## **5.8 Appointment of brokers, broker agreements with medical schemes, remuneration of brokers and collection and payment of unlawful professional fees to brokers and unlawful collection of first month contributions by brokers**

Approved by : SMM	18 March 2013
	Page 8/15



### Appointment of brokers by employers, trade unions, medical schemes and persons other than members

Regulation 28(7) stipulates that "A medical scheme shall immediately discontinue payment to a broker in respect of services rendered to a particular member if the medical scheme receives a notice from that member (or the relevant employer, in the case of an employer group), that the member or employer no longer requires the services of that broker"

A member may accordingly appoint a new broker in place of a broker previously appointed by him/her. It follows that there must have been an initial appointment prior to a subsequent broker substituting an earlier appointee.

Similarly, when a member has been admitted to a scheme without the assistance of a broker, no other person or entity is in a position to assume the role of agent representing the member in appointing a broker thereafter. It follows that medical schemes and third party administrators are not allowed to allocate "orphan" members (members who are not in any way linked to any broker) to brokers or agents or to involve itself in any manner by switching brokers without the requisite authorization. It is important to apply the fundamental principle of client appointing the agent as it is applied in common law.

## **5.9 Broker agreements**

Regulation 28 (1) states that no person may be compensated by medical scheme in terms of section 65 for acting as broker unless such person enters into a prior written agreement with the medical scheme concerned. There is no legal or other basis in terms of which any other entity or person can lawfully contract with brokers on behalf of medical schemes such as an administrator of such scheme.

The agreement should be clear, unambiguous and should provide for the following minimum requirements so as to protect both parties:

- A clear indication of the parties to the agreement, i.e the medical scheme and broker concerned;
- The scope and duties of the broker;

Approved by : SMM	18 March 2013
	Page 9/15

- Effective date of the agreement;
- The basis on and timeframes within the broker will be remunerated (in terms of the Medical Schemes Act Regulation 28 (a));
- Required service level agreements;
- Confidentiality undertakings of the brokers in terms of scheme and client information;
- Manner of settling disputes;
- Termination of the agreement at the instance of either party in writing within the time frames as agreed upon;
- Termination of the agreement in instances of breach.

## 5.10 Remuneration of brokers

- Broker payments should only be made by medical schemes to accredited brokers;
- If there is a lapse in the accreditation period of a broker – the broker may not be compensated for that unaccredited period;
- Payments to brokers should only be made to brokers who have signed broker agreements in place with a specific scheme/s and to the party identified in the contract, that is to say, either the individual or the broker firm;
- Broker payments should only be made once the scheme RECEIVED the contribution and not on RAISED contributions as is required in terms of Regulation 28 (5);
- Schemes should provide brokers with monthly remittance advices;
- Schemes should ensure that they receive adequate proof that brokers are registered for Value Added Taxation (VAT) by means of vat certificates, etc. Failure to do so could result in schemes over-paying brokers who are not registered for VAT.

## 5.11 Collection and payment of professional fees to brokers

Regulation 28(6) (b) reads as follows: “The ongoing payment by a medical scheme to a broker in terms of this regulation is conditional upon the broker receiving no other or indirect compensation in respect of broker services from any source, other than a possible direct payment to the broker of a negotiated professional fee from the member himself or herself (or the relevant employer, in the case of an employer group).”

This provision prevents a medical scheme or third party administrator from offering or undertaking to facilitate any collection and payment of professional fees or other remuneration often referred to as marketing fees, research fees or any remuneration not prescribed to brokers on behalf of their members.

Approved by : SMM	18 March 2013
	Page 10/15

## 5.12 Unlawful collection by brokers of first month contributions as a professional or administration fee

Regulation 28(6) (b) prevents a broker from collecting upfront fees from clients unless it is disclosed properly as a direct payment of a professional fee.

Brokers must disclose the correct facts where prospective clients or members of medical schemes are required by their brokers to pay an amount equal to the first month's contribution upfront to either the broker involved when admitting members to certain medical schemes. This occurs in instances where contributions to such medical schemes are often paid in arrears. Failure to disclose the correct facts to unsuspecting clients is misleading as members believe that payments made for the benefit of the broker, are in fact payments towards their medical scheme contributions. **Refer to Circular 20 of 2010** as published on the CMS website: [www.medicalschemes.com](http://www.medicalschemes.com).

Section 26 (7) provides that contributions shall be paid directly to a medical scheme no later than three days after payment thereof becoming due. Therefore, it would be a contravention of the Act for any broker or agent to collect any medical scheme contributions by or on behalf of their clients, irrespective of the circumstances or client consent provided.

## 5.13 Re-signing of mandates and transfer of business

Should a broker sell his business or transfer clients to another broker, the Code of Conduct applicable to FSP's in the FAIS Act determines that:

- The first contract is terminated; new mandates have to be signed between clients and the receiving broker as a new contract comes into place.
- However, if the original mandate provides for a cession clause which authorises the transfer of contractual obligations to another broker, resigning of a mandate does not apply.

Approved by : SMM	18 March 2013
	Page 11/15



## 5.14 Accreditation process

Arrangements are in place for applicants to send and for this office to receive and retain all applications electronically, thereby speeding up the process of accreditation and saving paper. Details are provided on the application forms. All application forms for accreditation are accessible on the Council website: [www.medicalshemes.com](http://www.medicalshemes.com) under **publications/Application forms**.

The turnaround time for processing applications is on average less than thirty working days in respect of duly completed applications with all annexures. Delays will necessarily occur when the office has to communicate with applicants for whatever reason.

Invoices and receipts pertaining to statutory payments made are kept on record electronically yet is made available to brokers on request.

In instances where the applicant fails to respond to enquiries or fails to provide this office with any information required within 6 months from date of request, such applications are considered stale. In such cases, the file is closed and the applicant is required to re-apply should he/she wish to be accredited and resubmit a new application with payment of prescribed fees. **Refer to Circular 29 of 2002** as published on the CMS website: [www.medicalschemes.com](http://www.medicalschemes.com).

## 5.15 Renewal of accreditation:

- This office dispatches advance renewal notifications to all accredited entities and individuals four months prior to the expiry date. It is therefore essential that brokers ensure that correct contact details are recorded on the Council's database.
- Failure by the broker to renew accreditation during the period will have the effect that accreditation expires and the broker concerned will have to re-apply and provide all information. Brokers are required to apply for renewal of accreditation at least 3 months prior to date of expiry. Please refer to Regulation 28B(9).
- Late applications to renew accreditation may result in a break in accreditation status since this office is not in a position to backdate accreditation. Brokers are not entitled to remuneration during any period which they are not accredited and the database will reflect at all times the

Approved by : SMM	18 March 2013
	Page 12/15

accreditation status of brokers. Refer to Circular 2 of 2006 as published on the CMS website: [www.medicalschemes.com](http://www.medicalschemes.com)

## 5.16 Accreditation of Business, Family or other Trusts as Brokers

Whilst some individuals occasionally prefer to do business as a trust, be it a family business or any other trust, this office does not consider such requests favorably. Trusts are not accredited as broker organisations in terms of prevailing legislation for the reason that a trust is not a legal entity and can therefore not contract in the manner which will afford it legal status. A trust can only contract through a trustee who, in his or her individual capacity, represents and binds the Trust. Refer to Circular 5 of 2007 as published on the CMS website: [www.medicalschemes.com](http://www.medicalschemes.com)

## 5.17 Complaints against brokers:

The public is entitled to lodge complaints against brokers which are investigated and adjudicated upon by the office of the Registrar. Complaints procedures and forms are available on the CMS website [www.medicalschemes.com](http://www.medicalschemes.com)

It is important to note that the office of the FAIS Ombud also has jurisdiction and extended powers to investigate complaints and make rulings regarding broker conduct on strength of the licensing of financial service providers in terms of the FAIS Act. Please refer to [FaisComplaints@fsb.co.za](mailto:FaisComplaints@fsb.co.za), [Faisinfo@fsb.co.za](mailto:Faisinfo@fsb.co.za).

Toll Free: 0800 202087 / 0800 110443 for details.

## 5.18 Statutory sanctions applicable to brokers:

This aspect is covered in Regulation 28C of the Act. In the event that a broker's license is suspended or withdrawn by the Financial Services Board for whatever reason, such broker becomes disqualified from being accredited by virtue of the provisions in Regulation 28B(4)(b) which requires a broker to comply with fit and proper requirements as prescribed in the FAIS Act.

In those instances, the Council for Medical Schemes is not legally bound to follow the process prescribed in Regulation 28C and steps are taken to suspend or withdraw accreditation in

Approved by : SMM	18 March 2013
	Page 13/15

accordance with the actions taken by the FSB. In the circumstances, the Council may conduct its investigations into the affairs of a broker and invoke the sanctions provided for in the Regulation which is limited to either suspension or withdrawal of accreditation.

There is no provision in the Medical Schemes Act to make rulings with regard to reimbursing damages, monetary awards or cost orders.

## 6 OVERSIGHT AUTHORITY

Implementation	Head of Accreditation
Compliance	Accreditation Manager
Monitoring and evaluation	Accreditation Manager
Development and / or review	Head of Accreditation and Accreditation Manager
Interpretation and advice	Head of Accreditation

## 7 PERFORMANCE INDICATORS

Indicators are measured according to the following:

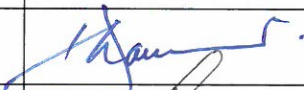
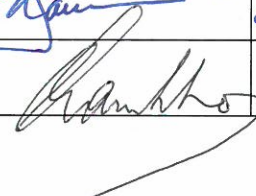
- 7.1 Regulatory amendments
- 7.2 Amendments to policy

## 8 RELATED POLICIES AND DOCUMENTS

- 8.1 Internal: None
- 8.2 External: FAIS Act



## 9 CONTROL SHEET

	Responsibility	Signature	Date
Compiled :	Head of Accreditation		02.04.2013
Approved :	Registrar on behalf of SMM		03/04/2013

## 10 REVISION HISTORY

Version	Revision Date	Issue Date
One		

