



**A GUIDE FOR
BENEFICIARIES
OF THE**

**REGULAR FORCE
MEDICAL CONTINUATION
FUND**

**ISSUED BY THE
MANAGEMENT BOARD
SEPTEMBER 2009**

CONTENTS

	<u>Page No</u>	<u>Paragraph No</u>
Establishment	1	1
Aim of the Fund	1	2
Composition of the Management Board	1	3
Composition of the Operational Committee	2	4
Control over Health Care	2-3	5-8
Correspondence and Communication	3	9-11
Beneficiaries of the A-Fund	4	12-15
Beneficiaries with VPB Membership Numbers	4-5	16
<u>DEPENDANTS</u>		
Legal Dependants	5	17
Definition of Spouse	5-6	18-20
Definition of Child	6	21
Definition of Dependant	6-9	22-23
<u>ADMINISTRATION</u>		
Definition of Beneficiary	9-10	24
Orphans	10	25
Widows/Widowers/Surviving Civil Union Partners	10-11	26-27
of Contributing Members and Beneficiaries		
Repayment of Contributions for Unexpired Period	11	28
Proof of Identity for Treatment of Dependants	11	29
Membership Card	11-12	30
Termination of Dependency	12	31-32
<u>BENEFITS AND CONDITIONS</u>		
Medical Treatment	12-13	34-35
Private Practitioners	13	36
Procedure to Obtain Treatment	13-15	37
Optometric Services	15-16	38-40
Dental Treatment	16	41-42
Prescriptions for Medication	16-17	43-45
Transport	17-18	46-47
<u>EXCLUSION FROM BENEFITS</u>		
Transport, Accommodation and Meals		
Treatment for Substance Abuse	18	51
Frail Care	18	52
Remarriage or Entering into a Civil Union Partnership Agreement of a Widow/Widower/Surviving Civil Union Partner: New Spouse/Civil Union Partner	18	53
Treatment in Terms of Other Laws	18-19	54-56
Non-Compliance with Instructions and Procedures	19	57-58
Third Party Claims	19-20	59
Beneficiaries outside the Republic of South Africa	20	60-62
Military Funerals and Cremations	20	63

CIRCUMSTANCES/CHANGES TO BE REPORTED
TO THE FUND IMMEDIATELY

New Postal and Residential addresses	20	64.1
Deaths	20	64.2
Marital Status	21	64.3
Re-employment in the SANDF	21	64.4
Dependant Children	21	64.5
<u>GENERAL</u>	21	66-68
<u>CONTACT PARTICULARS: MILITARY HOSPITALS AND AREA MILITARY HEALTH UNITS</u> <u>(APPENDIX A)</u>	22-23	

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, 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 South African National Defence Force (GR XV), SA National Defence Force 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 to members of the Regular Force and their legal dependants who, in terms of GR XV, qualify to be admitted to the Fund by the Manager of the Fund, hereinafter referred to as the Manager.

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 a full-time Manager and staff in the employ of an Administrator to which the total administration is outsourced. The Administration was outsourced to Absa Consultants and Actuaries from 1 October 2001 to 30 November 2009 and to Professional Medical Scheme Administrators (PMSA) since 1 December 2009. 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, The Fund received, since 1 January 1964 and is still receiving contributions from its members serving in the Regular Force, which is its main source of income, to cover the administrative and health costs of its beneficiaries. In terms of GR XV, composition of the Board is as follows:

Management Board	Capacity
Surgeon General	Chairperson
Chief Human Resources: Strategic Direction and Policy Human Resources Management	Member Member
Chief Financial Officer	Member
Chief of the SA Army	Member
Chief of the SA Air Force	Member
Chief of the SA Navy	Member
SA Military Health Service: Director Human Resources Director Medical Medico-Legal Officer Corporate Communication	Member Member Member Co-opted Member
Sergeant Major, SANDF	Member
Co-opted	Mr A. Visser (DOD)
Beneficiary Representatives	2 Officers: Members 1 Warrant Officer: Member
Registered Military Labour Unions (SA National Defence Union)	4 Members, but not more than 2 members per registered Union
Professional Medical Scheme Administrators	Administrator: Consultant Principal Officer Manager/Secretary

4. Operational Committee. The Board convenes every 6 (six) months. Instead of pending a pressing matter for the next Board meeting, the Board has approved that an Operational Committee, consisting of the following members, convene as and when required (normally once per month) to deal with matters relating to the functioning of the Fund and submit recommendations to the Management Board:

4.1 The Principal Officer.

4.2 The Manager.

4.3 A legal qualified officer from the Medico-Legal Section of the SAMHS.

4.4 The four senior managers representing the Chiefs of the SA Army, SA Air Force, SA Navy and the Surgeon General in the Management Board from whom a chairperson is appointed.

4.5 A senior manager from Human Resources Management.

4.6 A representative from the Military Labour Union.

CONTROL OVER HEALTH CARE

5. The health and patient administration of beneficiaries of the Fund lie within the SAMHS and the health care 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 circumstances. Their contact particulars appear in Appendix A.

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

8. Health service delivery is summarised as follows:

8.1 The beneficiary is compelled to utilise 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 utilise, in order of priority and ability, military health facilities or Provincial health institutions or facilities. If this is not possible, the SAMHS may authorise the utilisation of private health institutions or practitioners prior to such visit.

8.4 The SAMHS is to verify and certify the invoice in respect of each service delivery.

8.5 The SAMHS is to submit certified invoices to the Fund for payment.

8.6 The Fund captures the invoices on the PMSA (Medware) system for payment in terms of an agreement.

8.7 The Fund may return invoices to the SAMHS which have not been certified as prescribed in GR XV,

CORRESPONDENCE AND COMMUNICATION

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

The Manager
Regular Force Medical Continuation Fund
PO Box 3977
Pretoria
0001

10. Health Care Invoices- The SAMHS is responsible to submit certified invoices to the Fund. This can be done through the postal address mentioned above or via courier to the address mentioned in par 11 below to avoid delays in payment.

11. Visits to the Fund. The Fund has an open door policy at its residential address:

Professional Medical Scheme Administrators
Block D, First Floor
Corporate Office Park 66
Corner of Lenchen and Von Willigh Avenues
Centurion
0157

Telephone numbers:

Administration:	0126794201
Financial:	0126794202
Health Care Invoices)	
Invoice Enquiries) 0126794200

Facsimile number: 012 679 4460

BENEFICIARIES

Beneficiaries of the A - Fund

12. The continuation of health 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 retired as from 1 January 1964, and their dependants, will therefore benefit from the A - Fund. Similarly, only the 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 resigns after having reached the age of at least 50 (fifty) years, must pay the balance of the contributions, ie the difference between date of exit and age 60 (sixty) years, including future increases before the age of 60 (sixty) years, to the Fund before such person is entitled to any benefits. However, a member who resigns after having reached the age of at least 50 (fifty) years is liable for his or her and his or her dependants' own medical expenses until the age of 60 (sixty) years. Only those beneficiaries who had been admitted to the Fund before 1 April 1990 are exempted from paying future increases. However, legitimate provision exists that, should the Board so decide, 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 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 60th (sixtieth) birthday of the deceased member.

14. After a member's retirement (including resignation at age 50 (fifty) years or older – but only as from the age of 60 (sixty)) 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, becomes a beneficiary of the Fund, provided that the outstanding contributions and future increases thereof calculated to the principal member's 60th (sixtieth) birthday have been paid to the Fund.

15. Only those Regular Force members who have complied with the above requirements (as contained in more detail in GR XV), qualify to become beneficiaries of the Fund (from the age of 60 (sixty) years in the case of a member who has resigned 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 dependants, are beneficiaries with VPB membership numbers. The State, facilitated through the SAMHS, carry the full costs of health service provided to these beneficiaries. The Fund, however, through the A - Fund, does their administration, pays the certified invoices and reclaims the expenses from the SAMHS.

DEPENDANTS

17. Legal Dependants. The Fund was established to continue providing for all the health care benefits to which a member of the Regular Force and his/her legal dependants were entitled during his/her term of service. This means that the Fund will continue to provide for health care to legal dependants who qualify after such member's retirement or death. GR XV defines such legal dependants, which is summarised in the following paragraphs.

DEFINITION OF SPOUSE

18. "Spouse" means

18.1 a person who is married to a beneficiary and which marriage is recognised as 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 authorised 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 a partnership is -

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

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

but does not include the spouse of a beneficiary, which beneficiary became the main beneficiary after the death of his or her former spouse.

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 the Manager, 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 shall not be re-admitted to the Fund as the regulations that govern the Fund do not allow acceptance of such 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 legal 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 legitimised 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 this Chapter, except if the child lives with the beneficiary on a permanent and continuous basis; and
- 21.6 grandchild of a beneficiary born from any 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.

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 shall not be entitled to any health care or other benefits provided for in GR XV; and
 - 22.1.3 in the case of more than one spouse, the beneficiary shall be liable to pay the contribution to the Fund that may be set for a 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 attained the age of 18 (eighteen) years and is still attending school;
 - 22.2.2 is 18 (eighteen) years or older but has not yet attained 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 the Manager 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 Manager may recognise 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 delegatee 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 delegatee 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 opinion 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 Manager may recognise 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 for medical purposes.

22.2.7 In respect of a dependant 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 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 do not qualify to become dependants during such period or for any period thereafter, even if they enrol as full-time students thereafter. The main reason is that such period exceeds the time limit that has been set 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 Manager 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 Manager annually or per semester, as the case may be, in advance and must include the required proof of registration for consideration.

ADMINISTRATION

DEFINITION OF 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: Fund Cost. A member who retired in Namibia before its independence.

24.4 Dormant

24.4.1 Beneficiaries who are re-employed by the SANDF in a service system in terms of which they are entitled to health care at State expense.

24.4.2 A member who has resigned after having reached the age of at least 50 (fifty) years and chose to be admitted to the Fund: Own expense.

ORPHANS

25. If dependent children of a member or beneficiary have been orphaned by the loss of both parents, the Manager may enrol 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 the 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 attained the age of 60 (sixty) years.

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 a beneficiary:

26.1 Contributing Member. The monthly contributions that were applicable on the date of death, calculated until the contributor would have attained 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 attained 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 attained 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 instalments 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 dependants. Only legal dependants (including children) who were on the strength of the deceased member 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 utilised for this purpose until the child attains a minimum qualification for a career.

REPAYMENT OF CONTRIBUTIONS FOR UNEXPIRED PERIOD

28. A beneficiary who resigns from the Fund before reaching the age of 60 (sixty) years, is entitled to repayment of the value of prepaid contributions, determined by the Fund's Actuary, calculated for the unexpired period up to the date of the principal beneficiary's 60th (sixtieth) birthday.

PROOF OF IDENTITY FOR TREATMENT TO DEPENDANTS

29. When a dependant requires health service, such dependant is to produce the membership card issued to him or her as well as his or her identity document (if requested) to the military health service provider or doctor concerned. The military health service facility will then correlate the said documents with the records of the dependant concerned in the SAMHS Health Informatics system.

MEMBERSHIP CARD

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 Fund as well as the SA Police Service. Application can then be

made to the Fund for a replacement card which will be produced upon receipt of payment of R5-00.

- 30.3 When a member of the Fund, or his or her 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 which 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 legal dependants. The member is to ensure that the VP number reflected on authorisations for outsourced health service is the correct number.
- 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 when 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 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 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) to the Fund, by supplying relevant supporting proof, for the continuation of health care benefits with regard to children who attain 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 legal 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

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 Limited transport costs coupled to at least overnight hospitalisation.
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 (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 authorised 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 or when prior authority 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 pre-authorisation, all services (excluding real emergencies) not rendered by military installations/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 Health Care 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 handed over to the practitioner who is to attach it to the invoice, which is then to be submitted to the AMHU concerned for further processing, certification and submission to the Fund for payment. The same authority is to be copied and attached to any invoices for all pharmaceutical prescription medicine (acute medication only) referred to a private medicine depot or pharmacy.
 - 37.2 Emergencies. In the event of a real emergency (ie to save life, limb, organ, or bodily function), a private health practitioner may be consulted directly, provided that the nearest AMHU or military health facility is informed during or directly after the consultation. This may be done by telephone or fax and serves to request and obtain the necessary medical authorisation. The rest of the process to deal with the invoice is the same as for routine consultations. Should it prove impractical to obtain the medical authority, then a declaration of the circumstances is to be attached to the invoice (and the receipt should you have settled the invoice) and submitted to the AMHU for approval and onward transmission to the Fund.
 - 37.3 Medication. After routine consultations, the prescription is to be handed in at or faxed to the nearest military health facility. 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. A military courier service is available on request.
 - 37.4 Health Service whilst on Holiday. When a beneficiary is on holiday within the RSA and needs health 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 and receipt after the holiday to the AMHU

for approval and onward transmission to the Fund for re-imburement.

- 37.5 Hospitalisation. It is official policy that, in the event of hospitalisation, only military or provincial hospitals may be used. The Fund pays for the hospitalisation 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 the 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 stabilised. A separate DD2703 form is issued for each service provider/supplier/facility involved in the procedure. This could include a physician, anaesthetist, 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 capturer/s can differentiate between the disciplines and services required per discipline. For this purpose it is important to capture as much detail as possible when authorisation 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 is also applicable to RFMCF beneficiaries and their registered dependants:

- 38.1 The military medical installation 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 authorisation (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 authorisation documentation for optometric services.
- 38.2 Where beneficiaries reside more than 50 (fifty) km from the nearest military medical installation, such beneficiaries may telephonically or by fax request optometric service. The OC of the military medical installation, 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 verification of service by the Patient Admin section before it is forwarded to the RFMCF for 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 contact 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 dioptré 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 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 Surgeon General for approval. If approved, Surgeon General's conditions and procedures as prescribed are to be adhered to.

DENTAL TREATMENT

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

42. Beneficiaries who reside beyond the radius of 50 (fifty) km must contact their nearest AMHU for detailed procedures in this regard. An authority is provided to the beneficiary or dependant to receive treatment 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 military medical 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 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 medical institute's therapeutics committee for approval of brand names.

44. In respect of all authorised prescriptions being privately dispensed at a beneficiary's own choice, the beneficiary is liable to pay the prescribed levy (currently 20 (twenty) %). The Chemist or Practitioner must be requested to endorse and credit the invoice to this effect before submitting it through the prescribed channels for payment. If this is not done, the Fund will deduct the relevant amount from the invoice and only process payment of 80 (eighty) % of the invoice. The beneficiary is then liable for the shortfall.

45. 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 medical 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:

- 45.1 1 Military Hospital: Responsible for areas under AMHUs Gauteng and Limpopo.
- 45.2 Potchefstroom Military Base Hospital: Responsible for areas under AMHUs Natal, Free State and North West.
- 45.3 2 Military Hospital: Responsible for areas under AMHUs Western Cape, Eastern Cape and Northern Cape.
- 45.4 Nelspruit Sickbay: Responsible for the area under AMHU Mpumalanga.

TRANSPORT

46. Transport of Patients. The SAMHS as 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-imburement by the Fund for their travelling costs for hospitalisation purposes. The following conditions are prescribed by the Board:

- 47.1.1 Travelling costs will be reimbursed for travel to and from tertiary health institutions (hospitals) for at least overnight hospitalisation of a patient.
- 47.1.2 Travelling costs are limited to the cost of a return public transport ticket on a registered public carrier (eg Translux) for the patient only. The patient is responsible for mode and cost of travel to and from the relevant departure points). Where a patient prefers to utilise his or her own transport, he or she will only be reimbursed the cost of the ticket as described above. No toll and/or other fees/costs will be reimbursed.
- 47.1.3 The cost of a second ticket will only be approved in cases where the patient has to be accompanied by an escort as a medical requirement.
- 47.1.4 Air travel shall only be utilised under the following circumstances:
 - (a) If it is a medical requirement certified by a medical officer that the patient has to be air-transported as a medical necessity. Age of the patient will not be regarded as a requirement *per se*.
 - (b) An escort's air travel costs if it is a medical requirement to accompany a patient in (a) above.
 - (c) Only in exceptional cases and when a beneficiary, in the opinion of a registered military medical officer of a Military Hospital or an Area Military Health Unit, does not have the financial means for this purpose, will air-travel be pre-authorized by the Treasurer of the Fund on receipt of a facsimile and signed by at least a registered military medical officer.
 - (d) The patient is responsible for mode and cost of travel between the relevant airport(s) and his or her home.

47.2 Code 4 members are only entitled to re-imburement of travelling costs for hospitalisation purposes as from 31 May 2004.

EXCLUSION FROM BENEFITS

TRANSPORT, ACCOMMODATION AND MEALS

48. Re-imburement of travelling costs will **not** be considered in the following cases:

- 48.1 Travel for welfare related reasons.
- 48.2 Travel for consultations (including follow-up consultations or treatment).
- 48.3 Travel to and from other facilities whilst hospitalised, unless such is certified by a medical officer as a medical requirement.

49. Transport between a beneficiary's home and the military health facilities and a railway or bus station or airport is a beneficiary's own responsibility.

50. The Fund is not liable for any costs relating to accommodation and/or meals.

TREATMENT FOR SUBSTANCE ABUSE

51. A beneficiary or his or her legal 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 cost in respect of such further treatment and period spent in such an institution. The Fund will not accept responsibility for any costs so incurred.

FRAIL CARE

52. The Fund is not liable for costs of a beneficiary's admittance to an institution for frail care.

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 member or beneficiary, who has obtained 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 Whilst again serving in the SANDF (including Reserve Force members only in respect of the principal member), or appointed in the Auxiliary Service of the SANDF in terms of the relevant Act. Relates to serving Regular Force (eg PR, PS) or Reserve Force (eg BV, KV) or Auxiliary Service members.

55. It is solely the beneficiary's responsibility to

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

55.2 immediately inform the Fund of the appointment and utilisation capacity as per paragraph 54.3 above and also utilise 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 numbers for acute conditions sustained on duty while they have to utilise 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 responsible, the Fund reserves the right to claim re-imburement 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 have 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 legal 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 Manager is notified in writing of the cause for such claim within 30 (thirty) days after a claim has arisen; and
- 59.2 he or she has, at no time, accepted an unauthorised 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 REPUBLIC OF SOUTH AFRICA

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

61. Beneficiaries who resettle themselves outside the border 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 legal dependant(s) report to military health institutions in the RSA for such treatment, the Fund will be responsible for such costs incurred.

62. However, a special provision exists in terms of which the Fund is responsible to cover the cost of medical, dental and hospital treatment of its beneficiaries and their legal 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) 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 postal and residential address. Kindly specify the postal address.
- 64.2 Death of a beneficiary or his or her registered dependant(s) (an originally certified copy of death certificate required).
- 64.3 Marriage/entering into civil union partnership agreement, remarriage/re- entering into civil union partnership agreement or divorce/termination of civil union partnership agreement.

64.4 Re-employment in the SANDF of a beneficiary or widow/surviving civil union partner in any of the following capacities:

64.4.1 Regular Force.

64.4.2 Reserve Force,

64.4.3 Auxiliary Service.

64.5 Concerning dependent children:

64.5.1 Birth of a child (an originally certified copy of abridged birth certificate required). The Fund may, when doubt arises, require the beneficiary to submit an unabridged birth certificate to verify paternity and/or maternity relating to the child.

64.5.2 Adoption of a child (an originally certified copy of adoption certificate required),

64.5.3 Date on which a child is no longer dependent as per definition (eg 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 as from 18 September 2001. This places the Fund in a unique situation in relation to other medical schemes and its success depends greatly on the wholehearted co-operation of all its beneficiaries, their dependants as well as the SAMHS as the service provider. You are requested and urged to render your contribution by strictly observing and correctly adhering to the procedures prescribed in this guide as well as the procedures prescribed by the SAMHS. Should any doubt exist, contact your closest AMHU in respect of health matters and the Manager of the Fund concerning administrative matters.

67. As this guide is the Fund's authorised 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 issued to date.

Issued by the Manager of the Fund by order of the Management Board September 2009

CSM/Guide and Hints

APPENDIX A

CONTACT PARTICULARS: MILITARY HOSPITALS AND AREA MILITARY HEALTH UNITS (AMHI

1 Military Hospital, Pretoria Private Bag X1026 Thaba Tswane 0143	Telephone: 012 314-0999/0001 Casualty: 012 314-0267 Fax: 012 314-0022
2 Military Hospital, Cape Town Private Bag X4 Wynberg 7800	Telephone: 021 799-6911/6116 Fax: 021 799-6230/6314
3 Military Hospital, Bloemfontein Private Bag X40003 Tempe 9300	Telephone: 051 402-9111/1845 Fax: 051 402-1805
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 Private Bag X02 Gezina 9300	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
--	--

Note: The contact numbers indicated above with * are only to be utilised by beneficiaries who reside (or are on holiday) at a location further than 50 (fifty) kilometres from the closest Area Military Health Unit to request health care authority.