

SICK BENEFIT FUND SUMMARY

Objective

The object of the Fund (in accordance with the Main Collective Agreement Cape Peninsula, Clause 35) is the provision of medical sickness benefits to employees, working employers, the dependents' of employees and working employers and continuation members hereinafter referred to as "members of the Fund" to whom this applies, in the event of illness or meeting with an accident.

The Sick Benefit fund is compulsory for all employees to belong to this fund and it is compulsory for employers to contribute to the fund.

Definitions:

"Combined contribution" means the sum total of the employee and employer contributions payable in respect of a particular job category;

"Continuation member" means a person who was an employee or working employer in the Hairdressing Trade and who retired from the Hairdressing Trade after 15 years of continuous membership of the Hairdressing Trade Sick Benefit Fund;

"Dependant" means the spouse, life partner or child, adopted child or family financially dependent on an employee or working employer in the Hairdressing Trade;

"Medical practitioner" means a general practitioner, specialist, physiotherapist, psychologist, radiologist or pathologist;

"Principal member" means an employee, continuation member or working employer in the Hairdressing Trade in respect of whom the Fund receives a combined contribution.

Contributions:

- (a) Every employee must contribute per month the employee contribution specified in the Sick Benefit Fund Contribution Schedule;

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- (b) Every employer must deduct per month from the wages of each employee the amount as per the contribution table per job category and contribute per month the employer contribution specified in the Sick Benefit Fund Contribution Schedule;
- (c) Every working employer who is a member of the Fund must pay **R504.00** per month to receive benefits;
- (d) A child dependent under the age of 18 years must pay **R90.00** per month and a spouse, life partner and adult dependents must pay **R180.00** per month. No employer contribution is payable in respect of dependents;
- (e) A continuation member must pay half the combined contribution to the Fund as is payable by the category of employee (or employer, as the case may be) in which the continuation member was employed immediately prior to retiring from the Hairdressing Trade.
- (f) Every employer must make payment before the seventh day of the next month.
- (g) The first contribution received by the Fund for a new member is deemed to be for the month in which it is received and not in respect of the month in which it was deducted.
- (h) An employee or working employer will only be entitled to claim benefits after the first contribution has been received and the employee or working employer has been accepted as a member of the Fund.

A member of the Fund who has paid contributions for a continuous period of 12 months and takes maternity leave for a period not exceeding four months is exempt from paying her contributions for the duration of the period of maternity leave. Contributions for dependents' must be paid to continue to be eligible to claim benefits.

Sick Benefit Fund Contribution Schedule		
<i>Job Category</i>	<i>Employee Contribution Per Month</i>	<i>Employer Contribution Per Month</i>
Hairdresser, Qualified, First Year, Senior Barber, Stylist Manager and Manager	R252.00	R252.00
Non-Qualified Hairdresser, Operator, Experienced Receptionist, Entrance Hairdressing Assistant, Training Barber, and Junior Barber.	R190.00	R190.00
Cleaner, First Year Receptionist, Learner and Starting Barber	R150.00	R150.00

Benefit Summary

ANNUAL LIMIT	R12 600.00 PER ANNUM FOR PRINCIPAL MEMBER
GENERAL PRACTITIONERS, SPECIALISTS, PHYSIOTHERAPY / PSYCHOLOGY, RADIOLOGY, PATHOLOGY AND HOMEOPATHY	R6 300.00 PER ANNUM AT MEDICAL AID RATES SUBJECT TO ANNUAL LIMIT
DENTISTRY	R1 575.00 PER ANNUM AT MEDICAL AID RATES
HOSPITAL AND NURSING HOME	R 578.00 PER DAY SUBJECT TO THE ANNUAL LIMIT AT MEDICAL AID RATES
THEATRE FEES	80% OF MEDICAL AID RATES, SUBJECT TO THE ANNUAL LIMIT
MEDICINES	R788.00 PER ANNUM
SPECTACLES	R683.00 AT MEDICAL AID RATES EVERY TWO YEARS, SUBJECT TO A 12 MONTH WAITING PERIOD. INCLUDES EYE TEST, FRAMES & LENSES.

Benefits:

- (a) Upon acceptance to the Fund by the Management Board, members are entitled to receive the following benefits-
- (i) Hospital and Nursing Home Fees: A maximum of **R578.00** per day is paid at medical aid rates. Covers all in-hospital expenses including; attention by a medical practitioner, the cost of x-ray's, operations, injections, specialists' investigations, anaesthetic fees, physiotherapy and/or human diathermy treatment, maxilla-facial and oral surgical treatment. A medical practitioner must approve all treatment.
 - (ii) Theatre Fees: 80% of medical aid rates per claim.
 - (iii) Medicines: 100% per claim subject to a maximum benefit of **R788.00** per year. Includes supplies on authority of a prescription signed by a general practitioner or specialists for medicines, drugs, ointments, bandages and lotions.
 - (iv) Self- Medication: **R42.00** per prescription (excluding VAT), for all treatments except for vaginal treatments where the limit is **R48.00** (excluding VAT) per prescription. The facility provides for self- medication of a specified range of ailments, with the

professional guidance of a pharmacist. Only one ailment may be treated at a time and no ongoing treatment is allowed. The maximum medical aid price (MMAP) and standard scheme exclusions apply to all self-medication prescriptions. Self-medication claims do not attract any levy. Medicines are supplied on request for a specific ailment and the facility may not be used for household stocks of the member.

- (v) Spectacles: **R683.00** including one pair of lenses, one pair of frames and examination fees of an optometrist paid at medical aid rates, every two years, subject to a 12 month waiting period.
A special arrangement is in place whereby a member will receive an eye test and spectacles from SPECTACLE WAREHOUSE – ACCESS PARK, KENILWORTH BRANCH ONLY for R683.00. They will submit the account directly to the Sick Benefit Fund; therefore the member does not need to make a payment unless the amount exceeds the allocated amount of R683.00. PLEASE NOTE THIS ARRANGEMENT IS ONLY APPLICABLE AT SPECTACLE WAREHOUSE –ACCESS PARK, KENILWORTH BRANCH.
- (vi) Dentistry: 100% of medical aid rates per claim subject to a maximum benefit of **R1575.00** per year for all types of dentistry.
- (vii) General Practitioners, specialists, physiotherapy, psychology, radiology, pathology and homeopathy: **R6300.00** per annum paid at medical aid rates, subject to Fund's annual maximum overall benefit limit.
- (b) The maximum overall benefit limit for a principal member of the Fund is **R12 600.00** per annum from 1 January to 31 December.
- (c) The maximum overall benefit limit for a principal member of the Fund is increased by an amount of **R6300.00** for each dependent, subject to no individual member being entitled to benefits in excess of **R12600.00** per annum from 1 January to 31 December.
- (d) In cases of accidents, the Fund will only pay benefits not due for compensation under the Compensation for Occupational Injuries and Diseases Act, 1993, or Multilateral Motor Vehicle Accident Fund Act, 1989.
- (e) A member of the Fund, who received the total amounts of benefits, is not entitled to receive any further benefits whatsoever from the Fund until 1 January of the following year.
- (f) A member must produce a certificate from a medical practitioner when claiming benefits.
- (g) It is recommended that members consult with Medical Practitioners who are registered and have a valid practice number.

General Information

A member's right to claim benefits will be ceased if no contributions are received.

A member of the Fund who becomes temporarily unemployed for a period not exceeding four months may continue as a member of the Fund and must pay only half the combined contribution payable by the category of employee in which the member was employed immediately prior to becoming unemployed.

Every new member must complete the specified medical questionnaire and application form to the satisfaction of the Management Board to be accepted as a member of the Fund.

The Management Board has absolute and entire discretion, without having to assign a reason therefore, to refuse any person as a member or continuation member of the Fund, to accept any person as a member of the Fund subject to the exclusion of certain benefits in respect of any illnesses determined by the Management Board or at any time to exclude any person from being a member of the Fund.

An employee or working employer will not be entitled to any benefits until accepted as a member of the Fund.

An employee or working employer who ceases, not due to unemployment, to be engaged in the Hairdressing Trade immediately ceases to be a member of the Fund.

A member of the Fund may at any time be requested by the Management Board to undergo an examination by a medical practitioner nominated by the Fund. If a member fails or refuses to comply with the request after seven days' written notice, the Management Board has the right to exclude the member from the Fund.

A member of the Fund, whilst in the Republic of South Africa but outside the magisterial districts covered by the Council is entitled in the event of illness or meeting with an accident to be reimbursed by the Fund (on production of proof of payments thereof) in respect of costs incurred in receiving benefits to which members are entitled to from the Fund.

A member of the Fund is not entitled to receive any benefits as set out in this clause in the event of illness or meeting with an accident whilst outside the Republic of South Africa.

An employee who is a dependent of a member of any other registered medical aid scheme is not required to contribute to the Fund.

Claim Procedure

ONLY accounts submitted within THREE months (90 days) from the date of consultation will be paid. Please allow THREE weeks for processing of all claims. Only original claims or certified copies will be accepted. All payments are made via EFT directly into the member's bank account.

Members can arrange with their service providers, for the fund to pay them directly, thereby eliminating the need for the member to pay the provider and then submit the claim to the fund. A claim form must accompany all claims submitted to the fund. This can be obtained from our office.

A list of service providers that accepts direct payments can be obtained from the Fund.

Contact Information

Please contact Julia Wagenstroom for any Sick Benefit Fund enquiries, claims and benefit limit queries.

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