



**A GUIDE FOR  
BENEFICIARIES  
OF THE  
  
REGULAR FORCE  
MEDICAL CONTINUATION  
FUND**

**ISSUED BY THE  
MANAGEMENT BOARD**

**AUGUST 2013**

## CONTENTS

	<u>Page No</u>	<u>Paragraph No</u>
<u>ESTABLISHMENT</u>		
Establishment	1	1
Aim of the Fund	1	2
Composition of the Management Board And Outsourced Administration	1-2	3
Composition of the Operational Committee	2	4
Control over Health Care	2-3	5-8
Correspondence and Communication	3-4	9-11
Beneficiaries of the A-Fund	4-5	12-15
Beneficiaries with VPB Membership Numbers	5	16
<u>DEPENDANTS</u>		
Legal Dependants	5-6	17
Definition of Spouse	6-7	18-20
Definition of Child	7	21
Definition of Dependant	7-10	22-23
<u>ADMINISTRATION</u>		
Definition of Beneficiary	11-12	24
Orphans or Sole Surviving Children	12	25
Widows/Widowers/Surviving Civil Union Partners of Contributing Members and Beneficiaries	12-13	26-27
Resignation from the Fund before the Beneficiary's 60 <sup>th</sup> Birthday	13	28

	<u>Page No</u>	<u>Paragraph No</u>
Proof of Identity for Treatment of Dependants	13	29
Membership Cards	13-14	30
Termination of Dependency	14	31-32
<b><u>BENEFITS AND CONDITIONS</u></b>		
Continuation of In-service Benefits	14	33
Medical Treatment Authorised by the SAMHS	14-15	34-35
Private Practitioners	15	36
Procedure to Obtain Treatment	15-17	37
Optometric Services	17-18	38-40
Dental Treatment	18	41-42
Prescriptions for Medication	18-19	43-45
Travel Claims for Authorised Medical Reasons	19-21	46-47
<b><u>EXCLUSION FROM BENEFITS</u></b>		
Transport at State Expense, Accommodation and Meals	21	48-50
Treatment for Substance Abuse	21	51
Frail Care	21	52
Remarriage or Entering into a Civil Union Partnership Agreement of a Widow/Widower/Surviving Civil Union Partner: New Spouse/Civil Union Partner	22	53
Treatment in Terms of Other Laws	22	54-56
Non-Compliance with Instructions and Procedures	23	57-58
Third Party Claims	23	59

	<u>Page No</u>	<u>Paragraph No</u>
Beneficiaries Outside the RSA	23-24	60-62
Military Funerals and Cremations	24	63
<u>CIRCUMSTANCES/CHANGES TO BE REPORTED TO THE FUND IMMEDIATELY</u>		
New Contact Details, Including Addresses	24	64.1
Deaths	24	64.2
Marital Status	24	64.3-.4
Re-employment in the SANDF	24-25	64.5
Dependent Children	25	64.6
<u>GENERAL</u>	25	66-68
<u>CONTACT PARTICULARS: MILITARY HOSPITALS AND AREA MILITARY HEALTH UNITS</u>	<u>(APPENDIX A)</u>	26-27

## **A GUIDE FOR BENEFICIARIES OF THE REGULAR FORCE MEDICAL CONTINUATION FUND**

### **ESTABLISHMENT**

1. The prescripts governing the Regular Force Medical Continuation Fund, hereinafter referred to as the Fund or RFMCF, are Section 82(1)(k) of the Defence Act, 2002 (Act No 42 of 2002), hereinafter referred to as the Act, Chapter XV of the General Regulations for the SA National Defence Force (GR XV), DODD/SG/00001/2004, DODI/SG/00018.2003 and JDP/SG/00002/2003 (Edition1) on Health Care by the SA Military Health Service (SAMHS) (that replaced SANDF Order No 1/5/79) and orders and instructions issued by the Surgeon General from time to time in respect of health care matters. GR XV provides for the establishment and control of the Fund. This Guide and its contents do not replace the Fund's governing prescripts, but merely serves to provide a summary of legitimate provisions and procedures.

### **AIM**

2. The aim of the Fund is to provide for continued medical, dental and hospital treatment through the SAMHS to members of the Regular Force and their legally registered dependants who, in terms of GR XV, qualify to be admitted to the Fund by the Management of the Fund.

### **COMPOSITION OF THE MANAGEMENT BOARD AND OUTSOURCED ADMINISTRATION**

3. The Fund exists as a corporate body, is overseen by a Management Board appointed in terms of the Act and GR XV and managed on a day to day basis by full-time management and staff in the employ of an Administrator to which the total administration and IT services are outsourced. The administration was previously outsourced to ABSA Consultants and Actuaries from 1 October 2001 to 30 November 2009, and to Professional Medical Scheme Administrators (PMSA), the current Administrator since 1 December 2009, for an initial contract period of five years. As prescribed by the Act and GR XV, the SA Military Health Service (SAMHS) is the prescribed health service provider to the beneficiaries of the Fund. Since 1 January 1964, the Fund is receiving monthly contributions from its serving members in the Regular Force, which is its main source of income as prefunding, to cover the administrative and health costs of its beneficiaries. In terms of GR XV, composition of the Management Board is prescribed to be as follows:

Management Board	Capacity
Surgeon General	Chairperson
Chief Human Resources: Strategic Direction and Policy Human Resources Management HR Divisional Staffs	Member Member Co-opted Member
Chief of Finance, SANDF	Member
Chief Financial Officer, DOD	Member

Management Board	Capacity
SA Army	Member
SA Air Force	Member
SA Navy	Member
SA Military Health Service: Director Human Resources Director Medicine Medico-Legal Officer Corporate Communications	Member Member Co-opted Member Co-opted Member
Defence Reserves	Co-opted Member
Warrant Officer, SANDF	Member
RFMCF Beneficiary Representatives (3 x VPA Beneficiaries)	2 Officers: Members 1 Warrant Officer: Member
Registered Military Labour Unions (Currently only SANDU)	4 Members, but not more than 2 members per registered Union

Contracted Administrator	Capacity
Professional Medical Scheme Administrators (PMSA)	Consultant Principal Officer Board and Opcom Secretary

4. Composition of the Operational Committee (Opcom). While the Board convenes every 6 months, pressing matters are dealt with by an Opcom if and when required (normally every quarter) on matters relating to the functioning of the Fund. The Opcom consists of the Board members, excluding the Board Chairperson, with the Principal Officer as the Chairperson. Recommendations and decisions are submitted to the Board for approval/ratification.

## CONTROL OVER HEALTH CARE

5. The health and patient administration of beneficiaries of the Fund lie within the SAMHS and the healthcare is controlled by the Surgeon General as part of that service.

6. All requests and enquiries concerning health care must be directed to the Officer Commanding of the Area Military Health Unit (AMHU) or relevant Military Hospital falling within the geographical area where the beneficiary resides, or the closest AMHU in exceptional and deserving circumstances. The contact particulars of these SAMHS units, as well as a future envisaged alternative centralized real emergency authorization contact number, appear in Appendix A.

7. Where a beneficiary, in the opinion of a medical officer, is to be admitted to Tertiary Health Institutions (Hospitals), or to be referred to a specialist (except in the case of a real emergency being an authorization in its own right to immediately save life, limb, organ, function or faculty), the prior approval of the OC of the AMHU concerned must be obtained by the beneficiary or by the medical officer, as the case may be.

8. The health service delivery process is broadly summarized as follows:

- 8.1 The beneficiary is compelled to utilize the SAMHS for health service delivery.
- 8.2 The SAMHS is compelled to treat the beneficiary as if he/she is still a Regular Force member.
- 8.3 The SAMHS is to utilize, in order of priority and ability, military health facilities or Provincial health institutions or facilities. If this is not possible, the SAMHS may authorize the utilization of private health institutions or practitioners prior to such visit.
- 8.4 The SAMHS, in authorizing private health service delivery, is to describe and specify the required health service in the authorization form (commonly known as the DD2703) and request the relevant service from the identified private health care provider.
- 8.5 The private health care provider is to attach the relevant copy of the authorisation/DD2703 to the invoice and submit it to the Fund directly for speedy processing and payment.
- 8.6 The Fund captures the invoices on the relevant system of the Administrator for payment through pay runs twice a month.
- 8.7 The Fund may refuse payment, if a private invoice is not accompanied by the relevant SAMHS authority/DD2703.

## **CORRESPONDENCE AND COMMUNICATION**

- 9. Administration. Correspondence of an administrative nature must be forwarded to:

The Managing Executive  
 Regular Force Medical Continuation Fund  
 PO Box 3977  
 Pretoria  
 0001

- 10. Health Care Invoices. Only invoices accompanied by an authority issued by the SAMHS can be submitted through the postal address mentioned above or via courier to the Fund's physical address mentioned in par 11 below.

- 11. Visits to the Fund. The Fund has a walk-in facility at its physical address:

Professional Medical Scheme Administrators  
 Block D  
 Corporate Office Park 66

269 Von Willich Avenue  
 (Corner of Lenchen and Von Willich Avenues)  
 Die Hoewes  
 Centurion  
 0157

#### Telephonic Contact Numbers

Health Care Invoices	012 679 4200 )	
Invoice Enquiries	012 679 4200 )	Option 1
Financial	012 679 4200 )	
Membership	012 679 4200 )	Option 2

General Facsimile Number: 012 679 4460

Financial Alternative	012 679 4456
Invoice Alternative	012 679 4457
Membership Alternative	012 679 4463

Website: [www.rfmcf.co.za](http://www.rfmcf.co.za)

## **BENEFICIARIES**

### **Beneficiaries of the A-Fund**

12. The continuation of healthcare benefits to retired members was implemented with effect from 1 January 1964 as an additional condition of service for serving Regular Force members. Only members who have retired as from 1 January 1964, or will still retire in future, and their legally registered dependants, will therefore benefit from the A-Fund. Similarly, only the legally registered dependants of members who have passed away since the aforementioned date, will be entitled to the benefits of the Fund. Serving members who are able to contribute for at least 10 (ten) years before reaching the age of 60 (sixty) years during their term of service are compelled to contribute towards the Fund. A member who retires on pension, is declared medically unfit before reaching the age of 60 (sixty) years, voluntarily accepts a severance package or voluntarily resigns (or similar exit reason) after having reached the age of at least 50 (fifty) years, who has executed his or her once-off choice for admittance to the Fund instead of repayment of his or her contributions, must pay the balance of their contributions, ie the difference between their date of exit and their age of 60 (sixty) years, including future contribution increases before the age of 60 (sixty) years, to the Fund before being entitled to any benefits. However, a member who voluntarily resigns (or similar exit reason) after having reached the age of at least 50 (fifty) years and who has executed his or her once-off choice for admittance to the Fund instead of repayment of his or her contributions, is liable for his or her and his or her legally registered dependants' healthcare expenses at own cost until the principal



member reaches the age of 60 (sixty) years. Only those beneficiaries who have been admitted to the Fund before 1 April 1990, have been exempted from paying future contribution increases. However, legitimate provision exists that, should the Management Board so decide in future, all beneficiaries who, at the date of implementation, are 60 (sixty) years or older but younger than 75 (seventy five) years, could be compelled to continue with monthly contributions at a determined rate.

13. When a serving member dies before reaching the age of 60 (sixty) years, his/her widow/widower/surviving civil union partner, who has executed his or her once-off choice for admittance to the Fund instead of repayment of his or her deceased spouse's/civil union partner's contributions, will be responsible to the Fund for payment of the balance of contributions, including future increases, for the period between the date of death of his/her spouse/civil union partner and what would have been the 60<sup>th</sup> (sixtieth) birthday of the deceased member.

14. After a member's retirement (including voluntary resignation or similar exit reason at age 50 (fifty) years or older – but only as from the age of 60 (sixty) years)) or death, such member who contributed for a continuous period of at least 10 (ten) years, or his or her widow/widower/surviving civil union partner, as the case may be, who has executed his or her once-off choice for admittance to the Fund instead of repayment of his or her contributions, becomes a beneficiary of the Fund, provided that the outstanding contributions and future increases thereof calculated to the principal member's 60<sup>th</sup> (sixtieth) birthday have been paid in full.

15. Only those Regular Force members who have complied with the above requirements (as contained in more detail in GR XV), who have executed their once-off choice for admittance to the Fund instead of repayment of their contributions, qualify to become beneficiaries of the Fund (from the age of 60 (sixty) years in the case of a member who has voluntarily resigned (or similar exit reason) at the age of 50 (fifty) years or older).

### **Beneficiaries with VPB Membership Numbers**

16. Regular Force members who have retired on pension prior to 1 January 1964, and their legally registered dependants, are beneficiaries with VPB numbers. The State, facilitated through the SAMHS, carry the full costs of health services provided to these beneficiaries. The Fund, however, through the A-Fund, performs their administration, processes their approved invoices for payment and reclaims the expenses from the SAMHS.

### **DEPENDANTS**

17. Legal Dependents. The Fund was established to continue providing for all the health care benefits to which a member of the Regular Force and his or her legally registered dependants were entitled during his or her term of service. This means that the Fund will continue to provide for health care to legally registered dependants who qualify after such member's retirement or

death. GR XV defines such legally registered dependants, which is summarized in the following paragraphs.

## **DEFINITION OF SPOUSE**

18. “Spouse” means -

18.1 a person who is married to a beneficiary and which marriage is a valid marriage in terms of the Recognition of Customary Marriages Act, 1998 (Act No 120 of 1998), the Marriage Act, 1961 (Act No 25 of 1961) or the Civil Union Act, 2006 (Act No 17 of 2006); or

18.2 a person who is married to a beneficiary and which marriage is recognised as a valid marriage in terms of the laws of any country other than the Republic of South Africa: Provided that such marriage is legally registered in terms of the relevant laws of that country and a notarised copy of the Certificate of Registration (if any) or written proof of the registration of the marriage, given under the hand of a person duly authorized in terms of the laws of that other country, is submitted; or

18.3 a civil union partner (the partnership being either heterosexual or homosexual), but specifically excluding parents and other family members, in a permanent civil union partnership, if such partnership –

18.3.1 has been contained in a duly signed Notarial Agreement prepared and executed by a Notary Public with a protocol number; or

18.3.2 is registered in terms of any specific legislation regarding civil union partnerships,

but does not include the new spouse of a beneficiary, which beneficiary (ie the former widow/widower/surviving civil union partner) became the main beneficiary after the death of his or her former spouse, who was the principal member.

19. Should a relationship as in 18.1 and 18.2 above be dissolved by a relevant court order or a cancellation of agreement in terms of 18.3 by a Notary Public, as the case may be, such spouse is no longer entitled to any benefits and neither are his or her children, stepchildren or legally adopted children who are in the custody of the ex spouse: Provided that, if a court order stipulates that the principal beneficiary is responsible for the children's health care expenses, such children may, on written application to Fund Management, be re-admitted to the Fund. Kindly note that, even if a court order stipulates that the principal beneficiary stays responsible for his or her former spouse's/civil union partner's health care costs, such former spouse/civil union partner cannot be re-admitted to the Fund as the regulations that govern the Fund have no provision to accommodate such a stipulation. It, therefore, in this case means that the principal beneficiary will have to obtain such health aid at own cost elsewhere.

20. The relationship or legal dependency is not terminated by the death of a beneficiary and consequently the surviving dependants continue to be treated as his or her legally registered dependants as if the beneficiary was still alive. Note that a woman or man, divorced or separated by a Notary Public from a beneficiary before his or her death, is not his or her widow/widower/surviving civil union partner and is therefore not entitled to any of the Fund's benefits. Note further that if a widow/widower/surviving civil union partner of a deceased beneficiary remarries/enters into a civil union partnership agreement, such widow/widower/surviving civil union partner retains his or her acquired benefits while the new spouse/civil union partner will not be entitled to become a beneficiary of the Fund.

## **DEFINITION OF CHILD**

21. "Child" means any -

- 21.1 natural child of a beneficiary (including the natural child of an unmarried beneficiary born outside of marriage);
- 21.2 natural child of a beneficiary born out of wedlock and later legitimized by the subsequent marriage of the beneficiary with the other natural parent under section 4 of the Children's Status Act, 1987 (Act No 82 of 1987);
- 21.3 adopted child of a beneficiary as defined in section 1 of the Child Care Act, 1983 (Act No 74 of 1983);
- 21.4 natural or adopted child for whose health care a beneficiary is legally responsible or liable in terms of a divorce or maintenance court order;
- 21.5 minor stepchild of a beneficiary, which child is not a beneficiary of a registered medical scheme to which the natural or legal father or mother is a contributor, but excluding any child who is in foster care of the beneficiary or his or her spouse. Provided that when the relevant marriage/permanent civil union partnership is terminated (by permanent divorce/separation/death), the child is no longer regarded as a child with regard to GR XV or this Guide, except if the Fund receives proof that the child lives with the beneficiary on a permanent and continuous basis; and
- 21.6 grandchild of a beneficiary, born from his or her legally registered child as per definition, but only until such time as the grandchild is discharged for the first time from the health care facility where the grandchild was born, or en-route thereto.

## **DEFINITION OF DEPENDANT**

22. "Dependant" means -

22.1 the spouse or spouses of a beneficiary of the Fund: Provided that -

- 22.1.1 any such spouse is not a member or beneficiary of a registered medical scheme or receives no medical or health support from any other provider;
- 22.1.2 where any such spouse is an employee and his or her service conditions and benefits provide that he or she, as an employee, is compelled to belong to a registered medical scheme designated by his or her employer, such spouse may not be entitled to any health care or other benefits provided for in GR XV or this Guide; and
- 22.1.3 in the case of more than one spouse as provided for in relevant and legitimate legislation, the beneficiary shall be liable to pay the contribution to the Fund that may be set, if and when promulgated, for a legal second or any additional spouse.

22.2 a child who is of necessity non-self-supporting and permanently part of such beneficiary's household: Provided that such child -

- 22.2.1 has not reached the age of 18 (eighteen) years and is still attending school;
- 22.2.2 is 18 (eighteen) years or older but has not yet reached the age of 21 (twenty one) years and is a full-time student studying towards obtaining Grade 12 (twelve): Provided that -
  - (a) the age restriction of 21 (twenty one) years may be relaxed by Fund Management under proven circumstances; and
  - (b) should a child in this category temporarily interrupt such studies due to medical reasons through no fault of the child concerned with the view to recommence such studies, the Fund Management may recognize such child as a dependant during such interruption and for the remainder of the period of study;
- 22.2.3 is 18 (eighteen) years or older and is on account of a mental or physical defect that occurred during his or her period of dependence, permanently unfit to obtain or perform remunerative employment and the total of any income, earnings, maintenance or compensation for damages of such child from any source does not exceed the sum of -
  - (a) the appropriate maximum basic social pension that is regulated in terms of a law which is in force in the Republic;

- (b) the maximum allowance for a war veteran to whom a war veteran's pension has been awarded by/or in terms of a law which is in force in the Republic; and
- (c) the maximum allowance paid to a person as a result of a late application for a social pension or a war veteran's pension;

22.2.4 is found permanently medically unfit by the Surgeon General or his or her delegate and such finding is irreversible, permanent inclusion on the health care strength of the beneficiary will be granted on submission of the medical report by such beneficiary. Should there be any doubt as to the permanence of the condition, a follow-up report, at the request of the Fund after a period of 12 (twelve) to 36 (thirty six) months, is to be obtained by the beneficiary from the Surgeon General or his or her delegate and submitted to the Fund;

22.2.5 is 18 (eighteen) years or older and a registered student at an accredited education, training and development service provider or accepted institution, in the sole discretion of the Chief of the SANDF, for post-school education, whether intramurally or extramurally, in order to obtain the minimum qualification in preparation for a career, but only -

- (a) if such a child is unemployed after leaving school or does not take up any full-time employment, including any type of vocational training to which remuneration is attached, voluntary military service or sabbatical either within or outside the Republic, but excluding work during the vacation between leaving school and the commencement of the academic year immediately following the year of leaving school; until
- (b) such child attains the minimum post school qualification which will enable such child to take up employment in his or her chosen field of study; or
- (c) the minimum recommended duration of the course of study as prescribed by the institution concerned for such course, plus a maximum of one academic year, has expired, if it takes such child longer than such prescribed period to obtain the relevant qualification as a result of poor academic performance; or
- (d) such child discontinues the relevant initial course of study for the second time; or

- (e) such child changes the direction of study and the total period of study exceeds the minimum normal period of study contemplated in (c) above, plus one academic year,

whichever of the four events referred to in par 22.2.5 above occurs first: Provided that should such child temporarily interrupt such studies due to medical reasons through no fault of the child concerned with the view to recommence such studies, the Fund Management may recognize such child as a dependant during such interruption and for the remainder of the period of study.

- 22.2.6 In respect of a dependent child under the age of 18 (eighteen) years and is a full-time student studying towards obtaining Grade 12 (twelve) and reaches the age of 18 (eighteen) years during such study period, the beneficiary must submit proof thereof and apply for such child's re-admission for the remainder of that year, until the end of February the following year, for medical purposes.
- 22.2.7 In respect of a dependent child older than 18 (eighteen) years who is a student, the beneficiary must submit proof of registration, annually or per semester (as the case may be) and apply for such child's re-admission for medical purposes.
- 22.2.8 From the above provisions it is clear that children who leave school and then attend non-qualifying courses or go touring locally or abroad for a year, or "take a gap-year", do not qualify to become dependants during such period or for any period thereafter, even if they enroll as full-time students thereafter. The main reason for not qualifying is that such period exceeds the time limit that has been prescribed between leaving school and the commencement of the academic year immediately following the year of leaving school.

23. The following procedures are applicable in respect of application for the re-inclusion of children older than 18 (eighteen) years as dependants:

- 23.1 Mental or Physical Defect or Medical Unfitness. The beneficiary of such a child whose dependency has expired, must submit the application to the Fund and must include the required medical report for consideration.
- 23.2 Full-time Scholars and Students. The beneficiary of such a child must submit the application to the Fund annually or per semester, as the case may be, in advance and must include the required proof of registration and study direction for consideration.

## **ADMINISTRATION**

### **DEFINITION OF A BENEFICIARY**

24. After meeting all the prescribed financial commitments calculated up to the age of 60 (sixty) years, beneficiaries of the A-Fund fall within the following categories:

#### **24.1 Code 1: Fund Cost**

- 24.1.1 A member who has contributed at least 10 (ten) years and has retired (including prematurely as prescribed).
- 24.1.2 A member who has been discharged medically unfit.
- 24.1.3 A widow/widower/surviving civil union partner of a contributing member who has died in service or of a beneficiary who has died.
- 24.1.4 A paid-up member who was a Code 4 member and has reached the age of 60 (sixty) years.
- 24.1.5 A paid-up member who was dormant and has reached the age of 60 (sixty) years.

#### **24.2 Code 4: State Expense Facilitated by the Fund**

- 24.2.1 A member who has contributed at least 10 (ten) years and has been retrenched.
- 24.2.2 A member who has contributed at least 10 (ten) years, has voluntarily accepted a severance package and on the terms and conditions set by the Chief of the SANDF for health care purposes, has chosen admittance to the Fund.

24.3 Code 5: 80% Fund Cost and 20% Beneficiary Cost for Health Service in Namibia. A member who retired in Namibia before its independence or to whom benefits had been extended individually and in writing.

#### **24.4 Dormant**

- 24.4.1 Beneficiaries who are re-employed by the SANDF in a service system in terms of which they are again entitled to health care at State expense.
- 24.4.2 A member who has resigned, or has been transferred interdepartmentally or has demilitarized after having reached the age of at least 50 (fifty)

years and chose to be admitted to the Fund: Health expenses at own cost up to the principal member's 60<sup>th</sup> birthday.

## **ORPHANS OR SOLE SURVIVING CHILDREN**

25. If dependent children of a member or beneficiary have been orphaned by the loss of both parents, or are sole survivors after the death of a divorced principal member, Management of the Fund may enroll such dependent children (including step-children and legally adopted children) to the Fund for as long as they conform to the definition of "child": Provided that the monthly contribution that was paid by the principal member be continued with and paid by means of a debit order of the Fund until such child does no longer conform to the definition of "child" (eg took up full-time employment) or until the date on which the principal member would have reached the age of 60 (sixty) years, whichever comes first.

## **WIDOWS/WIDOWERS/SURVIVING CIVIL UNION PARTNERS OF CONTRIBUTING MEMBERS AND BENEFICIARIES**

26. The following conditions and procedures are applicable in the case of death of a contributing member or beneficiary:

26.1 Contributing Member. The monthly contributions that were applicable on the date of death, calculated until the contributor would have reached the age of 60 (sixty) years, are to be paid by the widow/widower/surviving civil union partner in one sum. Any subsequent increase in contributions applicable to serving members, calculated until the contributor would have reached the age of 60 (sixty) years, may be paid in one sum or by debit order of the Fund in monthly instalments plus interest at an applicable rate.

26.2 Beneficiary. Should death of a principal beneficiary occur before the age of 60 (sixty) years, only the subsequent increases in contributions applicable to serving members, calculated until the principal beneficiary would have reached the age of 60 years, are to be paid. It may be paid in one sum or by debit order of the Fund in monthly installments, plus interest at an applicable rate.

27. Should a widow/widower/surviving civil union partner of a deceased member or beneficiary, who has obtained beneficiary status of the Fund, remarry or enter into a civil union partnership agreement and has chosen the retention of her or his beneficiary status of the Fund, her or his new spouse or civil union partner shall not be admitted as a dependant. Only legal dependants like children who were on the strength of the deceased member or beneficiary will remain on strength in terms of the regulations. However, if she or he has resigned from the Fund and it should transpire that the children would otherwise not receive adequate health care, such beneficiary may upon written application within 3 (three) months of resignation, request that the membership of such children be restored. Their membership may only be restored on payment by them, or on their behalf, of the monthly contribution that the deceased member



would have paid as a serving member as if he or she had not died. The Fund's debit order system must, however, be utilized for this purpose until the child attains the minimum qualification needed to start a career.

## **RESIGNATION FROM THE FUND BEFORE THE PRINCIPAL BENEFICIARY'S 60<sup>TH</sup> BIRTHDAY**

28. A beneficiary who resigns from the Fund before reaching the age of 60 years, is not entitled to repayment of the value of prepaid contributions for the unexpired period up to the date of the principal beneficiary's 60<sup>th</sup> (sixtieth) birthday.

## **PROOF OF IDENTITY FOR TREATMENT OF DEPENDANTS**

29. When a dependant requires health service, such dependant is to provide the membership number. If required, the membership card issued to him or her, as well as his or her identity document must be produced to the military health service provider or doctor concerned. The military health service facility will then verify the said documents with the records of the dependant concerned in the SAMHS Health Informatics system.

## **MEMBERSHIP CARDS**

30. Kindly observe the following conditions:

- 30.1 The membership card issued by the Fund must be held in safekeeping as the SAMHS may refuse treatment if the card cannot be produced.
- 30.2 If a membership card is lost or stolen, the member must report the loss immediately to the SA Police Service as well as to the Fund. Application can then be made to the Fund for a replacement card.
- 30.3 When a member of the Fund, or his or her legally registered dependant, consults a military medical practitioner for any health service, he or she must be able to produce the membership card and his or her identity document, if requested by the SAMHS.
- 30.4 The VP number that appears on the membership card must be quoted in all correspondence and on all accounts in respect of the member, his or her spouse or legally registered dependants. The member is to ensure that the VP number reflected on authorisations for outsourced health service contains all the correct details of the patient.
- 30.5 In the case of members of the A-Fund, the membership number consists of the letters VPA, followed by five figures and in the case of B-members, VPB, followed by three figures.

30.6 Membership cards remain the property of the Fund and must be returned at any time and for whatever reason requested by staff members of the Fund to do so.

## **TERMINATION OF DEPENDENCY**

31. Spouse/Civil Union Partner. In the case of divorce/termination of civil union partnership agreement, the Fund must be advised, together with the relevant supporting documentation, accordingly without delay. If the Fund is not advised of a divorce/termination of a civil union partnership agreement within 30 (thirty) days of such an event, the principal beneficiary will be held responsible for medical, dental and hospital costs incurred by the former spouse/civil union partner after such event. It is important that the beneficiary must immediately report his or her divorce/termination of civil union partnership to the Fund to avoid a cost claim against him or her. Any costs incurred by the former spouse/civil union partner after the date of the divorce/termination of civil union partnership through the SAMHS and paid for by the Fund, will be claimed from the beneficiary involved.

32. Children. As soon as a child is no longer dependent, the Fund must be advised without delay. The beneficiary must apply timeously (6 (six) months before the event, if possible) to the Fund, by providing relevant supporting proof, for the continuation of health care benefits with regard to children who reach the age of 18 (eighteen) years and who remain entirely dependent on the member concerned. If the member fails in this respect, such a child will not be entitled to receive health care benefits after he or she attains the age of 18 (eighteen) years.

## **BENEFITS AND CONDITIONS**

### **CONTINUATION OF IN-SERVICE BENEFITS**

33. A member and his or her legally registered dependants who have been admitted to and are beneficiaries of the Fund, remain entitled to the same benefits in respect of medical, dental and hospital treatment (as well as medicines, dressings and other allied supplementary items which are required for the abovementioned treatment) to which a serving member of the Regular Force is entitled in terms of GR XV.

### **MEDICAL TREATMENT AUTHORISED BY THE SAMHS**

34. Expenditure that will be covered by the Fund include the following:

34.1 Normal health treatment by medical and dental practitioners and specialists.

34.2 The provision of the necessary medicines and dressings.

34.3 Hospitalisation.

- 34.4 Travelling costs limited to the cost of economic public transport tickets for consultation or hospitalization in Tertiary Health Institutions (Hospitals) for medical reasons (terms and conditions apply as per paras 46 and 47 below).
35. Medical treatment is provided by the following in the listed sequence:
- 35.1 Medical officers of the SAMHS.
  - 35.2 Health care practitioners (including specialists) in part-time service of the SAMHS.
  - 35.3 District Surgeons (if and where still applicable, only to a limited extent).
  - 35.4 Other health care practitioners who have specially been appointed by the Surgeon general for the purpose.
  - 35.5 Health care practitioners in Local and Provincial hospitals while the beneficiary is a patient in such a hospital.
  - 35.6 Section 38A-registered nurses who have been specifically authorized by the Surgeon General to perform specified procedures in the absence of a doctor and/or pharmacist.

## **PRIVATE PRACTITIONERS**

36. A private practitioner may only be consulted in a real emergency (however, still to be authorized by the SAMHS afterwards) or when prior authorization has been obtained from the Area Military Health Unit (AMHU) or Military Hospital concerned within their delegations due to the unavailability of a military or provincial practitioner or facility. Without the proper authority, all services (excluding real emergencies) not rendered by military institutions/officials shall be for the beneficiary's own account.

## **PROCEDURE TO OBTAIN TREATMENT**

37. To obtain medical, dental or hospital treatment, the following procedure must be followed:
- 37.1 Routine Healthcare Consultations. Contact your nearest AMHU to provide you with the name of the practitioner that you have to consult. Within a radius of 50 (fifty) km, the nearest military health facility must be used. If residing outside the radius of 50 (fifty) km, prior authority must be obtained from the relevant AMHU every time there is a need to consult a provincial or, if not available, a specific private practitioner. When the service has to be performed by a private practitioner, ensure that the authority issued by the SAMHS is sent or handed to the practitioner who is to attach the said authority to the invoice, which is then to be submitted to the RFMCF via its postal or physical address directly for prompt processing and payment. The same

authority is to be copied and attached to any invoices for any acute medication dispensed by a private pharmacy.

37.2 Emergencies. In the event of a real emergency (ie to save life, limb, organ or bodily function), a private health practitioner or hospital may be consulted directly if such health facility is closer than the nearest SAMHS facility: Provided that the nearest AMHU or future envisaged centralized Patient Administration Nodal Point (contact number 0800 2010 063) is called during or directly after the consultation to obtain the necessary medical authority. The rest of the process to deal with the invoices is the same as for routine consultations. Should it prove impractical to obtain the medical authority, then a written declaration of the circumstances to prove this is to be attached to the invoice (and the receipt should you have settled the invoice, together with your banking particulars) and submitted to the Fund for processing.

37.3 Medication (Also to be Read in Conjunction with Paras 43 to 45 Below)

- (a) Beneficiaries Residing Within 50 (Fifty) Km from the Nearest SAMHS Facility. After routine consultations and should you reside within 50 (fifty) km from your nearest SAMHS facility, the prescription is to be handed in or faxed to such facility for dispensing. Vital medication that is needed for emergency treatment may be received from a private practitioner but all other medication is to be obtained from the nearest military health facility. Courier services are available on request. In the event of SAMHS medication being “out of stock”, National Chronic Solutions’ (NCS) accredited providers can be approached to issue the out of stock medicines by means of approved and registered generic medicines through their network countrywide at no cost to the beneficiary.
- (b) Beneficiaries Residing Outside the 50 (Fifty) Km Radius from the Nearest SAMHS Facility. The service through NCS is also available to beneficiaries who reside further than 50 (fifty) km from the nearest SAMHS facility and have a chronic or acute prescription from such facility or from a private practitioner in terms of a SAMHS authority. Prescriptions not originating from a SAMHS authority will unfortunately be rejected in accordance with these rules and will be for the beneficiary’s own account.

37.4 Health Service Whilst on Holiday. When a beneficiary is on holiday within the RSA and needs treatment and no military health facility is located within a radius of 50 (fifty) km, the nearest AMHU should be contacted for further particulars regarding health service delivery. However, you may also consult the closest private health practitioner, pay the invoice, submit an explanatory letter and the medical report together with the invoice, receipt and your banking particulars after the holiday to the AMHU for approval and onward transmission to the Fund for re-imbursement.

- 37.5 Hospitalisation. It is official policy that, in the event of hospitalization, only military or provincial hospitals may be used. The Fund pays for the hospitalization of beneficiaries in provincial hospitals at the general tariffs applicable to the public in general wards. However, observe the process as prescribed by the AMHU or Military Hospital concerned for admission to a provincial hospital. When a patient prefers more expensive accommodation not recommended by a military practitioner, the patient may directly arrange such accommodation with the hospital authorities and settle the difference at own expense. Only in very exceptional cases will the AMHU concerned consider authorising the use of a private hospital. Should this occur, the patient will be transported (by air or road as required) to a military hospital as soon as his or her condition has stabilized. A separate DD2703 form is issued for each service provider/supplier/facility involved in the procedure. This could include a physician, anesthetist, physiotherapist, blood bank, laboratory, etc. If a multiple DD2703 form is completed for more than one discipline, it will be the referring practitioner's responsibility to complete the DD2703 form in such a manner that the data capturers can differentiate between the disciplines and services required per discipline. For this purpose it is important to capture as much detail as possible when authorization is given and requested.
- 37.6 Patients Confined to Bed. Contact your nearest AMHU or Military Hospital to inform you of the arrangements to be made in this regard.
- 37.7 Health Service of Own Choice. It is a beneficiary's right to choose his or her own private medical doctor, but then such a consultation or treatment will be for his or her own account.

## **OPTOMETRIC SERVICES**

38. The DOD Optometric Service Policy for serving members is also applicable to beneficiaries of this Fund and their registered dependants.
- 38.1 The military health facility nearest to the beneficiary's residence is to provide the necessary DD2703 form. If more convenient, however, beneficiaries may report to a military hospital for the necessary DD2703 form. Due to the process of authorization (it involves certification from the Fund that the beneficiary qualifies), beneficiaries are requested to phone a day or two in advance to request the preparation of their authorization documentation for optometric services.
- 38.2 Where beneficiaries reside more than 50 (fifty) km from the nearest military health facility, such beneficiaries may telephonically or by fax request optometric service. The OC of the military health facility, after having verified that the requesting beneficiary qualifies for such service, may issue a DD2703 form directly to the optometrist for an eye test, and, if the beneficiary qualifies for new lenses/spectacles, a subsequent DD2703.

38.3 Invoices for beneficiaries are to be submitted to the address indicated on the DD2703 form for processing and payment.

39. A beneficiary and his or her dependants are basically entitled to:

39.1 Testing of eyes once every 2 (two) years. In exceptional circumstances when re-testing is necessary within the stipulated period, consult your military practitioner for a prescription to an optometrist. Should the contact lense evaluation tests for soft lenses be chosen instead, the beneficiary is to directly cover the additional costs.

39.2 Replacement of lenses once every 2 (two) years if a correction of refractive error of 0,50 diopter or more and/or axis deviation of 10 degrees or more in either/both of the eyes is called for, and with the exception stipulated in par 39.1. Soft contact lenses may be chosen instead, but the beneficiary is to directly cover the additional costs.

39.3 A spectacle frame once every 4 (four) years, limited to the amount prescribed by National Treasury in respect of serving Regular Force members.

All other add-on expenses are to be paid for by the beneficiary.

40. In cases where hard contact lenses are regarded as a specific medical advantage that cannot be achieved by other methods, the motivated request by the appropriate medical authority is to be submitted to the SAMHS Headquarters for consideration and decision. If approved, the Surgeon General's conditions and procedures as prescribed are to be adhered to.

## **DENTAL TREATMENT**

41. All beneficiaries and their registered dependants are entitled to dental treatment. However, a military dentist must be consulted if the beneficiary and his or her dependants reside within a radius of 50 (fifty) km of such a facility.

42. Beneficiaries who reside beyond the 50 (fifty) km radius, must contact their nearest AMHU for detailed procedures in this regard. An authority is provided to the beneficiary or dependant to receive treatment by a private dentist to a specified limit once every 6 (six) months. Should the costs exceed the limit, a detailed quotation from the dentist is to be referred to the AMHU concerned for further attention.

## **PRESCRIPTIONS FOR MEDICATION**

43. Authorised prescriptions for medication must, as far as possible, be handed in at/sent to military health facilities for dispensing. Such facilities stock the full spectrum of essential medication including generic equivalents registered by the Medicines Control Council. A military

Medicine Code List has been compiled listing only cost effective medical items that do not negatively affect the health status of beneficiaries. The Code List has also been distributed to private practitioners treating military patients who cannot make use of military health facilities in order to ensure consistency and curb the cost of private prescriptions. However, in exceptional cases, prescribers may submit a full motivation to the military health facility's therapeutics committee for approval of brand names.

44. Note that there is a distinction in the process to obtain acute disease and chronic (repeat) medication. With prior consent and authority from your nearest Area Military Health Unit, acute disease prescriptions may be dispensed privately. Medication on chronic (repeat) prescriptions must be dispensed by SAMHS pharmacies at the military health facilities charged with the responsibility to serve the AMHUs in their area of responsibility mentioned below. Contact the military pharmacy at one of the following facilities (the one closest to you) for directions in this regard:

44.1 1 Military Hospital: Responsible for areas under AMHUs Gauteng and Limpopo.

44.2 Potchefstroom Military Base Hospital: Responsible for areas under AMHUs KZN, Free State and North West.

44.3 2 Military Hospital: Responsible for areas under AMHUs Western Cape and Northern Cape.

44.4 Nelspruit Sickbay: Responsible for the area under AMHU Mpumalanga.

45. For incidences when SAMHS medication might be "out of stock" and in cases where beneficiaries reside outside the 50 (fifty) km radius from the nearest SAMHS facility, refer to par 37.3 above.

## **TRAVEL CLAIMS FOR AUTHORISED MEDICAL REASONS**

46. Transporting of Patients. The SAMHS as health service provider has issued instructions that only ill beneficiaries, who have been declared as patients, may be transported by ambulance. It also confirmed that the SANDF General Support Bases would provide suitable transport to patients without health risks between military health facilities and a railway or bus station or airport.

47. Transport in General

47.1 Beneficiaries (including Code 4 members who are regarded as beneficiaries for transport purposes) are entitled to re-imbursement by the Fund for their travelling costs to and from Tertiary Health institutions (Hospitals) as patients for medical reasons. The following conditions are prescribed by the Management Board:

- 47.1.1 Primary requirement is consultation or hospitalisation in Tertiary Health Institutions (Hospitals) for medical reasons as authorised by the SAMHS.
- 47.1.2 Proof of consultation in or admission to a hospital and discharge therefrom is required.
- 47.1.3 If proof is submitted that the patient had reported for consultation or hospitalisation but that consultation or hospitalisation could not take place due to circumstances beyond the control of the patient, travelling costs may be paid.
- 47.1.4 Travelling costs are limited to the cost of a return public transport ticket on a registered public carrier (example Translux) for the patient only, irrespective of the mode of private transport used, including between a beneficiary's home and a bus or railway station or airport and *vice versa*.
- 47.1.5 If a patient had to be accompanied by an escort, the cost of a second ticket will only be approved in the following cases:
- (a) Where the patient had to be accompanied by an escort as a medical requirement.
  - (b) If the patient was a minor dependant under 18 years of age. Or
  - (c) If the patient was a permanently disabled dependant.
- 47.1.6 The cost of an air travel ticket for the patient, and a second ticket for a medical escort, when applicable, will only be approved if utilising thereof was prescribed by a medical practitioner to have been a medical necessity.
- 47.1.7 The cost of an air travel ticket for the patient will also be approved if utilising of air travel was necessitated by obvious medical constraints, for example, hip and knee replacements.
- 47.1.8 Should the patient die in hospital and proof of the repatriation costs of the bodily remains is submitted, such expenses may be refunded.
- 47.1.9 In exceptional and deserving cases when a patient does not have the financial means to finance the travelling arrangements for authorised consultation or hospitalisation, arrangements may be made to pre-pay the travelling costs to the patient.
- 47.2 Code 4 members only became entitled to re-imburement of travelling costs as from 31 May 2004.



- 47.3 Code 5 members in Namibia are generally not entitled to claim travelling costs in Namibia. Should they utilise health services in the RSA through the SAMHS, then they would be entitled to claim travelling costs within the borders of the RSA. Their travelling costs from within Namibia to the border and back, therefore, cannot be reimbursed by the Fund.

## **EXCLUSION FROM BENEFITS**

### **TRANSPORT AT STATE EXPENSE, ACCOMMODATION AND MEALS**

48. No provision exists to approve the following in respect of a patient:

- 48.1 Travelling costs if the patient utilised military transport or any other transport at State expense.
- 48.2 Costs of fuel.
- 48.3 Toll road fees.
- 48.4 Travelling costs for socio-welfare related reasons.
- 48.5 Travel to and from other facilities whilst hospitalised.

49. If proof of a return public transport ticket on a registered public carrier for transport between a beneficiary's home and the military health facility, a railway station, a bus station or airport cannot be provided, such costs will generally be regarded as a beneficiary's own responsibility.

50. No provision exists for the Fund to cover any costs for accommodation and meals.

### **TREATMENT FOR SUBSTANCE ABUSE**

51. A beneficiary or his or her legally registered dependant who, as a result of substance abuse, is admitted to any institution other than a military hospital for further treatment after the initial/first private treatment for substance abuse, must pay the costs in respect of such further treatment and period spent in such an institution. No provision exists for the Fund to accept responsibility for any costs so incurred.

### **FRAIL CARE**

52. No provisions exists for the Fund to be liable for costs of a beneficiary's admission to an institution for frail care or to receive home-based care by private nurses.

## **REMARRIAGE OR ENTERING INTO A CIVIL UNION PARTNERSHIP AGREEMENT OF A WIDOW/WIDOWER/SURVIVING CIVIL UNION PARTNER: NEW SPOUSE/CIVIL UNION PARTNER**

53. Should a widow/widower/surviving civil union partner of a deceased principal beneficiary, who has retained beneficiary status of the Fund, remarry or enter into a civil union partnership agreement, her or his new spouse/civil union partner will not be entitled to be admitted as a dependant.

## **TREATMENT IN TERMS OF OTHER LAWS**

54. The Fund is not liable for payment of medical treatment of a beneficiary and his or her dependants, where applicable, if it is provided under any other law such as the following:

54.1 Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993). Relates to former or serving Regular Force members for service related injury/disease allocations.

54.2 Military Pensions Act, 1976 (Act No 84 of 1976). Relates to former or serving Reserve Force members for service related injury allocations.

54.3 Defence Act, 2002 (Act No 42 of 2002). Relates to re-appointment in the Regular Force (eg PR, PS), Reserve Force (eg BV,KV, member only) or Auxiliary Service.

55. It is solely the beneficiary's responsibility to

55.1 inform the SAMHS when reporting for health service of the allocations as per paras 54.1 and 54.2 above and utilize the relevant medical reference number (eg MPO) for this purpose; and

55.2 immediately inform the Fund of the appointment and utilization capacity as per par 54.3 above and also utilize the relevant force number (eg PR, BV or KV) for this purpose. Reserve Force members to note that they can only utilize their BV or KV force number for acute conditions sustained on duty while they have to utilize their VPA number for all other conditions.

56. Should it come to the notice of the Fund that it had paid for health care for which the SANDF is actually responsible, the Fund reserves the right to claim re-imbursement from the State and, if unsuccessful, from the beneficiary concerned.

## **NON-COMPLIANCE WITH INSTRUCTIONS AND PROCEDURES**

57. Non-compliance with this guide and the instructions and procedures issued from time to time by the SAMHS on health service delivery will lead to non-payment of medical expenses by the Fund.

58. The Fund Management has a mandate to temporarily suspend a beneficiary's privileges if the instructions contained in this guide have been disregarded. In serious cases of non-compliance, membership may be terminated.

## **THIRD PARTY CLAIMS**

59. The Fund may claim from the beneficiary, or any other person entitled to benefits from the Fund, the costs of any treatment provided to the beneficiary or his or her legally registered dependant or to such other person for any injury or illness caused by a third party against whom such a beneficiary, or his or her dependant or such other person, would otherwise have had a right to claim damages if the Fund had not paid such costs, irrespective of whether the beneficiary or his or her dependant or such other person has exercised that right or not: Provided that the said costs will not be recovered from the beneficiary or the person concerned if -

59.1 the Fund Management is notified in writing of the cause for such claim within 30 (thirty) days after a claim has arisen;

59.2 he or she has, at no time, accepted an unauthorized settlement of such claim or, if it is applicable, has not agreed to the acceptance of a settlement by a dependant of the person concerned, or has not made an admission to the detriment of the Fund to a third party; and

59.3 he or she has recovered the costs of such treatment and has reimbursed the Fund, or has ceded any claim for the reimbursement of such treatment or expenses to the Fund.

## **BENEFICIARIES OUTSIDE THE RSA**

60. As no medical, dental or hospital treatment is provided by the SAMHS to beneficiaries and their legal dependants outside the borders of the RSA, the Fund is not responsible for any costs so incurred, subject to par 62 below.

61. Beneficiaries who resettle themselves outside the borders of the RSA are not entitled to medical, dental and hospital treatment at the cost of the Fund outside the borders of the RSA, but should such a beneficiary and/or his or her legally registered dependant(s) report to military health facilities in the RSA for such treatment, the Fund will be responsible for such costs incurred.

62. A special provision exists in terms of which the Fund is responsible to cover the cost of medical, dental and hospital treatment of its Code 5 beneficiaries and their legally registered dependants who had been stationed at units in the former South West Africa and from which they had retired before such country became an independent Namibia on 21 March 1990 (1 March 1994 in respect of Walvis Bay), or to whom benefits had been extended individually and in writing, for private health service in Namibia: Provided that such beneficiary is liable to pay a levy at the prescribed rate on such services (currently 20 (twenty) %).

### **MILITARY FUNERALS AND CREMATIONS**

63. The Fund is not responsible for any expenditure in this regard. However, should a principal beneficiary die and his or her relatives require military honours at the funeral, this is available as a privilege and not a right and enquiries should be directed to the closest SANDF General Support Base or Regional Joint Task Force Commander. Kindly note that it is such Commander's prerogative, based on availability of troops under training and provided there are no costs to the State, to accede to the request or not.

### **CIRCUMSTANCES/CHANGES TO BE REPORTED TO THE FUND IMMEDIATELY**

64. The following changes are to be reported to the Fund only as neither the SAMHS nor any of the SANDF units have any access to the Fund's systems:

64.1 New contact details:

64.1.1 Postal and residential address. Please specify the postal address.

64.1.2 E-mail address (if available).

64.1.3 Telephone, cellular & fax numbers.

64.2 Death of a beneficiary or his or her legally registered dependant(s).

64.3 Divorce/termination of civil union partnership agreement.

64.4 Marriage/entering into civil union partnership agreement, remarriage/re-entering into civil union partnership agreement.

64.5 Re-employment in the SANDF of a beneficiary, his or her spouse or widow/surviving civil union partner in any of the following capacities:

64.5.1 Regular Force.

64.5.2 Reserve Force.

### 64.5.3 Auxiliary Service.

## 64.6 Concerning dependent children:

64.6.1 Birth of a child: Abridged birth certificate required. However, if doubt arises at the Fund, the beneficiary will be required to submit an unabridged birth certificate to determine his or her paternity/maternity relating to the child.

64.6.2 Adoption of a child: Proof of adoption required.

64.6.3 Date on which a child becomes independent as per definition (example: accepted full-time employment).

65. The relevant changes will be executed by the Fund on its systems as well as on the Health Informatics system of the SAMHS.

## **GENERAL**

66. The Fund has been exempted by the Registrar of Medical Schemes from registration as a medical scheme since 18 September 2001. This places the Fund, with the SAMHS as its prescribed health service provider, in a unique situation in comparison with registered medical schemes. This Fund's success depends greatly on the wholehearted co-operation of all its beneficiaries, their legally registered dependants as well as the SAMHS as health service provider. You are requested and urged to render your contribution by strictly observing and correctly adhering to the procedures that are prescribed in this Guide as well as the procedures that are prescribed by the SAMHS. Should any doubt exist, contact your closest AMHU in respect of health matters, and staff at the Fund concerning administrative matters.

67. As this Guide is the Fund's authorized document, it may, together with the membership card and identity document, be shown to the health care officer/practitioner or produced at the hospital that has been requested to render health service.

68. This Guide replaces all previous Guides/Booklets that have been issued.

**Issued by the Managing Executive of the Fund by order of the Management Board.  
August 2013**

**APPENDIX A****CONTACT PARTICULARS: MILITARY HOSPITALS AND AREA MILITARY HEALTH UNITS (AMHU)**

1 Military Hospital, Pretoria Private Bag X1026 Thaba Tshwane 0143	Telephone: 012 314 0999/0001 Casualty: 012 314 0267 Fax: 012 314 0022 Care Desk: 012 314 0266/0309
2 Military Hospital, Cape Town Private Bag X4 Wynberg 7800	Telephone: 021 799 6911/6116 Fax: 021 799 6230/6314 Care Desk: 021 799 6237/6670
3 Military Hospital, Bloemfontein Private Bag X40003 Tempe 9300	Telephone: 051 402 9111/1845 Fax: 051 402 1805 Care Desk: 051 402 2228/2259
AMHU Eastern Cape Private Bag X6032 Port Elizabeth 6000	Telephone: 041 505 1111 Fax: 041 505 1257 * (WH): 041 505 1075/1203/1138 * (AH): 041 505 1203
AMHU Free State Private Bag X20503 Bloemfontein 9300	Telephone: 051 447 8052 Fax: 051 436 8530 * (WH): 051 402 1782/1866/1681 * (AH): 051 402 1894/1807
AMHU Gauteng, Pretoria Private Bag X02 Gezina 0031	Telephone: 012 319 3911 Fax: 012 319 3116 * (WH): 012 319 3309/3184 * (AH): 012 319 3167/3169
AMHU Kwazulu-Natal, Durban Private Bag X05 Bluff 4036	Telephone: 031 451 1999 Fax: 031 451 1903/1924 * (WH): 031 451 1956/369 1150 * (AH): 031 451 1930/082 768 8022
AMHU Limpopo Private Bag X9304 Polokwane 0700	Telephone: 015 299 3100 Fax: 015 299 3117 * (WH): 015 299 3104/1503/1559 * (AH): 015 288 0061

AMHU Mpumalanga Private Bag X11277 Nelspruit 1200	Telephone: 013 756 2495 Fax: 013 756 2466 * (WH): 013 756 2430/2429 * (AH): 013 756 2469/2471
AMHU Northern Cape Private Bag X5069 Kimberley 8300	Telephone: 053 830 3911 Fax: 053 830 3172 * (WH): 053 830 3244/3246 * (AH): 053 830 3262
AMHU North West, Potchefstroom Private Bag X2011 Noordbrug 2522	Telephone: 018 289 1347 Fax: 018 289 1320 * (WH): 018 289 1143 * (AH): 018 293 4513
AMHU Western Cape, Cape Town Private Bag X10 Wynberg 7824	Telephone: 021 799 6700 Fax: 021 799 6358 * (WH): 021 799 6866/6869/6872/6647 * (AH): 021 799 6237/6255

\* **Notes:**

1. The contact numbers indicated with \* above are only to be utilized by beneficiaries who reside (or are on holiday) at a location further than 50 (fifty) kilometers from the closest military health facility to request health care authority.
2. For purposes of real emergency authorisations (all hours), a centralized Patient Administration Nodal Point of the SAMHS is envisaged in the foreseeable future. The contact number will be 0800 2010 063 through which a caller will be directed to the responsible SAMHS Doctor on call.