



taking care of our own

# 2021 ANNUAL GENERAL MEETING NOTICE





1 September 2021

**Dear Moto Health Care Member**

Attached for your attention kindly find the Notice of the 2021 Annual General Meeting (AGM) which will be held virtually on 14 October 2021 at 11h00.

The AGM documents and unabridged audited 2020 Annual Financial Statements can be obtained by using the following methods:

**Call us** on 0861 000 300

**Send an email** to [Terry@mhcmf.co.za](mailto:Terry@mhcmf.co.za)

**Download a copy** from our website at [www.mhcmf.co.za](http://www.mhcmf.co.za)

We look forward to interacting with you at our Annual General Meeting.

**Kind regards**

**Danie van Tonder**  
Principal Officer



# 2021 Annual General Meeting Notice

Notice is hereby given that the Annual General Meeting of Members of the Moto Health Care Medical Fund (MHC) will be held virtually on 14<sup>th</sup> October 2021 at 11h00.

Members who have registered to attend will have to login via the link sent to them. Only active Principal members in attendance at the meeting will be allowed to vote. We have attached a Proxy Form for those members who cannot attend the meeting, but who wish to appoint another member as proxy to act on their behalf at the meeting.

## AGENDA

- 1 Opening and apologies
- 2 Confirmation of proper notice and quorum present
- 3 Approval of the previous AGM Minutes of 15<sup>th</sup> October 2020
- 4 Address by Chairperson
- 5 Financial Statements and Auditors' Report for the period ending 31 December 2020
- 6 Approval of Remuneration of Board of Trustees and sub-committee Fees
- 7 Trustee Elections
- 8 Board of Trustees Composition
- 9 Re-appointment of the External Auditors, Ernst and Young
- 10 Motions or Resolutions in terms of Rule 31.1.5
- 11 Closure

Members who wish to place matters to be discussed and/or resolved on the agenda of the meeting are advised that the provisions of Rules 31.1.5 to 31.1.5.2 of Moto Health Care apply which is reproduced below apply:

- 31.1.5 Any member wishing to place matters to be discussed and resolved at the annual general meeting may do so provided that:
- 31.1.5.1 Such proposed resolution must reach the Principal Officer no later than five working days prior to the date of the annual general meeting;
- 31.1.5.2 Notices of motions to be placed before the Annual General Meeting must reach the Principal Officer not later than five working days prior to the date of the meeting.

# MINUTES OF THE ANNUAL GENERAL MEETING OF MOTO HEALTH CARE (MHC) HELD VIRTUALLY ON THURSDAY, 15 OCTOBER 2020, AT 11h00

## 1. Opening & apologies

The Chairman, Mr B Canning, welcomed everyone present at the Annual General Meeting (AGM) of the Moto Health Care Medical Scheme (the Scheme) and thanked everyone for making the effort to attend. He noted that whilst the lockdown measures in place in the country had resulted in the Scheme having to hold the meeting virtually, it would also allow more members to join the meeting.

The Chairman extended a special welcome to Mr Maswanganyi from the Council for Medical Schemes (CMS), who was attending as an observer. He then advised that the following people would be sharing the platform with him:

**Danie van Tonder** - Principal Officer

**Aashna Albert** - MHC Fund Manager

**Terry Gucher-Greeff** - MHC Operations Manager

**Bongi Ngema** - Financial Manager from the Scheme's administrator Momentum Health Solutions (MHS)

**Eugene Eakduth** - Fund Manager from MHS

**Alicia Naidoo** - Ernst & Young (EY)

**Chris Esterhuysen** - Chorus call

### APOLOGIES:

#### Board of Trustees:

Mr Fred Runge  
Mr Jacob Mthimunye

#### Members:

None

#### Present:

*Member attendance as per the virtual facility: 30 members inclusive of Board members and Scheme personnel are listed below.*

#### Board of Trustees:

Barry Canning: Chairman  
Douglas Simpson  
Jan Schoeman  
Tshepo Molele  
Renee Coetsee  
Henry Lombard

#### Moto Health Care (the Scheme):

Danie van Tonder	<i>Principal Officer</i>
Aashna Albert	<i>Scheme Fund Manager</i>
Terry Gucher-Greeff	<i>Scheme Operations Manager</i>
Salome Botha	<i>Liaison Officer</i>

#### Scheme Administrators – Momentum Health Solutions (MHS)

Eugene Eakduth	<i>Fund Manager</i>
Bongiwe Ngema	<i>Financial Manager</i>
Simon Sibeko	<i>Regional Manager</i>

#### Scheme external auditors - Ernst & Young Inc.:

Alicia Naidoo



## 2. Confirmation of proper notice and quorum present

It was confirmed that although some members were having difficulty logging into the meeting, 30 members were in attendance; of which 3 members had been logged in a guest on the platform. The Chairman confirmed that there was a quorum present and that the meeting was duly constituted in terms of Rule 31.1.3 of the Scheme Rules, which specifies that at least 30 members were required to be present at the AGM in order for the meeting to be deemed quorate.

The Chairman confirmed that the Scheme Rule 31.1.2 stated that the notice of the AGM must be furnished to members at least 14 days prior to the date of the meeting, which was complied with.

## 3. Approval of minutes of the agm on 10 October 2019

The minutes of the AGM held on 10 October 2019 having been included in the notice circulated to all members, were taken as read. The minutes were approved as a true reflection of proceedings.

This was proposed by Ms. T Gucher-Greeff and seconded by the Principal Officer.

## 4. Address by the Chairperson

The Chairman noted that the Notice of the AGM contained his Review of the Scheme's performance for the year 2019. **He noted that as most members had read the documents, he would only highlight some salient points:**

- The Scheme had fared exceptionally well financially, posting a net surplus of just under R24.5 million, which enabled the Scheme to close off the year with a reserve ratio of 52%, well above the CMS required ratio of 25%. He noted that the retail motor industry had continued to experience adverse economic conditions which continued to pose a huge challenge for MHC to retain and gain members.
- The Principal Officer's report explored the macro environment by making the point that medical schemes are altruistic in their very nature. Healthcare inflation significantly outstripped general inflation, and provided a comprehensive list of factors impacting on the spiral of costs. He had highlighted that a trend existed in a reduction in the number of medical schemes as a result of amalgamations and liquidations.
- The Principal Officer's report reminded everyone what MHC strategic objectives are and quoted the Scheme's mission statement, which is "To be the scheme of choice for all employees of employers participating in the Motor Industry Bargaining Council", and factors that underpin this.
- From an operational perspective the report touched on the contracts with service providers, and how these are managed, and touched on the scheme's communication strategy, as well as the product design.
- The Principal Officer's report detailed the Scheme's financial performance which would be dealt with in more detail when the Annual Financial Statements (AFS) and Auditors report was highlighted by Ms. Ngema.

**Proposed by Mr J Schoeman and seconded by Ms T Gucher-Greeff, the Chairman's review was adopted.**



## 5. Financial statements and auditor's report for the period ending 31 december 2019

The Chairman advised that the Scheme's Audit and Risk Committee, so ably chaired by Mr. I Catt, had engaged with the Scheme's auditors, Ernest & Young, and thoroughly interrogated the statements and the report. The Committee was thus able to recommend that these be approved and adopted.

Ms B Ngema advised that the audited financial statements were prepared in accordance with the International Financial Reporting Standards (IFRS) and the Medical Schemes Act. The financial statements were reviewed by the Audit & Risk Committee and formally approved by the Board of Trustees on 30 May 2020. **The following salient summary of the results were highlighted:**

- The Scheme ended the year in a positive financial position.
- The Scheme's Risk Contribution Income for 2019 amounted to R776.6 million and the Relevant Healthcare Expenditure (which is claims and capitation fees incurred) was R725.9 million. This resulted in the Gross Healthcare Result of R50.7 million.
- The Scheme's Net Healthcare Result was a deficit of R13.2 million.
- The Scheme's investments yielded positive returns amounting to R37.7 million which is an increase of R16.8 compared to the 2018 period.
- Overall, the Scheme achieved a net surplus (including investment income) of R24.5 million for the 2019 financial period. This was an increase of R8.3 million compared to the 2018 period.
- The Scheme continued to grow its members reserves with a total number of R459 million at the end of 2019.
- The Scheme's solvency level was 52.9% which exceeded the minimum requirement set by CMS of 25% and higher by 2.5% in comparison to 2018.
- The financial statements were signed off by EY, the Scheme's external auditors and approved by CMS without any exceptions noted.
- A copy of the Scheme's audited financial statements was made available on the Scheme's website and were also included in the Scheme's AGM pack.
- With regards to the 2021 financial year, the Scheme managed to restrict the member contribution increase to an average of 4.9% and the increase would form part of the limit for the 2021 non healthcare costs.

The members were instructed by Mr Esterhuysen on how to vote on the resolution to approve the AFS.

**It was announced by Mr Esterhuysen that 68 votes were in favour of approving the 2019 AFS. 1 vote was against and 1 abstained.**

## 6. Re-appointment of external auditors: Ernst & Young (EY)

The Chairman noted that in terms of the Scheme rules, the annual appointment of the external auditors was required at the AGM. He said that the Scheme's Audit and Risk Committee had deliberated on this and recommended to the Trustees for EY to be re-appointed as the Scheme's external auditors. The recommendation had been accepted by the Board of Trustees.

The Chairman requested members present to vote on the resolution to approve the AFS.

**It was announced by Mr Esterhuysen that 68 votes in favour of re-appointing EY as the Scheme's external auditors. 1 member voted against the resolution.**


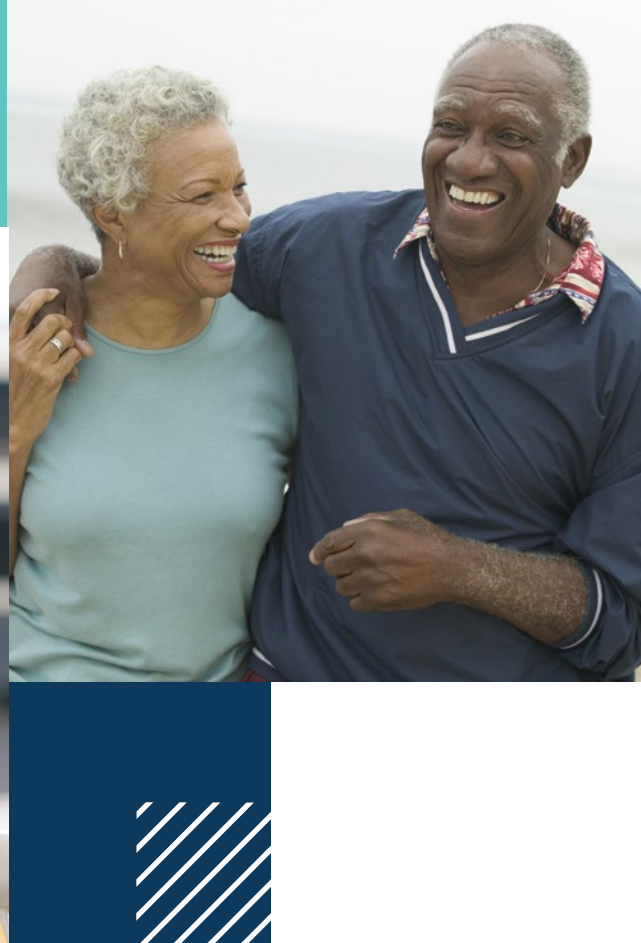
## 7. Motions or Resolutions in terms of rule 31.1.5

The Chairman noted that in accordance with the Scheme Rules 31.1.5, notices of motion to be placed before the AGM should reach the Principal Officer no later than five working days prior to the date of the AGM. No notices of motion had been received.

## 8. Closure

The Chairman stated that the Scheme’s first virtual AGM had been a success and thanked the Principal Officer and his team for facilitating the meeting along with Mr Esterhuuse.

**The Chairman thanked everyone for their attendance and participation and declared the meeting closed.**

Chairman	Date
	

# Chairman's Report for the year ended 31 December 2020

**The year 2020 was like no other in living memory. Little did we contemplate that after the outbreak of novel Coronavirus 2019 (Covid-19) that was reported in Wuhan, Hubei Province, China, in December 2019, it would spread rapidly around the world.** It was, thus, with trepidation that we had the first case of Covid-19 in South Africa confirmed by the National Institute for Communicable Diseases on 5 March 2020. A 38-year-old male in KZN tested positive after returning from a visit to Italy, having complained of flu-like symptoms.

In response to the spread of the virus gaining momentum, government declared a National State of Disaster on 15 March 2020, and placed the country in hard lockdown in terms of Alert level 5 regulations from midnight, 26 March to 31 April 2020. This had a devastating impact on South Africa's economy, which shrank by 7%, characterized by severe restrictions in movement and businesses being unable to operate, which led to large numbers losing their jobs and some businesses folding, notwithstanding governments relief measures introduced to mitigate against the hardships.

The retail motor industry was particularly hard hit by this. The Motor Industry Bargaining Council statistics during this period reflected substantial job losses. MHC's Board of Trustees was moved to consider some form of relief for the employees and employers that support the Fund, and, after consulting the Principal Officer and his team, as well as the actuarial and finance teams at Momentum Health Solutions, decided to offer contribution relief to members from April to June 2020. Contributions were discounted by 50% via a rule amendment which was approved by the Council for Medical Schemes. This relief amounted to R99,170,003 and impacted 17,415 members.

I am pleased to report that our administrators and certain service providers appreciated the significance of the relief provided to members, and they in turn contributed close to R5m by way of a reduction in their fees.

The Covid-19 impact on the Fund during 2020 is reported in note 29 to the Annual Financial Statements. A total of 1,049 lives were infected by the virus, by year end 884 recovered, and, sadly 47 lives were lost. The Covid-19 related claims amounted to just over R36 million.

One can be forgiven for believing that Covid-19 would have an adverse impact on the Fund's finances. However, as a consequence of the need to free up hospital beds to cater for Covid-19 cases, elective procedures were either cancelled or put on hold. Also, the usual flu season did not materialize as a result of the measures taken to limit the spread of the virus, such as sanitization, wearing of masks, social distancing, and the significant reduction in air travel. Claiming patterns became different to the norm. This led to the Fund incurring significantly lower risk claims than budgeted. While investment income was substantially lower, the result of a reduction in interest rates and volatility in equities, and contribution income was lower by the R99 million relief mentioned above, the Scheme nevertheless posted a surplus of R18.65 million. This in part helped boost the solvency ratio to 63.5%.

A great deal of uncertainty exists around the trajectory of Covid-19 and its impact on medical schemes, so it wise to plan for every eventuality. We could well see a spike in claims and somewhat higher claims costs, given that the Minister of Health published an amendment to the Medical Schemes Act Regulations on 7 May 2020 that effectively declared Covid-19 a Prescribed Minimum Benefit, meaning that medical schemes have to pay claims related to the virus in full. It is, therefore, reassuring when reading Note 13 of the abridged Annual Financial Statements, in which the Fund's performance for the year is outlined, that the Fund is sufficiently funded to meet any such eventuality.

The loss of members continued to weigh upon MHC. The Fund's marketing strategy was completely frustrated by Covid-19, to the extent that the members of the marketing team were unable to pursue membership recruitment as planned for most of the year. While the team had limited success in recruiting new members by making contact with potential groups remotely, the poor state of the industry, which led to significant job losses, exacerbated the loss of members. This resulted in the Scheme losing 1,994 principal members over the year. With Covid-19 remaining a constant threat to lives and the economy, it is sad that so many former members are without medical aid at a time when it is needed the most. Turning now to governance of MHC; I am happy to report that the Board of Trustees continued to meet their





obligations in overseeing the affairs of the Scheme. This was achieved by holding scheduled BoT meetings, albeit virtually. I am continually impressed at how well those attending the meetings are prepared, considering that the agenda packs are rather bulky. While our Principal Officer, Danie van Tonder, and his team were required to work remotely from their homes, they did a sterling job managing the Scheme's affairs. The same can be said for our administrator, Momentum Health Solutions, and other service providers.

It was with profound sadness that we received the news in October 2020 that Douglas Simpson, one of our Trustees had passed away. In the same month Fred Runge and Jacob Mthimunye resigned from the BoT, Fred for reasons beyond his control, and Jacob because he no longer worked in the industry. I would like to pay tribute to them for the contribution they made to MHC while serving as Trustees.

As Chairman of the Board of Trustees, I depend on so many people who provide support to the Trustees in serving the members and beneficiaries of MHC. My fellow Trustees continued to provide valuable input at meetings and support to me. It is always a pleasure to chair the meetings, so to them all I convey is my sincere gratitude.

The objects of the Fund's Audit Committee are set out in Rule 30.9 of the Fund's Rules. They are, amongst others, to assist the Board in its evaluation of the adequacy and efficiency of the internal control systems, accounting practices, information systems and auditing processes applied to the Fund or its administrator in the day-to-day management of the business. I am happy to report that the Committee not only met but exceeded the Board's expectations in carrying out its mandate. The Committee is chaired by Ian Catt, and he is supported by independent committee members, Miles Mafojane and Avashnie Ramdhani, and Board representatives, Renee Coetzee and me. To them I extend the Fund's appreciation for their valuable support.

One of the tasks of the Audit Committee is to thoroughly interrogate the Fund's Annual Financial Statements before they are signed off. This requires frequent interactions with Ernst & Young, the Fund's external

auditors. Feedback from the Audit Committee is that E&Y have yet again provided exceptional service, and so have recommended they be reappointed for the 2021 financial year. However, the Independent Regulatory Board for Auditors (IRBA) adopted and implemented the Mandatory Audit Firm Rotation (MAFR). Their ruling was gazette into law on 5 June 2018, and is effective for financial years commencing on or after 1 April 2023. It is applicable to listed companies and a broad range of other Public Interest Entities (PIEs). As a medical scheme, MHC is regarded as one such PIE, so within the next year or two will have to appoint another audit firm in place of E&Y.

Earlier in my report I alluded to our PO, Danie van Tonder, and his team of Aashna Albert, Terry Greeff, Salome Botha, and Drini Emeric having to work remotely from home, and that they have done a sterling job in managing the Fund's affairs under difficult circumstances. Join me in saluting them for their efforts.

Momentum Health Solutions (MHS) are MHC's administrators. They have a strong team overseeing the administration to provide members with superior service. The team consists of Eugene Eakduth, Anusha Radhakrishna, Mesigan Chetty, Gisella Fourie, Elsje Steyn, Pateka Bunyonyo, Seemita Ramnarain, and Ayanda Nxumalo. On behalf of all at MHC I extend to them sincere appreciation for delivering that service.

The fund also has other service providers who can be regarded as partners. They are Ernie Smith and the team at Mediscor, Brett de Lange and team at DRC, and Darren Sutcliffe and team at PPN, and they all ensure that claims do not spiral out of control. Our sincere thanks to them for their hard work and dedication.

In conclusion I thank you, our members, for your continued support and faith in MHC. Please continue to take care and stay safe.

Thank you.

**Barry Canning**  
Chairperson

# Principal Officer Scheme Report

## 2020 Financial Year

The Medical Scheme industry is complex and unique. We will try to share with you our view of the core issues by addressing and explaining the macro environment, scheme operations and financial indicators.

### Macro Environment

Global Healthcare Costs are in constant increase. Healthcare inflation worldwide is then also higher than general inflation and South Africa and Moto Health Care are not different. Unlike other types of insurance, medical schemes derive no benefit from higher contributions, because there are no shareholders, dividends or bonuses to be paid out. **The cost pressures on schemes are the result of the following factors:**

1. Increasing use of healthcare services by members.
2. The spiraling cost of providing the Prescribed Minimum Benefits (PMBs).
3. The rising cost of new medicines and technologies.
4. The increase in chronic illnesses.
5. The cost of medical malpractice insurance is rising.
6. The poor quality of state healthcare services.
7. Increasing fraud.
8. Anti-selection, which is when someone joins a medical scheme only when he or she is ill and needs to claim.
9. High mandatory reserves.
10. Absence of regulatory reform. Some measures were scheduled to be implemented but shifted aside when the government changed its healthcare policy focus to the implementation of National Health Insurance.
11. Scheme membership in general is not growing.
12. The current system. This system allows over-servicing, entrenches fraud and does nothing to align the incentives between the funders and the providers.
13. Insurance products. The new demarcation Regulations are positive. Gap cover and hospital cash plans are now restricted in terms of pay outs. The Regulations now outlaw primary healthcare policies which are not registered.
14. National Health Insurance. Some employers still hide behind this as an excuse for not subsidizing their employees. We think that this is wrong as it will take a very long time to provide proper cover, if at all, if one looks at the affordability. Our disease burden as measured by the World Health Organisation is more than double that of the global average. Coupled with a systemic shortage of providers, backlogs on infrastructure upgrades to facilities and extensive mismanagement of funds and resources within the Health Department, a more realistic strategy would be to divide responsibility between what the state can afford to deliver and allow citizens with sufficient means the freedom to purchase whatever healthcare they wish.

**There is a downward trend in the number of medical schemes.** This drop is the result of continued amalgamations and liquidations driven by the difficulty in maintaining the sustainability in some schemes.



## Strategic Objectives

**Management of the Fund focused on implementing the strategic objectives approved by the Trustees for the period under review, namely:**

- Growing the Fund and retaining existing members.
- Developing affordable, competitive and holistic health care solutions for the motor industry.
- Effective education and communication to members and stakeholders operating in the motor industry.
- Branding Moto Health Care as the medical aid fund of choice in the motor industry.
- Maintaining the financial sustainability of MHC.

**The Schemes Mission statement is as follows:**

- “To be the scheme of choice for all the employees of employers participating in the Motor Industry Bargaining Council.”
- The main factor identified which will determine MHC’s success in achieving its Mission within the next 5 years, is by sufficiently differentiating the scheme from its competitors through:
- Maximising its value proposition as offered within the framework of a dynamic business model capable of delivering:
  - The best priced benefits (affordability);
  - The most appropriate selection of benefits for employees at all levels in the Motor industry;
  - The most compelling set of complementary benefits to reward loyalty to MHC by:
- Members;
- Brokers;
- Healthcare Service Providers.

The other Mission success factors are Regulatory and stakeholder support, improved service levels and continued balanced financial performance and sound corporate governance.

## Contracts and Operations

All the Fund’s major service contracts were renewed for 2020 after due consideration was given to the operational performance of the service providers. Their performance was managed consistently. Tools used to manage included SLAs, regular meetings and the review of monthly and quarterly management and operational reports by service providers.

## Communication and Product Design

Management implemented a number of initiatives to grow the Fund. This included distributing marketing emails to employers operating in the industry and the contracting of health care brokers.

In addition, regular advertorials were placed in industry related magazines.

Between April and September 2019, management undertook an extensive process to critically examine the benefits provided to members. The exercise which involved stakeholders, allowed the scheme to design a range of benefits suited to all who operate in the motor industry. This included the re-confirmation of the two new efficiency discount options at a lower contribution to attract young and new members who are willing to be limited to network providers for hospitals and chronic medicines as well as access to Multiply as an exciting and innovative Lifestyle and Loyalty programme.

## Moto Health Care Rules

The 2020 rules of MHC were duly registered by the Council for Medical Schemes. The Fund’s virtual Annual General Meeting (AGM) was on 15 October 2020 in accordance with the rules of the Fund.

## Financial Management

**The financial statements for the year ended 31st December 2020 are included in the AGM pack. I will only highlight the main indicators as follows:**

The total contributions were R752m and the total risk contributions were R678m. The Scheme ended with a gross healthcare result of R56.6m after claims and capitation fees were paid. Administration costs compares favorably to the industry, especially if one considers the low average contribution of the Fund and the cost of outsourcing the marketing function. After managed healthcare and other costs and investment income, the Scheme ended with a net surplus of R18.7m.

The continuing positive reserve position of the Fund supports the 5th and final strategic objective which is that the fund remains viable into the future. The average age of our beneficiaries increased slightly to 36.41 years with a dependent ratio of only 1.1. The average family size is 2.1 people. The pensioner ratio (>65 years) increased from 12.2% to 13.2%.

After taking into consideration all the factors impacting on the price of our product, like legislation, benefit utilization, reserve levels, tariffs, growth etc. the weighted average increases overall was 8.2%.

There were 19296 members on average in 2020, which is 3.7% less than in 2019. The average net contribution per beneficiary per month decreased from R1501 to R1378 which was down to 2018 levels. This was because of a decision taken by the Board of Trustees after due consideration of the impact of the Covid-19 pandemic and lockdown period to approve a 50% reduction in contributions for the months of April, May and June 2020. The solvency level increased from 52.9% to 63.5%.

The accumulated reserves belong to the members of the scheme. The figure at the end of December 2020 was R477.7 million. This is well above the required value of R188 million, based on 25% of the total contribution (R752 million) for 2020.

## Conclusion

In closing, my thanks to our valued Board of Trustees and Audit Committee members and especially Mr. Barry Canning and Mr. Ian Catt, the respective Chairpersons for providing unrestricted guidance to the Fund office. I also want to thank the MHC staff and service providers for their continued commitment to MHC.

Finally, I must thank the members and employers who continue to place their confidence in us by choosing to belong to Moto Health Care. We remain committed to managing the Scheme wisely, thereby achieving positive returns for the benefit of the members. The Trustees and management of Moto Health Care all agree that we have a fantastic opportunity to provide the best health care to all our members. To this end we will constantly pursue our mission of being the Fund of choice in the motor industry and to take care of our own.

The diagnosis for Moto Health Care is positive. It is one of the biggest schemes with restricted membership and is focused on the needs of people in the motor industry. It also offers the full range of products available in the market. The accumulated reserve percentage (solvency ratio) is double the required level, which gives Moto Health Care a clean bill of health for the future and peace of mind to its members.

**Yours in good health!**

**Danie van Tonder**  
Principal Officer

*Aug 2021*



# Proxy & Voting Process

## Use of Proxy Form

**Principal Members in good standing who attend the virtual AGM have the right to vote.**

Principal Members must only use the proxy form issued herewith or one obtained on request from Ernst and Young (EY) or the Scheme office. The use of proxy forms other than those issued by the proper means will result in the nullification of the votes.

Only Principal Members who are in good standing with Moto Health Care are entitled to vote at the Annual General Meeting. Spouses, children and any other dependants are not allowed to vote.

A proxy form not completed in full will be deemed to be spoilt and disregarded in the determination of a matter where voting is needed.

## Voting Procedures

**To properly cast their votes, Principal Members are required to observe the following procedures:**

Fill-in their Moto Health Care Membership Number and Identity Number in the space provided on the proxy form. This measure is intended to secure the process against fraud. In order to ensure confidentiality. Date and sign the form in the space provided at the bottom of the form.

**Return the proxy form by using the following method:**

**Email:** [Alicia.Naidoo@za.ey.com](mailto:Alicia.Naidoo@za.ey.com)

## Closing Date

Completed forms must be received by 17h00 on 8<sup>th</sup> October 2021. Forms returned other than in the manner described herein will not be considered

## Counting of votes and results declaration

Votes will be counted by EY after voting at the Annual General Meeting has ended. On completion of the process EY will submit a report to the Board of Trustees in accordance with the Rules of the Scheme

## Contact Details

The election process is independently managed by EY. Enquiries pertaining to the process should be directed to Alicia Naidoo by e-mail [Alicia.Naidoo@za.ey.com](mailto:Alicia.Naidoo@za.ey.com)



# Procedure for the Moto Health Care 2021 Virtual AGM

## Procedure

### Registering for the AGM:

- You need to register to attend the AGM by clicking on the register here link in the email that you received from the Scheme
- Once you are registered you will receive a confirmation of your registration with a link to join the AGM on the 14<sup>th</sup> October 2021
- You will be able to view this on any device with an internet connection (desktop PC; laptop or mobile phone)
- On the day of the AGM you will need click on the link to join the AGM

### Prior to the AGM:

- Read all the documentation sent to you
- Remember to register to attend the AGM
- Submit any questions you may have to [agm@mhcmf.co.za](mailto:agm@mhcmf.co.za)

### On the day of the AGM:

- Make sure you have your membership number
- Have the documents for the AGM
- Be in a place where you will not be interrupted for the duration of the AGM
- Try to join the meeting by 10h45
- Click on the link that you were provided when registering
- Before joining the AGM, you will be asked to confirm your details
- Fill in the necessary details
- Check that your audio is working
- Enjoy the AGM

### During the AGM:

- The Chairperson of the Board of Trustees will be the host of the meeting
- Should you have a question the question can be submitted by clicking on the icon and typing out your question
- All questions sent will be moderated before being sent to the Chairperson to avoid repetition.
- At relevant times in the meeting the Chairperson will request that you vote on a proposal
- The proposal that you need to vote on will appear on your screen and you will be presented with three options being: for, against or withheld for your vote as well as for possible proxies you have.
- Select the answer that you want to provide
- Once you have logged in your vote it cannot be altered
- The Chairman will declare the voting period closed and there will be a small break while the votes are tallied
- The results of the vote will be displayed on your screen
- At the end of the meeting the Chairman will address any questions that need to be answered.

# Nominees

## **Renee Coetsee**

*Financial Director for the retail Motor Industry*

Ms Coetsee is a current Board of Trustee member who is up for re-election. She has been a member of the Scheme since 2015.

## **Marwaan Davids**

*Industry Compliance and Training Manager*

Mr Davids is a current Industry Compliance and Training Manager at the Motor Industry Bargaining Council and has been a member of the Scheme since 2017.





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