

# Multiply Wellness Day application form | 2021

Please complete this fo	rm and send it to your Accoun	nt Executive.									
Section 1: Compa	ny information										
Company name											
Physical address of proposed site for the Multiply Wellness Day											
					Postal	code					
Group product	Momentum Medical Scheme	e Multiply		Closed sc	hemes						
	FundsAtWork	Myriad		Staff Care	Solution	าร					
	Multiply for corporates										
Account executive/ adviser											
Company contact pers	on to manage Multiply Well	ness Day on site									
Name											
Cellphone number											
Email address											
Name of room/area whe	ere Multiply Wellness Day will b	pe held (eg Boardroom A1)	)								
Proposed date of the Mu	ultiply Wellness Day (at least 4	weeks from date of this a	pplication form )			D	D -	ММ	7 - [	Y Y	- Y Y
	y Wellness Day runs from 8:00			ovent is		] ] : [		until			
hosted on a weekend, we		) to 17.00. If these flours a	re exceeded of it the	e event is		] . [		untii			
No of attendees	Multiply Day duration	No of nurses									
10 - 20	1-6 hours	1	Notes:								
20 - 40	1-8 hours	2	Please use th								
40 - 80	1-8 hours	4	<ul> <li>Wellness Day. Nurses are allocated based on number of attendees and Multiply Wellness Day duration*. Cost per additional nurse requested:</li> </ul>								
80 +	1-8 hours	5	R1 800 per n	urse, per da	y.						
Estimated number of em	ployees/clients taking part in th	ne Multiply Wellness Day:									
(The number of employe	ees or clients for 2021 we cater	for on the day.)									
Will there be non-Multip	oly members testing?	Yes No		If ye	es, please	e indic	cate nu	mber			

## Section 2: Your Multiply Wellness Day preference

You will receive the following in line with attendance request:

No of attendees	10 - 30	31 - 100	101+ Executive		
Multiply Wellness Day	Basic	Comprehensive			
Information station					
Promoters (within metropolitan areas)	x1	1-2	2-3		
Assistance with points*	✓	<b>✓</b>	✓		
Partner activations	✓	✓	✓		
Device	✓	✓	✓		
Safety awareness					
Questionnaires	Info	iPads	iPads		
Health and activity					
Safety					
Financial review					
Broker (FNA)		Where applicable	Where applicable		

<sup>\*</sup> Applicable partners will be sourced

Section 3: Assessment options for a Multiply Wellness Day	
<ul> <li>The following assessments are available, please indicate which assessments you would like conducted:</li> <li>Health assessments (HA) at R140 Please estimate the number of health assessments to cater for:         <ul> <li>A nurse or biokineticist will conduct the HA and involves testing blood pressure, body fat percentage, glucose and cholesterol.</li> <li>Testing takes between 15 and 20 minutes.</li> </ul> </li> <li>HIV counselling and testing (HCT) at R135 standalone or at R105 if combined with health assessment (HA)</li> <li>This involves a finger prick test for HIV, conducted by a professional nurse. The test takes 10 minutes. Each nurse requires a private room.</li> </ul>	
• Fitness assessments (FA) at R420  FAs are approximately 30-minute assessments performed by a registered health professional (HP) affiliated with the Momentum Multiply HP Network. The assessments take place on a one-on-one basis, and therefore requires a private room. Please estimate the number of fitness assessments to cater for.	
Please note that all prices include VAT.	

# Section 4: Billing information\*

The scheme will pay, through the Health Platform, the cost of one screening test per year of up to a maximum of R140 (incl VAT) for each scheme member that has a screening test done on the Multiply Wellness Day. Scheme members will receive a statement that will indicate that their free health assessment has been paid from their Health Platform benefit. The group/employer will be responsible for the health assessment cost of scheme members that have already used the benefit for the particular year.

If the occurrence that non-scheme members are to be included in the Multiply Wellness Day, please refer to assessment cost in section 3. In the instance where the employer only caters for scheme members, the company will be liable for all non-scheme members participating, irrespective of the communication for the day.

Please note the penalty fees as stipulated below. Participation and cancellation fees are essential in securing the professional services needed to conduct the days. We provide booking sheets to assist the company in tracking attendance and limiting congestion on the day.

HCT/FA does not form part of the Momentum Medical Scheme platform benefit and either the company or employee will be liable for the cost. Scheme members on the Ingwe option do not qualify for HealthReturns.

#### 4.2 Participation fee

On page 1 of this application form, Momentum requires an **estimate number of employees attending the Multiply Wellness Day.** As our arrangements and cost for the day are related to this number, **if less than 70% of the confirmed bookings participate on the day, the company/employer will be liable for this cost** for each employee below the 70% line. **The participation fee is R140 (incl VAT) for every non-attendee.** 

For fitness assessment bookings, a minimum of 10 bookings is required. If there is less than 50% participation, the client will be liable for a cost of R420 per member.

#### 4.3 Cancellation fee

In the event of the Multiply Wellness Day being cancelled, the following costs will be retrieved from the group/employer:

- 5 working days before the event: the company/employer will be liable for 50% of the number of estimated attendees at R140 per attendee (incl VAT).
- 2 working days or less before the event: the company/employer will be liable for 100% of the number of estimated attendees at R140 (incl VAT) per attendee.

## 4.4 Weekend/overtime fees

Please note that there is a standard fee of R350 (incl of VAT) per hour per nurse on weekends or public holiday events or if Multiply Wellness Days are requested before 08:00 or after 17:00 during the week. This cost is the client's responsibility.

If Multiply promoters are needed on Sunday events, the cost is double the hourly rate, this cost is the client's responsibility.

Company information*			
Trading name			
Registered name			
VAT registration number			
Physical address			
		Postal code	
Contact person			
Contact number			
Email address			
* Mandatory for a succes	sful Multiply request.		
Section 5: Market	ing and communication plan		
Please select the client's r			
Electronic communication	n		
Email communication (te	aser, invitation, reminder)		Yes No
Generic poster			
Generic posters (Make su	re that the company allows these to be put up. Not more than 2 posters per event).		Yes No
	9 pre-vetting questionnaire		
Please confirm whether th	adopted some of the government directives for employers on wellness days at employers and the below Covid-19 government directives on health and safety in the workplace are inguised as a safe operating procedures (SOPs), safe work practices, education and training, script of incidents.	in place:	Yes No
Healthy and safe work pra	actices eg good housekeeping, social distancing and personal hygiene.		Yes No
Personal protective equip	ment (PPE) eg face masks, gloves, protective clothing.		Yes No
Have you read and unders	stood the detailed Momentum Wellness Covid-19 employer guidelines for onsite we	ellness days.	Yes No
Kindly note that if the aborendering wellness day se	wementioned employer obligations are not met either before or during wellness day rvices.	, Momentum Wellne	ss has the right to withdraw from
Section 7: Terms a	nd conditions		
Please take note of the fo	lowing:		
	person needs to ensure that sufficient communication is done and that all marketing attendance and success of this day.	ng material provided l	by Multiply is utilised. This will
•	litan Holdings will not be held responsible in any manner whatsoever for any loss or	r damages suffered by	the employees as a result of any
	the provider of the services or test administrators. e of the conditions in this application form by the company contact person.		
Company			
Responsible person at relevant company			

Accept the above terms and conditions on behalf of the company as shown above.

Signature Date DD - MM - 20 Y Y
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#### Disclaimer

Multiply informs and assists all Multiply Wellness Day attendees of their potential risk factors as well as recommended lifestyle changes but cannot accept responsibility for any consequences that may result from such recommendations. Multiply will not be involved and cannot be held responsible for issues emanating from disease management eg patient monitoring, compliances with recommended programmes, clinical outcomes or the patients adherence to the programme or any other factors or injuries that result from the patient's participation in such a programme.