



CIRCULAR

Reference: Vetting of medical scheme officers
Contact person: Loyiso Mdlalose
E-mail: ComplianceFiling@medicalschemes.com
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CIRCULAR 44 OF 2016: VETTING OF MEDICAL SCHEME OFFICERS

Section 57 of the Medical Schemes Act 131 of 1998 (the "Act") requires every medical scheme to have a board of Trustees consisting of persons who are fit and proper to manage the business contemplated by the medical scheme in accordance with the applicable laws and the rules of such medical scheme.

The Council for Medical Schemes (CMS) has periodically conducted vetting of medical scheme officers (Trustees and Principal Officers) to determine their fit and proper status, on the understanding that schemes have independently vetted their officers. It has, however, emerged that not all schemes have thoroughly conducted vetting processes, with some failing to do so regularly. To this end, the CMS has decided to embark on a joint exercise with the medical schemes in terms of vetting of scheme officers.

The CMS undertakes to conduct its vetting process with utmost confidentiality and in accordance with section 60 of the Act, which deals with preservation of secrecy by the Council and its staff members.

In light of the above, the Principal Officers of medical schemes are required to assist in the vetting process by furnishing the CMS with details and documents that medical schemes had utilised in vetting their Trustees and Principal Officers. Further to that, the scheme officers, i.e. Trustees and Principal Officers are required to complete and sign off the attached vetting form.

The Trustees and Principal Officers of medical schemes are hereby granted a period of 30 days from the date of this circular to comply with the aforementioned directive.

Kindly forward the required documents in respect of the above to

ComplianceFiling@medicalschemes.com

This Circular is effective immediately upon release.

Yours sincerely



STEPHEN MMATLI
GENERAL MANAGER: COMPLIANCE & INVESTIGATIONS
COUNCIL FOR MEDICAL SCHEMES



MEDICAL SCHEME OFFICERS VETTING FORM

NOTES TO MEDICAL SCHEME PRINCIPAL OFFICERS AND TRUSTEES

- *The Vetting Form must be completed by all Principal Officers and Trustees*
- *The Vetting Form must be completed in full using BLOCK CAPITALS (Please state N/A if details are not applicable)*
- *Writing must be clear and legible*
- *Return the completed form to the Council for Medical Schemes at ComplianceFiling@medicalschemes.com*

Name: _____

Surname: _____

ID Number: _____

Name of Medical Scheme: _____

Mark the relevant position held in the scheme:

Principal Officer: _____

Chairperson of the Board of Trustees (BOT): _____

Trustee: _____

DECLARATION BY SCHEME OFFICER

1. Have you ever been involved in any litigation of any nature (criminal, civil, administrative or labour law) whereby any judgment / ruling was made against you? If so, please provide details.

2. Are you currently involved in any litigation of any nature (criminal, civil, administrative or labour law)? If so, please provide full details.

3. Have you ever been declared insolvent, removed from a position of trust or declared not to be fit and proper to hold the office concerned? If so, please provide full details.

4. Have you ever been a trustee of any other body? If so, please provide full details.

5. When did you become a trustee / principal officer of the scheme? What training did you undergo since your appointment?

6. Are you a member of the scheme for which you are a trustee? YES ____ NO ____

7. When did you join the scheme? _____

8. What is your medical scheme membership number?

9. Who nominated you or approached you to serve on the BOT?

10. In what capacity are you appointed (elected, co-opted, employer representative, union representative etc.)

11. Other than the payment of fees as a principal officer / trustee of the scheme, have you received any other benefits, directly or indirectly, for yourself or any family member, from the scheme or any party that contracts / contracted with the scheme?

12. Do you have any relationship, business or personal, with any of the other Trustees? YES ____ NO ____

13. If so, with whom and in what capacity?

14. Are you aware of or do you have any conflicts of interests with any member / officer of the scheme or any persons / parties contracted to the scheme? YES ____ NO ____

15. If the answer is yes, please provide details:

16. If you have conflicts of interests, did you disclose such conflicts of interests to the scheme? Please provide details:

17. Are you aware of any potential conflicts of interests regarding any trustees or officers of the scheme or contracted persons / parties? Please provide details:

18. For purpose of ensuring no conflicts of interest are in existence with regard to your position in the medical scheme indicated above, please state whether you are one of the following:

- Trustee or beneficiary of a trust related to the particular medical scheme YES ____ NO ____
- Owner of a business doing business with the above scheme YES ____ NO ____
- Shareholder or director of a company doing business with the above scheme YES ____ NO ____
- Member of a closed scheme doing business with the above scheme YES ____ NO ____
- Partner in a partnership doing business with the above scheme YES ____ NO ____

- Part- or full-time manager of any entity listed above YES ____ NO ____
- A financial service provider or broker or in relationship with such broker doing business with the above scheme YES ____ NO ____

19. If the answer to any of the above is positive, please provide full details:

20. Are you aware of any potential problems or irregularities concerning the scheme or any related persons / entities that can be prejudicial to the scheme and/or its members? YES ____ NO ____

21. If yes, kindly provide detail

22. Do you serve on any subcommittee of the scheme? YES ____ NO ____

23. Kindly provide details:

Committee:

Capacity:

Function:

24. Have you ever received any gift from any person that performs any service on behalf of the scheme or transacted with the scheme in any manner? YES ____ NO ____

25. Please provide details:

26. Have you ever personally or through a business that you have an interest in benefitted from any transaction between the scheme and any other person and/or entity?

Signature of scheme officer _____

Date of submission of completed form to CMS _____