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APPLICATION FOR MEMBERSHIP (GROUP)

(For Companies, Trusts, NGO, Individuals or any other legal person)

On behalf of our Group we hereby apply to become members of Medical Aid Society of Central Africa (MASCA) with effect from: DD MM YYYY

If approved by MASCA, we undertake to abide by the Rules of the Society as amended from time to time. We have noted in particular the following Terms and Conditions and understand:-

1. Introduction

These terms and conditions ("Terms") govern the relationship between Medical Aid Society of Central Africa ("MASCA," "we," "us," or "our") and its members ("you" or "your"). By enrolling in and using MASCA, you agree to be bound by these Terms.

2. Membership

- 2.1. Eligibility: Membership in MASCA is subject to meeting the eligibility criteria as defined by MASCA.
- 2.2. Enrollment: To become a member, you must complete the enrollment process and provide accurate and complete information.
- 2.3. Membership Card: Upon successful enrollment, you will receive a membership card or other form of identification, which must be presented when accessing medical services.

3. Contributions

- 3.1. Payment: Members are required to pay contributions as determined by MASCA.
- 3.2. Due Dates: Contributions must be paid on or before the 1st of the month to which they relate. Accounts not paid by this date will be suspended without further notice, and benefits will be withheld until payment is received.
- 3.3. Contribution Rates: MASCA reserves the right to adjust contribution rates, subject to providing members with reasonable notice.

4. Benefits

- 4.1. Coverage: MASCA provides coverage for medical expenses as outlined in the benefit schedule.
- 4.2. Pre-authorisation: Certain medical procedures and services may require pre-authorisation from MASCA.
- 4.3. Limitations: Benefits may be subject to limitations based on applicable tariffs, discipline-specific limits, scheme limits, and other policy provisions.

5. Claims

- 5.1. Submission: Claims for medical expenses must be submitted to MASCA within 30 days of treatment, along with all required documentation.
- 5.2. Processing: MASCA will process claims in accordance with its policies and procedures.
- 5.3. Payment: Approved claims will be paid to the healthcare provider or reimbursed to the member, as applicable.
- 5.4. Disputes: Any disputes regarding claims will be resolved through MASCA's dispute resolution process.

6. Termination

- 6.1. By Member: A member may terminate their membership by providing MASCA with written notice of at least thirty days before the termination date. Backdates are strictly prohibited.
- 6.2. By MASCA: MASCA may terminate a member's membership for reasons such as non-payment of contributions, fraud, or violation of these Terms.
- 6.3. Effect of Termination: Upon termination, coverage will cease, and any outstanding contributions must be paid.

7. Privacy

- 7.1. Data Collection: MASCA collects personal and medical information from members for the purpose of providing medical aid services.
- 7.2. Confidentiality: MASCA will maintain the confidentiality of member information in accordance with applicable privacy laws.
- 7.3. Disclosure: MASCA may disclose member information to healthcare providers, regulatory authorities, and other third parties as necessary for the provision of services or as required by law.

8. Declaration

The applicant confirms that all information provided in this application is true, complete, and accurate to the best of their knowledge. Failure to disclose any material information, or the provision of false or misleading information, may result in the immediate cancellation of membership and all associated benefits, without refund of contributions paid.

9. Amendments

MASCA reserves the right to amend these Terms at any time, subject to providing members with reasonable notice.

It is the sole responsibility of the liaison officer and member to read, understand, and comply with the terms and conditions provided by MASCA.

Name of Group:	<input type="text"/>
Contact Person (Liaison Officer):	<input type="text"/>
Address:	<input type="text"/>
P. O. Box:	<input type="text"/>
Tel:	<input type="text"/>
Fax:	<input type="text"/>
E-Mail:	<input type="text"/>
Name of Partners, Directors, Principals, etc:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Date: DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature: <input type="text"/>
OFFICIAL POSITION IN THE ORGANISATION	<input type="text"/>

APPLICATION REQUIREMENTS

IF THE NEW GROUP IS A COMPANY, TRUST, OR ANY OTHER LEGAL ENTITY OTHER THAN A NATURAL PERSON:

1. Group application forms available at our offices or on our website.
2. Company registration documents (if the new group is a company, or the equivalent for a different type of organisation):
 - Certificate of Incorporation
 - CR14 (details of directors)
 - CR6 (registered company address)
 - Company's Tax Identification Number (TIN) issued by ZIMRA.
3. Directors/ Key officer's information:
 - National ID or Passport copies of directors or key stakeholders.
 - Proof of residential address for each director (e.g., utility bill, bank statement).
 - Tax Clearance Certificate from ZIMRA confirming that the directors are tax compliant if available.
4. Banking information:
 - A recent bank statement showing the company/organisation's name and operational account details.
5. Tax compliance documents:
 - A valid Tax Clearance Certificate issued by ZIMRA.
6. A letter on the organisation's letterhead appointing the liaison officer and authorising them to act on behalf of the organisation. The letter must be signed by a duly authorised officer of the organisation.

IF THE NEW GROUP IS A FAMILY GROUP:

1. Group application form available at our offices or on our website.
2. A letter appointing the liaison officer. This is the person who is responsible for the administration of the account, it's payments etc.
 - Proof of Identity for the liaison officer (copy of the individual's national ID or passport).
 - Proof of Residential Address (a recent utility bill e.g., electricity or water bill, a bank statement in the individual's name, employer's letter etc).
 - Proof of income – Recent payslip, bank statement, or proof of self-employment income (for example, a signed and stamped affidavit).
3. Tax Identification Number (TIN) from ZIMRA. As this is a recent development, we are currently flexible with this and will proceed in its absence
4. Employment/ or any other applicable proof of income verification. For example, a letter from the employer verifying employment status and relevant employment details, a payslip, a bank statement, a sworn affidavit etc.

FOR THE MEMBERS BEING ADDED ONTO THE GROUP, THE FOLLOWING ARE REQUIRED:

1. Member application form available at our offices or on our website.
2. National identification document – A copy of a valid national ID, passport, or birth certificate etc. as applicable.
3. Proof of residence – A recent utility bill e.g., electricity or water bill, a bank statement in the individual's name, employer's letter etc.
4. Additional documents (if applicable) – For example, birth certificates (for children), or student proof of enrolment (for dependents aged 18-23 who are fulltime students).
5. The banking details for each principal member. This is necessary for the timely processing of member refunds as and when they occur.