
WITBANK COALFIELDS MEDICAL AID SCHEME

91ST ANNUAL GENERAL MEETING



Table of Contents

Notice of the 91st Annual General Meeting **2**

Agenda for the 91st Annual General Meeting **3**

Minutes of the 90th Annual General Meeting **4**

Summarised Annual Report for 2025 **9**

Unit Profitability Report for 2025 **44**

Proposed Trustee Remuneration **49**



Physical Address: WCMAS Building, Corner OR Tambo & Susanna Street
Tel: 013 656 1407 | Fax: 086 627 7795
Postal Address: PO Box 26, Emalahleni, 1035
Email: wcmas@wcmas.co.za | Website: www.wcmas.co.za

Notice of the 91st Annual General Meeting

Dear Member

NOTICE TO MEMBERS OF THE WITBANK COALFIELDS MEDICAL AID SCHEME (WCMAS) ANNUAL GENERAL MEETING TO BE HELD ON 2 JUNE 2026.

In terms of Rule 26.1.2 of the WCMAS Scheme Rules the notice convening the Annual General Meeting, containing the Agenda, Annual Financial Statements, Auditors Report and Board of Trustees Report, must be sent to members at least 21 days before the date of the meeting.

Adhering to the above, notice is hereby given that the 91st annual general meeting of members of the Witbank Coalfields Medical Aid Scheme, will be held in the boardroom of the Scheme, WCMAS Building, cnr OR Tambo Road & Susanna Street, Emalahleni, on Tuesday, 2 June 2026 at 14h00 or via the virtual meeting room. Please bring your member card and proof of identity for validation.

If you would like to attend in person, please reserve your space by emailing agm@wcmas.co.za. Members who would prefer to attend the AGM virtually can register by emailing agm@wcmas.co.za. The online meeting credentials will be sent to you after registration.

The detailed agenda for the meeting and the Summarised Annual Report for 2025 are contained herein. Notices of motions to be placed before the Annual General Meeting must reach the Principal Officer no later than seven days prior to the date of the meeting. Members who wish to place matters on the agenda must provide full details of the issues to be raised, the reasons for this and the desired actions and outcomes related to the motion. This is to ensure that Members receiving notification of these agenda items can make an informed decision on the matter put before them. Notices of motions that are not consistent with the Scheme Rules or the Medical Schemes Act will not be accepted. Matters sought to be placed on the agenda must reach the Principal Officer by no later than 16h30 on Friday, 22 May 2026 via email to agm@wcmas.co.za

This notice also serves as a call for nominations in respect of the 2026 Witbank Coalfields Medical Aid Scheme Trustee elections. The Board of Trustees hereby invites nominations for candidates (nominees) from amongst the Principal Members of the Scheme, to stand for election to serve on the WCMAS Board. The Scheme is currently seeking to strengthen its skills mix, and nominations of candidates with experience in corporate governance, leadership, or human resources/reward would be advantageous. Nominees must be fit and proper to stand for election and have adequate time available to serve on the Board. Fit and proper refers to the eligibility of a person to hold an important position of trust in an entity such as a medical scheme in terms of the Medical Schemes Act and the Scheme Rules. The duties of Trustees are described in the Scheme Rules and in the Medical Schemes Act 131 of 1998, as amended.

Members wishing to submit a nomination are to use the nomination form, which can be found on www.wcmas.co.za. Nominations, together with an abridged CV and copy of the ID, must be clearly marked. Nominations submitted without the signature of the nominee and/or the required documentation attached will not be considered.

Nominations of candidates to stand election to serve on the Board of Trustees must reach the Scheme by no later than Friday, 22 May 2026 via email to nominations@wcmas.co.za.

We wish to thank you, our members, for your loyal support and look forward to your participation in the upcoming AGM.

BY ORDER OF THE BOARD OF TRUSTEES
23 April 2026

Agenda for the 91st Annual General Meeting



- 1** Notice of the meeting
- 2** Welcome
- 3** Confirmation of the Minutes of the 90th AGM
- 4** Election of Trustees
- 5** Presentation of the 2025 Annual Report
- 6** Proposed Trustee Remuneration
- 7** Auditor's Remuneration for 2025
- 8** Appointment of Auditors for 2026
- 9** General
 - 9.1** NHI Developments
 - 9.2** New Scheme Name Announcement

WITBANK COALFIELDS MEDICAL AID SCHEME

MINUTES OF THE NINETIETH ANNUAL GENERAL MEETING HELD IN THE BOARDROOM OF THE SCHEME, CNR OR TAMBO ROAD AND SUSANNA STREET, WITBANK AND VIRTUALLY VIA MICROSOFT TEAMS, ON TUESDAY, 3 JUNE 2025 AT 14H00.

PRESENT: -

R Mnguni	Member/Chairperson
C Mabanga	Member/Trustee
M Masechaba	Member/Trustee
S Lupuwana	Member/Trustee
S Kekana	Member/Trustee
B Fisher	Member
S Qobolo	Member
D De Jager	Member
B Snell	Member
P Mahlangu	Member
S Morerwa	Member
NW Mlambo	Member
S Sibiya	Member
E Mahlangu	Member
HN Mtshali	Member
NP Motlatsi	Member
JW Schults	Member
T Mahlangu	Member
L Lehoko	Member

Members attending virtually via Microsoft Teams:

O Maritz	Member
N Buthelezi	Member
T Vilakazi	Member
A Momezulu	Member
E Makhanya	Member
S Ngwenya	Member
T Maroga	Member
K Gumede	Member
H Makitla	Member
M Ngwenya	Member
S Velthuizen	Member
B Themba	Member
P Mahlangu	Member
A Nienaber	Member
R Prinsloo	Member
N Pitjeng	Member/Trustee
L Gumede	Member/Trustee
T Ngwenya	Member/Trustee
J Perkes	Chairperson – Remuneration Committee
D le Roux	Trustee

IN ATTENDANCE: -

M Anthony	Member/Principal Officer
M Perestrelo	Chief Financial Officer
A Scheffer	Member/IT Officer
C Van der Walt	Member/Scheme Secretary
C Maslo	Vice-Chairperson
T Baloyi-Motaung	Council for Medical Schemes (Regulator)
A Ahmed	Nexia SAB&T (Internal Audit)
T Mohamed	Nexia SAB&T (Internal Audit)
J Van der Westhuizen	Middel & Partners (External Audit)
J Marais	Middel & Partners (External Audit)

APOLOGIES : -

D Kruger	Member
N Ndebele	Member/Trustee
A Moulder	Member
Z Mothibi	Member

1. NOTICE OF THE MEETING

The Chairperson officially opened the 90th Annual General Meeting of WCMAS at 14:11, following confirmation of a quorum. Members were reminded that the meeting notice was distributed 21 days in advance containing the Agenda, Annual Financial Statements, Auditors Report and Board of Trustee Report.

2. WELCOME

The Chairperson welcomed all members and invitees in attendance. Attendees included members, stakeholders, and special guests from the Council for Medical Schemes, external auditors from Middel & Partners, and election scrutineers. The house rules were outlined, including emergency procedures, restroom locations, and respectful conduct expectations. Members were advised on how to raise questions both in person and online. The agenda was confirmed as distributed, with no amendments received.

3. MINUTES

The minutes of the 89th AGM held on 28 August 2024 were presented for approval. After a show of hands, the minutes were confirmed as a true reflection of the previous meeting.

4. ANNUAL REPORT

Operational and strategic overview

The Principal Officer, Mereese Anthony, presented the 2024 Annual Report. WCMAS is a nonprofit, self-administered medical scheme that has been serving the coal mining industry for 90 years. Established in 1935, the Scheme has consistently prioritized the health and well-being of its members, offering tailored healthcare solutions that balance comprehensive coverage with affordability. Governed by the Medical Schemes Act and regulated by the Council for Medical Schemes, WCMAS operates within a strict compliance framework. The governance structure includes a Board of Trustees representing key stakeholders and members, ensuring that the Scheme remains member-focused and responsive to the unique needs of the coal mining sector. The Scheme's longevity and resilience are a testament to its sound governance, financial prudence, and unwavering commitment to its members.

As of the end of the 2024 financial year, WCMAS experienced a healthy membership growth of 3.5%. The demographic profile of the Scheme remains favorable, with an average beneficiary age of 29.5 years which is significantly younger than the industry average of 34 years. This youthful profile contributes to a lower risk pool and supports long-term sustainability. The pensioner ratio remains stable at 5.1%, well below the industry average of 9.4%.

The distribution of membership across the benefit options remains relatively stable with the Comprehensive option maintaining its position as the most preferred choice and representing 67% of total membership of the Scheme. For the 2024 financial year, the Scheme budgeted for a 6.3% annual contribution increase, however the actual contribution increase was only 5.1%.

Financial results overview

The Chief Financial Officer, Monica Perestrelo Javed, presented an overview of the 2024 financial results starting with membership and demographics. There was a 3.5% increase in membership in 2024, bringing the total number of members to 9,930 with 26,131 beneficiaries. The average membership growth in the industry as per the CMS is 1.3%. The average member-age remained at 29.5 with a stable pensioner ratio of 5.1%. Chronic disease prevalence amongst the beneficiaries decreased from 17.8% to 17.5%.

All options generated surpluses before mutualization with a total Scheme surplus of R103 million. The surpluses were driven by an insurance service surplus of R32 million and investment income of R71 million. The insurance service result can be looked at as the Scheme's operating profit and is made up of contributions, less claims and direct expenses. The result is a large improvement from the prior year's deficit of R54 million. This is mainly due to lower than expected claims driven by a 3.9% decrease in hospital admissions, 0.9 % lower cost per admission and fewer high-cost cases. Chronic medication costs were also lower than budgeted, and the number of chronic patients decreased by 0.3%. The top chronic conditions among members remain hypertension, HIV, diabetes, high cholesterol, and depression. The Scheme has put in place disease management programs for all these conditions to achieve better healthcare outcomes for members and to manage the cost to the Scheme, with a Mental Health Program launched on 1 January.

Administration costs decreased by 1.4% year-on-year, with costs amounting to R131.75 per beneficiary per month, which is below the industry average of R174.04. Investments are managed by four asset managers and the asset allocation is compliant with the Medical Schemes Act Regulations. The return on investment generated as a percentage of investments was 10.1%, up from 9.5% in 2023. The investment return target of CPI + 3% over a rolling three-year period was surpassed by 0.6%. The strong performance is largely due to gains in the SA equity and bond market following a good election and formation of the Government of National Unity. Money market funds also performed very well in a high-interest rate environment with cash returns exceeding the STEFI composite benchmark by 0.7%.

The Scheme's solvency ratio improved from 78.3% to 79.4%, well above the statutory minimum of 25% and the risk based capital requirement of 40%. The Scheme is in a strong financial position which enables it to navigate uncertainty with confidence, maintain stability with predictable contribution increases for members and continue to deliver sustainable value by leveraging investment income to offset operating costs. The Scheme's assurance is to remain committed to prudent financial management and long-term growth for the benefit of members.

A member requested clarity on the decrease in admin fees of more than R3 million year on year. Ms Perestrelo explained that a large part of the decrease is not having to incur costs related to statutory management in the prior years as well as the legal complaint regarding the former PO. The Scheme also saved significantly on audit fees and other operational costs.

Corporate Governance Overview and Statutory Manager update

The Chairperson reflected on the Scheme's 90-year milestone, highlighting its founding in 1935 and its enduring commitment to integrity, care, and financial prudence in serving members. More than a medical aid scheme, WCMAS has been a cornerstone in the coal mining community, offering dependable and affordable healthcare solutions underpinned by strong governance, dedicated leadership, and loyal member support. The Scheme reported strong operational and financial performance in 2024, achieving a net surplus of R103 million against a budgeted R1.2 million. These reserves have been strategically allocated to ensure the long-term sustainability of members' healthcare.

Key achievements included a 3.5% organic membership growth, a youthful average beneficiary age of 29.5 years, and a solvency ratio of 79.5%, well above the industry benchmark. The Comprehensive option remained stable, with effective cost management strategies that kept both claims and administrative expenses in check. Notably, administration costs dropped to R131.75 per beneficiary per month, well below industry benchmarks. On the clinical front, 17.5% of members are now enrolled in chronic disease management programs, and the introduction of a new mobile app has enhanced access to mental health support, with growing member participation. Hospital admissions decreased by 3.9%, and high-cost claims dropped by 15.3%, contributing to both clinical sustainability and financial health.

Governance and oversight were strengthened following the successful conclusion of statutory management directives from the Council for Medical Schemes. The Chairperson emphasized the Scheme's proactive approach to risk management, acknowledging external challenges such as industry wide threads, NHI, regulatory uncertainty and economic pressures. Despite these, WCMAS remains well-positioned for the future, with actuarial assessments confirming the soundness of its contribution structures and financial outlook. The Scheme is committed to sustainable, data-driven, and member-centric healthcare delivery.

The Chairperson extended gratitude to the Board of Trustees, executive management, employees, members, and service providers for their unwavering support. The Chairperson called on all stakeholders to honour the legacy of the past 90 years and to confidently shape the next chapter with responsibility, resilience, and purpose.

5. **REMUNERATION OF TRUSTEES AND COMMITTEE MEMBERS**

The proposed remuneration for Trustees and Committee members was recommended by the Remuneration Committee of the Scheme for approval by members and had been circulated to the members with the Annual General Meeting notice.

A member, Mr. Andries Nienaber, raised concern regarding the disparity between Committee Chairperson and Member fees. Ms Perestrelo Javed provided more context and explained that the Remuneration Committee benchmarked the fees to the IODSA industry publications to align fees to the industry. Typically, the chairperson would have to do far more preparation than the average member. Looking at the Audit & Governance Committee in particular, the role of the Chairperson is important from a statutory point of view, and carries more risk than the average committee member.

The proposed remuneration was approved by majority vote of members. The Chairperson committed to noting the members' comment with the next annual trustee remuneration review. The proposed increases were approved as follows:

	Fee per meeting approved at 2024 AGM		Proposed fee per meeting from after the 2025 AGM (4.4% increase)	
	Member	Chair	Member	Chair
Board of Trustees	R2 330	R3 500	R2 430	R3 650
Audit and Governance Committee	R5 790	R8 710	R6 040	R9 090
Nominations and Advisory Committee	R3 690	R5 810	R3 850	R6 070
Remuneration Committee	R3 860	R5 810	R4 030	R6 070
Other Committees	R4 000	R5 360	R4 180	R5 600

6. **AUDITOR'S REMUNERATION**

The audit fee for 2024, including disbursements was R1.1 million, which is lower than the audit costs for the previous year of R1.6 million. The audit fee for 2024 was approved by show of hands.

7. **APPOINTMENT OF AUDITORS FOR 2025 IN TERMS OF RULE 25**

Middel & Partners were praised for their performance and members approved the reappointed of Middel & Partners as auditors for 2025.

8. **ELECTION OF TRUSTEES**

The Chairperson explained the voting process for the members attending in person and for members online. The members in person received a ballot paper to vote for three trustees or to choose to abstain from voting. After casting their votes, members can place their ballot in a ballot box. Online voting will take place through a poll in the Teams chat where members can also vote for three trustees or abstain from voting. Mr Abdul Ahmed and Mr Talha Mohamed from Nexia SAB&T are the election scrutineers and will provide the results to the Chairperson.

There are three vacancies on the Board of Trustees. Nominations were received from members for the following members to stand for election:

Ms. Hazel Mtshali
Ms. Nomsa Mlambo
Mr. Richard Mnguni
Mr. Siyanda Lupuwana
Ms. Zinhle Mothibi

The abridged CVs of the nominees had been published and were presented to the members in the meeting.

Voting was conducted both in person and online. Due to technical issues with the online poll, online voting was completed via show of hands.

The results were handed to the Chairperson by Mr Ahmed. The following trustees had been elected for a two-year term:

Ms. Nomsa Mlambo
Mr. Richard Mnguni
Ms. Zinhle Mothibi


The Chairperson thanked the outgoing trustees for their service on the Board.

9. DISCUSSION UNDER GENERAL

9.1 NHI

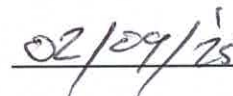
The Principal Officer provided an update on the NHI Act signed into law in May 2024. Legal challenges are ongoing, and full implementation is expected to take many years. WCMAS, as a member of the Board of Healthcare Funders (BHF), remains apprised of the developments. The Scheme will continue to monitor developments and communicate with members.

The floor was opened for questions. None were raised. As there was no further business to discuss, the Chairperson thanked the members for their presence and participation and declared the meeting as concluded at 15H39.



CHAIRPERSON

(Certified as correct, to be approved at the 2026 AGM)



DATE

SUMMARISED
ANNUAL
REPORT

2025



CONTENTS

Report of the Board of Trustees	2
Statement of Responsibility by the Board of Trustees	19
Statement of Corporate Governance by the Board of Trustees	21
Independent Auditor's Report	Error! Bookmark not defined.
Statement of Financial Position	31
Statement of Profit or Loss and Other Comprehensive Income	32
Statement of Cash Flows	33



2025 HIGHLIGHTS

Our Members

Members	10,154
Beneficiaries	26,668
Average age	29.8 yrs
Pensioner ratio	4.9%
Chronic disease ratio	28.4%



Value Created

Claims paid	R651 million
Hospital authorisations	5,450
Non-healthcare expenses as a % of contributions	5.6%
Managed care savings	R28 million

Ensuring Sustainability

Insurance liability to future members (reserves)	R725 million
Solvency ratio	79.4%
Investments (excl cash)	R972 million
Investment income	R108 million
Aggregate gross investment return	10.1%



REPORT OF THE BOARD OF TRUSTEES

The Board of Trustees hereby presents its report for the year ended 31 December 2025.

1. ABOUT WCMAS

The Witbank Coalfields Medical Aid Scheme (WCMAS) is a non-profit, restricted membership, self-administered medical scheme governed by the Medical Schemes Act of South Africa, as amended, and regulated by the Council for Medical Schemes. For 90 years, WCMAS has been dedicated to serving its members, affiliated employer groups, and the broader coal mining industry, providing tailored healthcare solutions that prioritize both comprehensive coverage and affordability.

As a specialist scheme catering to a niche market, WCMAS is managed by a Board of Trustees representing key stakeholders and members. The Scheme is designed to address the diverse healthcare needs of coal mining employees across various employment levels, offering exceptional value beyond what is typically available through open medical schemes.

WCMAS distinguishes itself through:

- Tailored healthcare solutions designed for the unique demands of the coal mining sector.
- Personalized service from a dedicated regional team with in-depth industry knowledge.
- Robust financial reserves, ensuring long-term stability and trusted healthcare protection for members.

With a strong foundation in both financial sustainability and service excellence, WCMAS remains a leading medical scheme for the coal mining industry, delivering reliable, high-quality healthcare coverage to its members.

2. OPERATIONAL AND BUSINESS REVIEW

As a not-for-profit entity with strong financial reserves, the Scheme budgeted to break even, projecting a marginal surplus of R5 million after investment income for the 2025 financial year. However, the actual financial outcome significantly exceeded expectations, with a net surplus of R144 million. This surplus has been allocated to the liability for future members in the statement of profit or loss, reinforcing the Scheme's long-term sustainability and financial stability.




2.1 OPERATIONAL STATISTICS PER BENEFIT OPTION

2025		Comprehensive	Midmas	Ntsika	Scheme
Average number of members during the accounting period		6,577	1414	2,163	10,154
Number of members at 31 December		6,577	1698	2,262	10,537
Average number of beneficiaries during the accounting period		17,303	3,986	5,380	26,668
Number of beneficiaries at 31 December		17,377	4,820	5,494	27,691
Average family size at 31 December		2.6	2.8	2.5	2.6
Average beneficiary age as at 31 December		31.4	26.4	27.8	29.8
Pensioner ratio at 31 December	%	7.4	0.4	1.0	4.9
Insurance revenue per average beneficiary per month (pabpm)	R	2,272	1,337	1,210	1,918
Insurance service expenses pabpm	R	2,362	1,098	1,106	1,920
Relevant healthcare expenditure incurred pabpm	R	2,222	962	957	1,778
Directly attributable insurance service expenses pabpm	R	140	127	147	139
Directly attributable insurance service expenses ratio	%	6.1	9.5	12.1	7.3
Relevant healthcare expenditure ratio	%	97.8	71.9	79.1	92.7
Average members' funds per member as at 31 December*	R				82,433
Return on investments as a percentage of investments*	%				14.8
2024		Comprehensive	Midmas	Ntsika	Scheme
Average number of members during the accounting period		6,608	1065	2,240	9,913
Number of members at 31 December		6,605	1187	2,138	9,930
Average number of beneficiaries during the accounting period		17,384	2,968	5,783	26,135
Number of beneficiaries at 31 December		17,359	3,308	5,464	26,131
Average family size at 31 December		2.6	2.8	2.6	2.6
Average beneficiary age as at 31 December		31.1	25.2	27.0	29.5
Pensioner ratio at 31 December	%	7.3	0.4	0.7	5.1
Insurance revenue per average beneficiary per month (pabpm)	R	2,159	1,303	1,172	1,843
Insurance service expenses pabpm	R	2,079	1,331	1,052	1,767
Relevant healthcare expenditure incurred pabpm	R	1,985	1,182	936	1,662
Directly attributable insurance service expenses pabpm	R	137	129	117	132
Directly attributable insurance service expenses ratio	%	6.4	9.9	10.0	7.1
Relevant healthcare expenditure ratio	%	92.0	90.7	79.9	90.2
Average members' funds per member as at 31 December*	R				72,971
Return on investments as a percentage of investments*	%				10.1

*Average accumulated funds per member and return on investments are only calculated for the total Scheme and not per option.

2.2 BENEFIT OPTIONS

The Scheme's benefit options remained largely unchanged for the 2025 financial year, ensuring stability and continued value for members. WCMAS offers a range of tailored healthcare solutions designed to meet the diverse needs of its member base.

 <p>COMPREHENSIVE</p>	 <p>MIDMAS</p>	 <p>NTSIKA</p>
<p>The Comprehensive Option provides extensive medical coverage, offering members peace of mind with competitive subsidization for continuation members who retire on this plan. The day-to-day component is primarily funded through a Medical Savings Account (MSA), which accumulates at 25% of contributions, allowing members flexibility in managing their out-of-hospital expenses.</p>	<p>The Midmas Option provides middle-range hospital benefits along with a discretionary Medical Savings Account (MSA) for day-to-day medical expenses, also allocated at 25% of contributions. This option offers a balance between affordability and comprehensive coverage, making it a suitable choice for members seeking flexible healthcare solutions.</p>	<p>The Ntsika Option is designed to provide affordable, primary care-focused healthcare for lower-income employees. Members have access to private healthcare facilities within the Ntsika network. Day-to-day healthcare expenses are funded through insured benefits, ensuring accessibility and cost-effectiveness. Contributions are income-based, offering one of the most affordable private healthcare solutions in the market for this segment.</p>

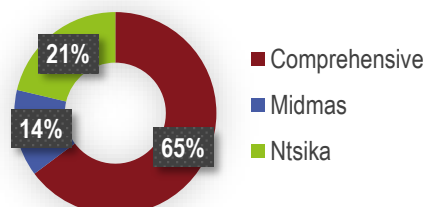
With its diverse benefit options, WCMAS continues to deliver cost-effective and high-quality medical cover, ensuring members receive the best possible healthcare solutions tailored to their needs.

2.3 MEMBERSHIP

The Scheme experienced positive growth of 2.4% during the year, with the addition of 241 new members. At the close of the financial year, the average age of beneficiaries remained low at 29.8 years (2024: 29.5), which is significantly lower than the industry average of 34.2 years. Similarly, the pensioner ratio remained stable at 4.9% of total beneficiaries (2024: 5.1%), well below the industry average of 9.6%.

This continued growth and sustained favourable risk profile underscore the exceptional value that WCMAS provides to its members, reinforcing its competitive advantage within the medical scheme industry.

The distribution of membership across benefit options has remained relatively stable, with the Comprehensive Option maintaining its position as the most preferred choice, representing 65% of total membership (2024: 67%).



2.4 INSURANCE REVENUE

For the 2025 financial year, the Scheme budgeted for an annual contribution increase of 5.9%. However, the actual contribution increase per beneficiary was 4.1%, reflecting a lower-than-anticipated adjustment. This variance was primarily driven by a shift in membership demographics, with a higher proportion of new members opting to the Midmas benefit option.

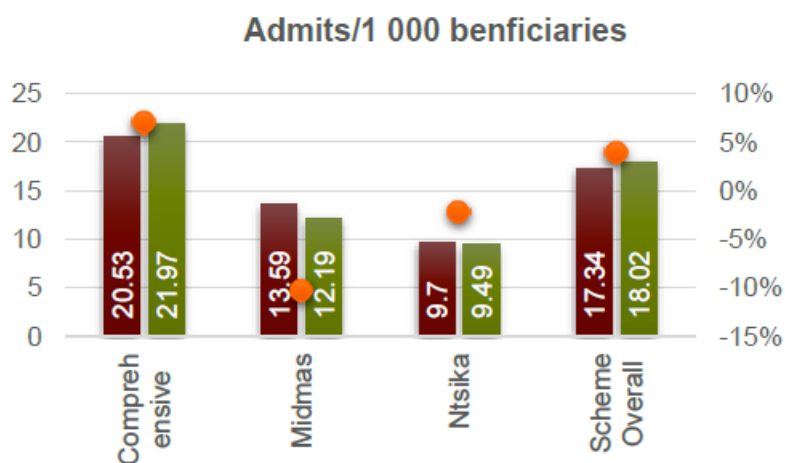
2.5 INSURANCE SERVICE EXPENSES

Medical inflation typically outpaces consumer inflation by 1 to 3 percentage points per annum. In anticipation of this trend, the Scheme budgeted for a 7.4% increase in claims expenditure for 2025. However, the actual claims incurred per beneficiary saw an increase of 8.7%, reflecting a higher claims experience than projected.

2.5.1 Hospitalization

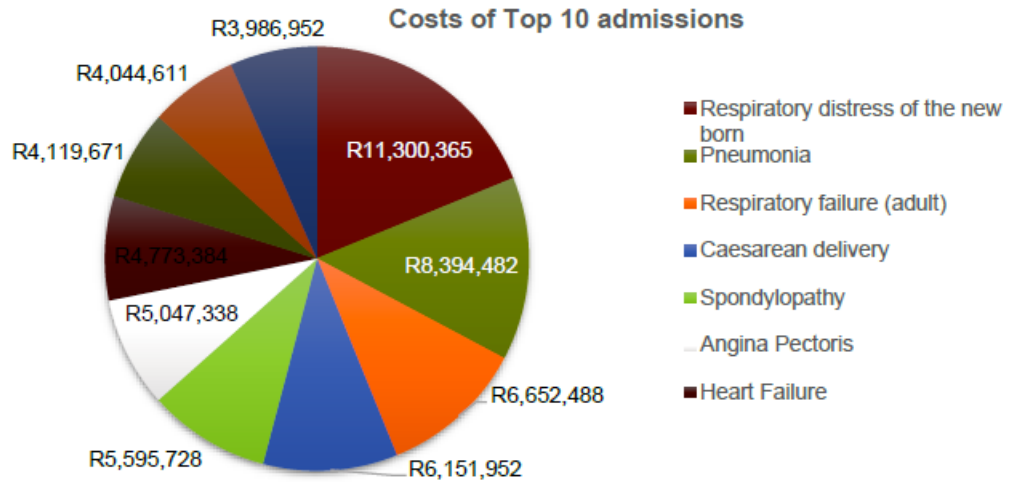
Hospital admission costs are the most substantial and variable of the scheme's insurance service expenses. These costs include inpatient care, surgical procedures, intensive care, and extended hospital stays for medical conditions, all of which can significantly impact the Scheme's financial results. Factors such as the frequency of admissions, the severity of medical conditions, and advancements in medical technology influence overall expenditure.

The incidence of hospital admissions is the number of admissions per 1 000 beneficiaries. The incidence of admissions reflects the extent of hospital admissions in WCMAS and is independent of the number of members joining or leaving WCMAS. On this basis, the rate of hospital admissions increase by 3.9% (2024: reduction of 3.9%) year-on-year, reflecting a normalisation to the prior year's relatively low hospitalisation incidence. The Comprehensive option 7%, while the Midmas and Ntsika options reduced by 10.3% and 2.2% respectively. This hospitalisation incidence trend is illustrated in the graph below:



The overall cost per hospital admission decreased by 4.3% compared to the previous year. This is due in part to a different case mix experience and a reduction in both the number and costs for injuries, maternity deliveries and premature neonates when compared to 2024.

The top ten admission types by cost accounted for 26.1% of the total authorized hospital expenses for the year (2024: 26.7%), reflecting a consistent trend in hospital admission cost drivers:



The Scheme experienced a decrease in the number of high-cost claims during the year. A high-cost claim is defined as claims cost exceeding R350,000 for a single beneficiary within a benefit year. The total value of high-cost claims increased by R10.2 million, now representing 43% of total claims, compared to 42% in 2024. This increase was driven by:

- A 7.5% decrease in the number of high-cost cases.
- A 2.8% reduction in the average cost per case.

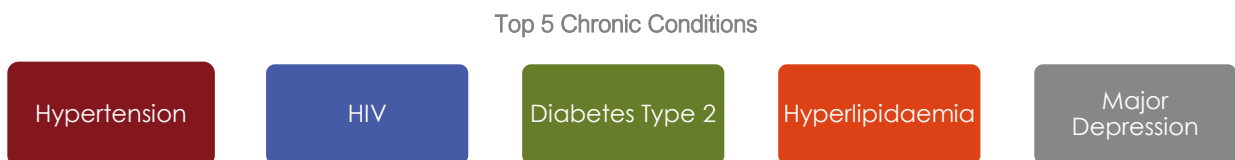
These trends have contributed to higher overall claims expenditure in hospital.

2.5.2 Chronic Conditions

Chronic condition expenses represent a significant portion of overall healthcare costs and directly impact financial sustainability. These ongoing medical expenses, associated with conditions such as diabetes, hypertension, and heart disease, require continuous treatment, medication, and management, leading to substantial long-term financial commitments.

The Scheme's chronic medicine costs increased by 10.1%, which was higher than the budgeted estimate of 7.3%. While the cost per patient remained in line with forecast SEP increases at 5.9%, the number of members claiming chronic medication increased by 4%, partly due to the overall increase in membership of 2.4%.

The top five chronic conditions by cost remained unchanged from the previous year, highlighting consistent treatment patterns and member healthcare needs.

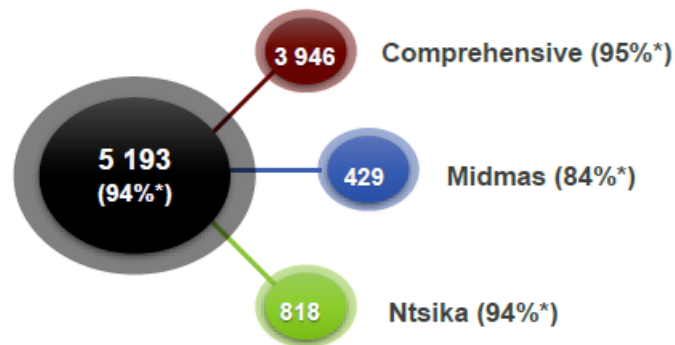


The Scheme continued to strengthen its disease management programmes during the year under review, with a focus on improving health outcomes for members living with chronic conditions, including HIV, hypertension, hyperlipidaemia, and Type 2 diabetes.

In support of members' holistic wellbeing, the Scheme introduced a Mental Wellbeing Programme on 1 January 2025 to assist members in managing mental health conditions such as major depressive disorder. The Trustees also approved the introduction of a Respiratory Disease Management Program to support members living with asthma, chronic obstructive pulmonary disease (COPD) and other respiratory conditions from 1 January 2026.

These initiatives form part of the Scheme’s broader clinical risk management strategy aimed at addressing prevalent chronic conditions and promoting appropriate and proactive healthcare interventions

During the year under review, 17.8% of beneficiaries submitted claims relating to a chronic condition (2024: 17.5%). A total of 5,502 beneficiaries (2024: 4,730) were enrolled in disease management programmes, of whom 94% (2024: 96%) received counselling as part of their care plans. The Trustees recognise that effective disease management plays an important role in improving member health outcomes while contributing to the long-term financial sustainability of the Scheme.



As part of its ongoing governance oversight, the Scheme issued a Request for Proposal (RFP) for disease management services during the year. Following a comprehensive evaluation process undertaken by Management, the Clinical Governance Committee and the Board of Trustees, the managed care contracts were awarded to PPS Health Administrators, with effect from 1 January 2026.

The Scheme also participated in the Health Quality Assessment (HQA) survey during 2025. HQA is an independent South African non-profit organisation that conducts annual clinical quality assessments across the healthcare sector and serves as a national benchmarking standard. The results of the survey provided valuable insights and highlighted key areas of focus to further strengthen the Scheme’s disease management programmes and clinical quality outcomes.

2.6 ADMINISTRATION AND OPERATIVE EXPENSES

The Scheme operates on a self-administered model, with certain administrative and risk management functions outsourced to specialised third-party experts to optimise operational efficiency and to access technical expertise. To ensure maximum value for members, the Board actively monitors administrative and operational expenditure through regular reviews of itemised costs against the approved budget. This oversight supports cost-effectiveness while ensuring alignment with the Scheme’s financial sustainability objectives.

Administration expenses that are directly attributable to insurance contracts are classified as insurance service expenses. During the reporting period, these expenses accounted for 7.3% of risk contributions received (2024: 7.1%). On a per-beneficiary-per-month basis, administration expenses increased by 5.7%, from R131,75 in 2024 to R139.23 in 2025.

The most recent available industry benchmark, based on the 2024 financial year, reflects an average administration cost of R194.86 per beneficiary per month, which highlights the Scheme’s continued efficiency in managing administrative expenditure.

2.7 INVESTMENT PERFORMANCE

The Scheme's accumulated reserves continued to generate sufficient investment income during the year under review to fully offset administrative and operative expenses. As a result, 100% of members' contributions were applied toward funding healthcare benefits. The Trustees regard this outcome as an important indicator of the Scheme's prudent financial management and its commitment to maximising value for members while maintaining long-term sustainability.

Over the three-year period ending 31 December 2025, the Scheme's asset managers delivered a net return of 13.6% (2024: 8.8%), exceeding the performance target of 7.4% (2024: 8.2%). Funds allocated to the money market achieved a 8.8% return over the same period (2024: 9.2%), outperforming the STeFI Composite benchmark of 7.5% (2024: 8.5%).

The Scheme's investment strategy remains focused on achieving a CPI+3% return over a rolling three-year period while maintaining a strong emphasis on capital preservation and responsible risk management. Following a comprehensive review, the Investment Committee confirmed that the current asset managers and the CPI+3% performance objective remain appropriate in supporting the Scheme's long-term financial stability and the sustainability of member benefits.

3. SOLVENCY AND FINANCIAL STABILITY

In accordance with Regulation 29(2) of the Medical Schemes Act 131 of 1998, as amended, the Scheme is required to maintain accumulated funds, excluding unrealised investment reserves, at a minimum solvency level of 25%. The solvency ratio for 2025 and 2024 is presented below:

	Note	2025	2024
Insurance contracts liability for future members (members' funds)	10	868,586,642	724,598,316
Less: Cumulative net unrealised non-distributable reserve movements recognised in the statement of income		(225,265,151)	(134,640,554)
Accumulated funds per regulation 29		643,321,491	589,957,762
Gross contributions (including savings contributions)	14	792,225,654	743,416,468
Solvency ratio		81.2%	79.4%

The Scheme significantly exceeds the regulatory solvency requirement, with a solvency ratio of 81.2% in 2024 (2024: 79.4%), reinforcing its strong financial position and ability to meet future member obligations. There were no unusual movements in members' funds that the Trustees believe should be brought to the attention of the members.

4. MEDICAL SAVINGS ACCOUNTS

The Scheme offers personal medical savings account options through the Comprehensive and Midmas benefit plans. These savings accounts are designed to help members cover day-to-day healthcare expenses that are not fully covered by the risk pool, providing greater financial flexibility in managing out-of-pocket medical costs.

Personal medical savings are administered on behalf of members in accordance with the Scheme Rules and the Medical Schemes Act, as amended. Unutilized savings amounts accumulate over time for the long-term benefit of the member, with interest applied using the effective interest rate method. In compliance with Regulation 10, the liability associated with members' savings accounts is classified as a current liability in the Scheme's financial statements.

The Scheme also assumes some risk related to the forward allowance of savings account utilization, as outlined in the Scheme Rules. When a member transfers to another benefit option that does not include a personal medical savings account or moves to another medical scheme, any accumulated, unutilized savings balance is refunded or transferred in accordance with the Scheme's rules and regulatory requirements. This ensures that members retain the benefit of their personal medical savings contributions while maintaining financial integrity within the Scheme.

5. SCHEME MANAGEMENT AND THIRD-PARTY SERVICE PROVIDERS

MEMBER ELECTED TRUSTEES

Andile MB Mazibuko		Changes in 2025 Term of office expired on 3 June
Comfort Mabanga		
Letlotlo BM Modise		
Nomsa W Mlambo		Elected on 3 June
Nomthandazo SN Ndebele		
Zinhle Mothibi		Elected on 3 June
Richard V Mnguni (Chairperson)		Re-elected on 3 June Reselected as Chair on 29 July
Siyanda Lupuwana		Term of office expired on 3 June

EMPLOYER APPOINTED TRUSTEES

Caroline IA Maslo	Thungela	Term of office expired on 3 June
Dion M Le Roux	Seriti	Appointed on 4 March
Lebogang S Gumede	Glencore	Re-appointed on 3 June
Masechaba M Makgolane (Vice-Chair)	Thungela	Re-appointed on 3 June Selected as Vice-chair on 29 July
Nomthandazo Pitjeng	Seriti	Re-appointed on 3 June
Sarah L Kekana	Glencore	Re-appointed on 3 June
Thulisile Ritah Ngwenya	Thungela	Appointed on 3 June

EXECUTIVE MANAGEMENT

Mereese A Anthony	Principal Officer
Monica DA Perestrelo Javed	Chief Financial Officer

ACTUARIES

3One Consulting Actuaries
52 Grosvenor Road
Bryanston
Sandton

PRINCIPAL BANKERS

Nedbank Limited

ADMINISTRATION

WCMAS was self-administered for this financial year ending 31 December 2025. Select administration functions and network management for the Ntsika option:

Universal Healthcare Administrators (Pty) Ltd
Universal House
15 Tambach Road
Sunninghill Park
Sandton

MANAGED HEALTHCARE

Universal Care (Pty) Ltd

Universal House
15 Tambach Road
Sunninghill Park
Sandton

Medikredit Integrated Healthcare Solutions

(Pty) Ltd (formerly Performance Health)
10 Kikuyu Road
Sunninghill
Sandton

ASSET MANAGERS AND CONSULTANTS

Aluwani Capital Partners

Aluwani House
24 Georgian Crescent East
Bryanston East
Johannesburg

Coronation Fund Managers

7th Floor
MontClare Place
Cnr Campground & Main Road
Claremont
Cape Town

NinetyOne Investment Managers

100 Grayston Drive
Sandown
Sandton

M&G Investments

Formerly Prudential Investment Managers
Loft Offices East
31 Tyrwhitt Avenue
Rosebank
Johannesburg

Willis Towers Watson

Illovo Edge
1 Harries Road
Illovo
Sandton

EXTERNAL AUDITOR

Middel & Partners Inc.

42 Lebombo Road
Ashlea Gardens
Pretoria
0081

INTERNAL AUDITOR

Nexia SAB&T Inc

119 Witch-Hazel Avenue
Highveld Technopark
Centurion

WCMAS REGISTERED OFFICE

WCMAS Building
corner Susanna Street and OR Tambo Road
Emalahleni

WCMAS POSTAL ADDRESS

PO Box 26
Emalahleni
1035

6. CORPORATE GOVERNANCE

6.1 COMMITMENT TO GOVERNANCE

The WCMAS Board of Trustees is committed to upholding the principles of fairness, responsibility, transparency, and accountability in all its interactions with stakeholders. The Board applies Principles and Code of Corporate Practices and Conduct outlined in the King Report on Governance, as applicable to medical schemes.

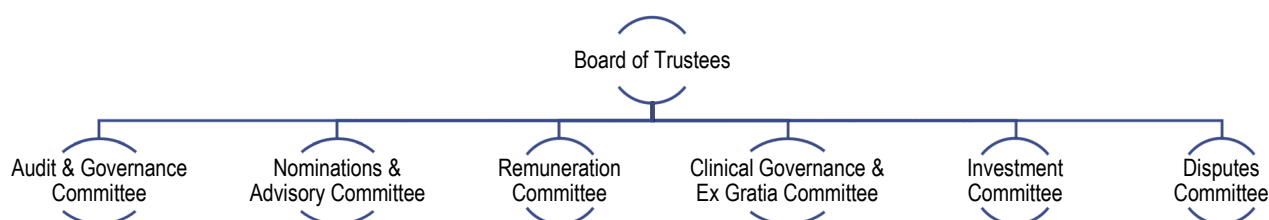
6.2 BOARD OF TRUSTEES

The Board of Trustees consists of at least ten members, with an equal split between representatives appointed by participating employer groups and those elected by members of the Scheme at the Annual General Meeting. Trustees serve a two-year term, with a maximum of three successive terms. The Nominations and Advisory Committee reviews all prospective trustees, and the Chairperson and Vice-Chairperson are elected by the Board.

The Board met regularly to monitor Scheme performance, ensuring informed and constructive discussions on policy, strategy, risk management, and service delivery. To enhance decision-making, the Board received actuarial, legal, and investment management advice from experienced professionals. Trustees have direct access to the Executive Management and may seek independent professional advice at the Scheme's expense when required.

6.3 COMMITTEES OF THE BOARD OF TRUSTEES

The Board has established several sub-committees to support its governance duties. These committees meet regularly and include both Trustees and non-trustee members selected for their expertise. Each committee operates under a written charter outlining its responsibilities and authority. The Principal Officer and Chief Financial Officer attend all meetings, and the Committee Chairperson reports to the Board after each session. Committee meeting minutes are circulated to the Board for review.



6.3.1 Audit and Governance Committee

Established in accordance with Section 36 of the Medical Schemes Act, this Committee provides oversight of the Scheme's accounting policies, internal controls, risk management and financial reporting. It consists of six members, two of whom are Trustees, while the Chairperson is an independent non-trustee member. The Committee liaises with external auditors, internal auditors, and Scheme management to ensure financial integrity. The Committee comprises the following members during the year under review:

Andries J Nienaber		Non-trustee member
Masechaba M Makgolane		Trustee member
Nomthandazo SN Ndebele		Trustee member
Re-ana C Joseph	Chairperson	Non-trustee member
Riaan NM Prinsloo		Non-trustee member
Wilfred L Skhosana		Non-trustee member

During the year, the Committee:

- Fulfilled its duties as required by the Medical Schemes Act and the Board's Terms of Reference.
- Confirmed the independence of the external auditors.
- Determined that there were no material breakdowns in internal controls.
- Reviewed the risk register and financial statements.
- Recommended the adoption of the Annual Financial Statements by the Board.

6.3.2 Nominations and Advisory Committee

This Committee advises the Board on trustee nominations, diversity, skills assessments, and committee composition. It also evaluates the performance of committees, chairpersons, Trustees, and executive management. It operates under a written Terms of Reference and plays a key role in strengthening Scheme governance.

The Committee comprises the following members during the year under review:

Dion M Le Roux	Appointed on 31 July 2025	Trustee member
Jaqueline Perkes	Chairperson	Non-trustee member
Letlotlo BM Modise		Trustee member
Sunelle Viljoen		Non-trustee member
Zandile Nkosi		Non-trustee member

6.3.3 Remuneration Committee

The Remuneration Committee oversees all remuneration matters for Trustees and Scheme employees, ensuring that remuneration strategy aligns with the Scheme's objectives. The Committee recommends appropriate compensation structures to the Board and AGM for approval. The Committee comprises the following members during the year under review:

Carlo Steenkamp	Appointed on 2 September 2025	Non-trustee member
Jaqueline Perkes	Chairperson	Non-trustee member
Letlotlo BM Modise		Trustee member
Siyanda Lupuwana	Appointed on 2 September 2025	Non-trustee member
Sunelle Viljoen		Non-trustee member
Thabo Masike	Term expired on 26 July 2025	Non-trustee member

6.3.4 Clinical Governance and Ex Gratia Committee

This Committee provides strategic oversight of the Scheme's clinical risk and managed healthcare activities. It ensures that healthcare services are clinically appropriate, cost-effective, and aligned with best practice. Additionally, it evaluates ex gratia funding requests to ensure equitable support for members in exceptional circumstances. The Committee comprised of the following members during the year under review:

Andile MB Mazibuko	Term expired on 3 June 2025	Trustee member
Dr. Caroline IA Maslo	Chairperson	Non-trustee member
Dr. Fezile Gabellah	Appointed on 31 July 2025	Non-trustee member
Dr. Khulwani Msimeki	Resigned 26 June 2025	Non-trustee member
Dr. Thulisile Ritah Ngwenya		Trustee member
Masechaba Makgolane		Trustee member
Thabo Masike	Appointed on 31 July 2025	Non-trustee member

6.3.5 Investment Committee

The Investment Committee is responsible for managing the Scheme's investments in alignment with its long-term financial objectives. Its key mandate includes:

- Achieving CPI +3% annual returns (net of fees) over a three-year period.
- Preserving capital over a 12-month period.
- Investing in highly rated institutions while maintaining moderate risk exposure.
- Ensuring compliance with Medical Schemes Act regulations.

The Committee comprises the following members during the year under review:

Andries J Nienaber		Non-trustee member
Henry M Pearson		Non-trustee member
Re-ana C Joseph		Non-trustee member
Richard V Mnguni		Trustee member
Wilfred L Skosana	Chairperson	Non-trustee member

6.3.6 Disputes Committee

This Committee consists of three independent members and convenes only when a formal dispute requires resolution. The disputes committee comprised of the following members during the year under review:

M Botha	Non-trustee member
F Kruger	Non-trustee member
E Wiese	Non-trustee member

6.4 TRUSTEES' AND COMMITTEE MEMBERS' REMUNERATION

Trustees and committee members are compensated based on their expertise, skill, and time commitment. The Remuneration Committee ensures that compensation structures remain fair and competitive, subject to approval at the Annual General Meeting. Some members choose to forgo remuneration due to existing employer arrangements. Full remuneration details are disclosed in Note 18 of the Annual Financial Statements.

6.5 EVALUATION OF THE BOARD OF TRUSTEES AND COMMITTEES

The Board undergoes annual self-assessments using a structured evaluation questionnaire. This assessment covers leadership, governance, compliance, skill diversity, and effectiveness. The Nominations and Advisory Committee reviews the results, providing recommendations to improve governance and performance.

6.6 BOARD AND COMMITTEE MEETINGS

The Board convened seven times during the year, with committee meetings held regularly. Trustees are expected to attend meetings, prepare thoroughly, and contribute constructively. The table below outlines Trustee and committee meeting attendance:

	Board of Trustees	Audit & Governance Committee	Clinical Governance & Ex Gratia Committee	Investment Committee	Nominations & Advisory Committee	Remuneration Committee
Number of meetings	7	2	4	3	2	3
TRUSTEES						
Andile MB Mazibuko	1/4		0/1			
Caroline IA Maslo	4/4		1/1			
Comfort Mabanga	7/7					
Dion M Le Roux	6/7				1/1	
Lebogang S Gumede	6/7					
Letlotlo BM Modise	5				1/2	2/3
Masechaba M Makgolane (Vice-chairperson)	7/7	1/2	4/4			
Nomsa W Mlambo	2/3					
Nomthandazo Pitjeng	7/7					
Nomthandazo SN Ndebele	7/7	2/2				
Zinhle Mothibi	3/3					
Richard V Mnguni (Chairperson)	7/7			2/3		
Sarah L Kekana	6/7					
Siyanda Lupuwana	3/4					1/1
Thulisile Ritah Ngwenya	3/3		3/3			

	Board of Trustees	Audit & Governance Committee	Clinical Governance & Ex Gratia Committee	Investment Committee	Nominations & Advisory Committee	Remuneration Committee
NON TRUSTEES						
Andries Nienaber		1/2		2/3		
Carlo Steenkamp						2/2
Caroline IA Maslo			3/3			
Fezile Gabellah			1/1			
Henry M Pearson				2/3		
Jaqueline Perkes					2/2	3/3
Khulwani Msimeki			1/1			
Re-ana C Joseph		2/2		3/3		
Riaan M Prinsloo		1/2				
Siyanda Lupuwana						2/2
Sunelle Viljoen					2/2	2/3
Thabo Masike			1/1			1/1
Thulisile Ritah Ngwenya			1/1			
Wilfred L Skhosana		1/2		3/3		
Zandile Nkosi					2/2	

7 RISK MANAGEMENT

The Board of Trustees understand the importance of sound risk management and remains committed to the principles of ethical leadership and strong corporate governance. These principles serve to protect the long-term sustainability of the Scheme and ensure its continued ability to provide value to its members. To this end, the Board conducts regular reviews of the risks facing the Scheme, actively managing those within its control.

In shaping the Scheme's strategic direction, several key risks have been identified:

7.1 MEMBER RETENTION

The Scheme is exposed to the risk of declining membership, particularly due to employer groups reducing their workforce in response to industry changes. To mitigate this risk, the Scheme maintains close engagement with employer groups through dedicated relationship managers and ongoing discussions with key stakeholders. The financial impact of membership fluctuations is carefully assessed during the Board's annual pricing reviews.

7.2 MEMBER RISK PROFILE

Sustained growth of a younger, healthier membership base is essential to balance the impact of an ageing population and maintain the competitive value of the Scheme's product offerings. The Board has implemented a responsible growth strategy that ensures strategic growth plans align with the Scheme's eligibility criteria, risk appetite, and risk-based capital tolerance.

7.3 REGULATORY CHANGE

Changes in healthcare regulations, including the potential implementation of a National Health Insurance (NHI) system, may impact the Scheme's ability to provide sustainable benefits to its members. The Board actively manages this risk through ongoing engagement with regulators and participation in industry advocacy forums, including the Board of Healthcare Funders.

7.4 RISING HEALTHCARE COSTS

Escalating healthcare costs, particularly in the absence of regulatory cost controls associated with prescribed minimum benefits (PMBs), pose a financial risk to the Scheme and exacerbate affordability constraints for members. Cost-containment initiatives, including clinical outcome monitoring, provider engagement, and ongoing research, are key strategies employed to mitigate this risk. The Scheme also monitors PMB-related claims and engages directly with providers where costs exceed expected thresholds.

7.5 SUSTAINABILITY OF BENEFIT OPTIONS

Setting contribution rates before actual claims experience is realized creates a pricing risk, particularly if contributions are underestimated. Additionally, increased healthcare demand from an ageing membership may drive costs beyond inflation and members' affordability limits. The Scheme mitigates this risk through rigorous risk management policies, including tariff negotiations, pre-authorization, case management, benefit limits, provider networks, and managed care initiatives. Annual pricing reviews and five-year financial projections are conducted to ensure long-term sustainability.

7.6 ECONOMIC CONDITIONS

Adverse economic conditions can affect members' ability to afford contributions or result in shifts to lower-cost benefit options that may not adequately meet their healthcare needs. To address this, the Scheme offers flexible benefit designs that cater to both healthcare needs and affordability, supported by provider networks and managed healthcare initiatives.

7.7 SERVICE DELIVERY FROM KEY SERVICE PROVIDERS

The Scheme relies on service providers for critical managed care functions. Any failure to meet performance expectations could negatively impact member experience, benefit accessibility, and health outcomes. To mitigate this, the Scheme maintains stringent service level agreements with key providers, monitors performance through regular reporting, and holds frequent management discussions to address service issues and operational concerns. Additionally, managed care providers report back to the Clinical Governance and Ex Gratia Committee to ensure accountability and alignment with Scheme objectives.

7.8 RISING BURDEN OF DISEASE

The increasing prevalence of chronic non-communicable diseases, including cancer and mental health conditions, presents a growing challenge. Rising disease burden, coupled with escalating healthcare costs, places additional affordability pressures on members. The Scheme proactively addresses this issue through member education, disease management programmes, and initiatives aimed at improving healthcare literacy and outcomes. Long-term risks, such as the lingering effects of COVID-19 and the health impacts of climate change, are closely monitored to ensure an effective response.

The Board of Trustees remains confident that the Scheme has robust controls in place to effectively manage these risks, ensuring its continued ability to serve its members with financial stability and high-quality healthcare benefits.

8 MEDICAL INSURANCE RISK MANAGEMENT

The primary insurance activity undertaken by the Scheme is the assumption of risk related to certain healthcare claims from members and their dependants. Given the inherent uncertainty surrounding the timing and severity of claims, the Scheme continuously evaluates and mitigates its exposure to insurance risk.

To effectively manage medical insurance risk, the Scheme employs a combination of benefit limits and sub-limits, structured approval procedures, pricing guidelines, pre-authorisation requirements, and case management protocols. Additionally, the Scheme engages in negotiations with major service providers and actively monitors emerging industry trends to ensure financial sustainability and member affordability.

The Scheme utilizes various analytical methods to assess and monitor both individual and aggregate risks, including internal risk measurement models, sensitivity analyses, scenario testing, and stress testing. These methodologies provide valuable insights into potential risk exposures and guide strategic decision-making.

The Scheme Rules, registered with the Council for Medical Schemes, define the benefits available under each plan option. The key benefit categories provided by the Scheme include:

- In-hospital benefits – covering costs incurred during hospital admissions.
- Chronic disease benefits – providing medication and consultations for chronic conditions across all plan options, supported by disease management programs that assist, educate, and support members.
- Day-to-day benefits – covering out-of-hospital medical expenses, such as general practitioner and dental visits, acute medication, and over-the-counter medicines, subject to benefit limits and Scheme tariffs; and
- Additional benefits – including preventative wellness benefits, external medical appliances, and access to disease management programs.

In accordance with the Scheme Rules, the Scheme reserves the right to adjust contract terms and conditions to ensure ongoing financial stability and alignment with regulatory requirements. To maintain sound financial governance, management information, including contribution income, expenditure, and claims ratios by option, is reviewed monthly.

9 ACTUARIAL REVIEW AND CONTRIBUTION ASSESSMENT

While an actuarial review of the Scheme is not a statutory requirement under the Medical Schemes Act, the Scheme proactively engages independent actuarial expertise to ensure sound financial and benefit planning. For the 2024 and 2025 benefit years, 3One Consulting Actuaries conducted a review of budgeted contributions and key assumptions used in the benefit design process. This assessment confirmed the appropriateness of the contribution increases, ensuring that they remain aligned with the Scheme's financial sustainability and member affordability objectives.

Additionally, the actuaries provided the valuation of the post-retirement employment benefit liability, supporting the Scheme's commitment to prudent financial management and long-term planning. This independent actuarial input strengthens the Scheme's ability to make data-driven decisions, manage risk effectively, and maintain financial stability while delivering comprehensive healthcare benefits to its members.

10 OUTSTANDING CLAIMS

The movement on the outstanding claims provision and the methodology used in its calculation are detailed in Note 2 of the Annual Financial Statements. The basis of calculation remains consistent with the prior year, and includes a non-financial risk adjustment, as required under IFRS 17. This adjustment enhances the accuracy of claim provisioning by incorporating non-financial risk factors, ensuring compliance with IFRS® Accounting Standard as issued by the International Accounting Standards Board (IASB®), while maintaining the Scheme's prudent approach to claims liability management. There were no unusual movements in the outstanding claims provision that the Trustees believe require special attention from the Scheme's members. The provision continues to be monitored and evaluated to ensure adequate coverage of incurred but not yet reported claims, supporting the financial stability and claims-paying ability of the Scheme.

11 FIDELITY INSURANCE

The Scheme maintains fidelity insurance at a level deemed appropriate by the Board of Trustees. This insurance coverage serves as a safeguard against potential losses arising from fraud, theft, or dishonesty, ensuring the protection of the Scheme's assets and financial integrity. The Board regularly reviews the adequacy of this coverage to align with industry best practices and evolving risk exposures, reinforcing the Scheme's commitment to sound governance and financial security.

12 RELATED PARTY TRANSACTIONS

Details of related party transactions are disclosed in Note 20 of the Annual Financial Statements, in accordance with relevant reporting standards and governance requirements. This disclosure includes transactions with parties that have a significant influence over the Scheme. Additionally, Trustee remuneration is detailed in Note 18 of the Annual Financial Statements, providing full disclosure of compensation and allowances in line with the Scheme's governance framework. The Board remains committed to transparent financial management and adherence to regulatory and ethical standards in all related party dealings.

13 NON-COMPLIANCE MATTERS

The Scheme is committed to full compliance with the Medical Schemes Act and related regulations. All non-compliance matters identified have been disclosed in this report, regardless of materiality. The following instances of non-compliance were noted during the reporting period:

LATE RECEIPT OF CONTRIBUTIONS (SECTION 26(7))

Section 26(7) of the Act requires that all contributions be paid directly to a medical scheme within three days of becoming due. In 2025, not all billed contributions were received within this timeframe, which could impact cash flow and interest income. The Scheme actively follows up on outstanding contributions and applies its credit control policy to manage overdue payments effectively.

CLAIMS PAYMENT DELAYS (SECTION 59(2))

The Act mandates that claims be settled within 30 days of receipt. While the Scheme endeavours to process all claims within this period, occasional delays occur due to validity verification procedures. Claims exceeding the 30-day threshold are investigated by management, ensuring that all outstanding payments are addressed in a timely and compliant manner.

BENEFIT OPTION SELF-SUFFICIENCY (SECTION 33(2)(b))

Section 33(2)(b) of the Medical Schemes Act requires that each benefit option be financially self-supporting to maintain the financial integrity of the Scheme and prevent cross-subsidisation. In 2025, the Comprehensive option recorded an insurance service deficit of R18,755,239 (refer to Note 19 of the Annual Financial Statements). Persistent deficits on benefit options could potentially lead to cross-subsidisation from surplus-generating options, which may impact the overall financial soundness of the Scheme. To ensure long-term sustainability and regulatory compliance, the Scheme is actively implementing strategic measures, including:

- Contribution adjustments to align pricing with claims experience,
- Benefit design reviews to optimize cost-effectiveness, and
- Ongoing assessments to monitor financial performance and adjust strategies proactively.

PROHIBITED INVESTMENTS (SECTION 35(8) (a, c & d))

Section 35(8) prohibits medical schemes from holding investments in:

- The business of any medical scheme administrator;
- The holding company of an administrator; or
- Any employer group associated with the Scheme.

As of 31 December 2025, the Scheme held underlying investments amounting to 0.8% in medical scheme administrators or their holding companies (Momentum Metropolitan Holdings, Discovery Holdings and Sanlam Limited) and 0.9% in employer groups (Glencore Plc and Exxaro Resources) of total net asset value. The Scheme has obtained an exemption from the Council for Medical Schemes (CMS) to retain these investments while ensuring compliance with broader regulatory requirements.

14 GOING CONCERN

The Annual Financial Statements have been prepared based on accounting policies applicable to a going concern, which assumes that the Scheme will continue its operations in the foreseeable future. This basis presumes that sufficient funds will be available to finance future operations, and that the realisation of assets and settlement of liabilities, contingent liabilities, and commitments will occur in the ordinary course of business.

The Board of Trustees conducts an annual assessment of the Scheme's business plan, key performance indicators, and strategic targets to ensure that all material risks are comprehensively addressed. This includes maintaining a regular review of the Scheme's risk register and management accounts, ensuring that contingency plans are in place to mitigate potential risks. In reviewing budgets and cash flow projections, along with additional financial data for 2026, the Board of Trustees has determined that the going concern assumption remains appropriate for the next twelve months from the date of approval of the Annual Financial Statements. This assessment underscores the Scheme's financial stability and ability to meet its obligations while continuing to provide sustainable healthcare benefits to its members.

15 EVENTS AFTER THE REPORTING PERIOD

The Board of Trustees confirms that there were no adjusting or non-adjusting events that occurred after the reporting period that would have a material impact on the Annual Financial Statements or require disclosure.

STATEMENT OF RESPONSIBILITY BY THE BOARD OF TRUSTEES

The Trustees are responsible for the preparation, integrity and fair presentation of the annual financial statements of Witbank Coalfields Medical Aid Scheme ("the Scheme"), comprising the statement of financial position at 31 December 2025 and the statements of comprehensive income, and cash flows for the year then ended, and the notes to the annual financial statements, which include a summary of significant accounting policies and other explanatory notes required in accordance IFRS Accounting Standards as issued by the International Accounting Standards Board, and the requirements of the Medical Schemes Act of South Africa No. 131 of 1998, as amended ("the Act").

The Trustees consider that, in preparing the annual financial statements, they have used the most appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The Trustees are satisfied that the information contained in the annual financial statements fairly present the results of operations for the year and the financial position of the Scheme at year-end. The Trustees also prepared the other information included in the annual report and are responsible for both its accuracy and its consistency with the financial statements.

The Trustees are responsible for ensuring that accounting records are maintained. The accounting records disclose, with reasonable accuracy, the financial position of the Scheme which enables the Trustees to ensure that the annual financial statements comply with the relevant legislation.

Witbank Coalfields Medical Aid Scheme operates in a well-established control environment which is well documented. This incorporates risk management and internal control procedures which are designed to provide reasonable but not absolute assurance that assets are safeguarded and the risks facing the business are adequately mitigated.


The Trustees, with the support of the independent actuarial advisors, have assessed the ability of the Scheme to continue as a going concern and have no reason to believe, given its solvency position, that the Scheme will not be a going concern in the year ahead.

The Audit and Governance committee functioned effectively throughout the year.

The Scheme's external auditor is responsible for auditing the fair presentation of the financial statements in terms of International Reporting Standards on Auditing in accordance with the applicable financial reporting framework of the Scheme.

APPROVAL OF FINANCIAL STATEMENTS

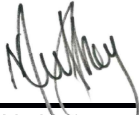
The financial statements set out on pages 31 to 79, which have been prepared on the going concern basis, were approved and authorised for issue by the Board of Trustees on 23 April 2026 and were signed on their behalf by:



RV Mnguni
Chairperson



M Makgolane
Vice-chairperson



MA Anthony
Principal Officer

STATEMENT OF CORPORATE GOVERNANCE BY THE BOARD OF TRUSTEES

The Witbank Coalfields Medical Aid Scheme is committed to upholding the highest standards of fairness, responsibility, transparency, and accountability in its interactions with stakeholders. The Scheme strives to align its corporate governance framework with the principles set forth in the King IV Code of Corporate Governance, as guided by the Council for Medical Schemes.

To ensure compliance with corporate governance requirements, the Board of Trustees, sub-committees, and management have access to governance experts when necessary. This approach is considered sufficient to effectively oversee the affairs of the Scheme.

1. ETHICS

The medical schemes industry faces significant challenges, including fraudulent claims and abuse of member benefits by certain healthcare professionals and, in some cases, members. Such unethical practices compromise the financial sustainability of the industry and negatively impact all members. To counter these risks, the Scheme has implemented rigorous fraud prevention policies and detection mechanisms.

The Scheme adopts a zero-tolerance stance on fraud, waste, and abuse. Preventive measures include:

- Raising awareness about fraud and unethical practices.
- Implementing stringent abuse prevention tactics; and
- Utilizing data analytics to detect irregular billing and claiming patterns.

All investigations into suspected fraudulent activities are conducted confidentially, and the identities of whistleblowers are protected.

2. CORPORATE CITIZENSHIP

In accordance with the King IV Code, the Scheme recognizes its role as a responsible corporate citizen, acknowledging that it operates as an integral part of broader society. The Scheme and its Trustees are committed to ethical decision-making, ensuring responsible and sustainable operations.

2.1 Stakeholder engagement

The Scheme prioritizes meaningful engagement with stakeholders through:

- Regular communication with key stakeholder groups.
- Ensuring representation of major stakeholder groups on the Board of Trustees.
- Efficient resolution of stakeholder queries; and
- Prompt attention to and escalation of complaints where necessary.

2.2 Responsible business practices

The Scheme is dedicated to maintaining responsible business practices that safeguard its sustainability by:

- Employing skilled and adequately trained staff.
- Upholding high ethical standards, honesty, and integrity; and
- Evaluating the impact of decisions on all relevant stakeholders.

The Scheme enforces strict quality control measures, conducts performance evaluations, and monitors stakeholder feedback to continuously improve its operations.

2. BOARD OF TRUSTEES

The Board of Trustees serves as the Scheme's primary governing body, ensuring sound decision-making and strategic oversight. While the Board delegates specific functions to sub-committees and the Principal Officer, it retains ultimate responsibility for the effective operation of the Scheme.

The Board comprises individuals with the requisite expertise, experience, and diversity to govern the Scheme effectively. Trustees are nominated and elected by members and participating employers, operating under defined Terms of Reference. Regular meetings are held to monitor performance and address key strategic and policy matters.

The Board of Trustees believes that the delegation of authority framework contributes to the role clarity and the effective exercise of authority and responsibilities of the Board's duties. All the Trustees have access to the advice and services of the executive leadership and may seek independent professional advice at the expense of the Scheme.

To support governance efficiency, the following sub-committees assist the Board:

- Audit and Governance Committee.
- Clinical Governance and Ex Gratia Committee.
- Disputes Committee.
- Investment Committee.
- Nominations and Advisory Committee; and
- Remuneration Committee.

3.1 Performance evaluations

An annual performance review assesses the effectiveness of the Board, sub-committees, and executive leadership. The Nominations and Advisory Committee reviews these assessments, provides feedback, and recommends necessary improvements. The latest review confirmed that the Board and its committees are functioning effectively.

3.2 Remuneration

Trustees and committee members receive compensation for their contributions, provided they complete the necessary training as prescribed by the Council for Medical Schemes. The Scheme's remuneration policy aligns with the principles outlined in the King IV report.

Remuneration details, including per-meeting fees and travel cost reimbursements, are disclosed in the Annual Financial Statements (Note 18).

3. PRINCIPAL OFFICER

The Principal Officer's responsibilities are defined by a Service Level Agreement, in alignment with the Medical Schemes Act and the Scheme's Rules. The Principal Officer serves in an executive capacity and is fully dedicated to the Scheme. Adequate succession planning ensures continuity in leadership.

4. COMPLIANCE AND REGULATORY OVERSIGHT

The Scheme ensures full compliance with relevant medical aid regulations through:

- Ongoing reviews by the Council for Medical Schemes.
- Regular updates to policies in line with legislative changes; and
- Training for staff and Trustees on regulatory requirements.

5. RISK MANAGEMENT

The Scheme actively identifies, mitigates, and manages business risks to maintain financial and operational stability. Key risk management activities include:

- Continuous risk identification by management.
- Quarterly risk assessments by the Audit and Governance Committee.
- Implementation of risk-mitigation controls.
- Formal strategic planning processes.
- Annual policy and procedural reviews; and
- Periodic evaluation of committee Terms of Reference.

The Scheme maintains internal controls and systems designed to provide reasonable assurance as to the integrity and reliability of the financial information and to safeguard, verify and maintain accountability for its assets adequately. Such controls are based on established policies and procedures and are implemented by trained personnel with the appropriate segregation of duties.

The Scheme monitors the effectiveness of controls and resultant deficiencies (if any) by:

- Regular quality control reviews.
- Internal audits of control processes; and
- Frequent Audit and Governance Committee meetings to review audit outcomes.

No event or item has come to the attention of the Board of Trustees to indicate that there has been any material breakdown in the functioning of the key internal controls and systems during the year under review.

6. INFORMATION TECHNOLOGY, CYBERSECURITY AND DATA PROTECTION

The Scheme's IT infrastructure is managed internally under the oversight of Scheme Management. A reputable administration system is utilized to ensure regulatory compliance and operational efficiency. Stringent change management and cost control measures, including structured incident logging, have been implemented to maintain high service levels.

To protect sensitive member information, the Scheme:

- Implements robust cybersecurity measures.
- Conducts regular IT security audits; and
- Trains employees on data protection best practices.

7. INVESTMENT STRATEGY

The Scheme's investment strategy is designed to achieve long-term capital growth while maintaining low risk. The key objectives include:

- Achieving a return exceeding CPI +3.0% per annum (net of fees) over a rolling three-year period.
- Maintaining liquidity levels in accordance with regulatory requirements.
- Investing in highly rated financial institutions with moderate risk exposure.
- Ensuring compliance with legislative and regulatory investment guidelines; and
- Conducting periodic risk assessments with feedback to the Board.

8. MEMBER ENGAGEMENT AND SATISFACTION

The Scheme values member feedback and enhances engagement through:

- Regular surveys to assess satisfaction levels.
- A dedicated support team for prompt resolution of member concerns; and
- Transparent communication regarding benefits and changes.

9. FUTURE OUTLOOK AND STRATEGIC GOALS

Looking ahead, the Scheme aims to:

- Expand its member support services.
- Strengthen fraud prevention measures.
- Enhance digital services for greater efficiency; and
- Maintain financial stability while improving healthcare access.

This statement has been reviewed and approved by the Board of Trustees, as evidenced by the signatures of the authorized representatives:



RV Mnguni
Chairperson



M Makgolane
Vice-chairperson



MA Anthony
Principal Officer



MIDDEL & PARTNERS

CHARTERED ACCOUNTANTS (SA) · REGISTERED AUDITORS

Independent Auditor's Report

To the Members of The Witbank Coalfields Medical Aid Scheme.

Report on the Financial Statements

Unqualified Opinion

We have audited the financial statements of The Witbank Coalfields Medical Aid Scheme ("The Scheme") set out on pages 31 to 79, which comprise the statement of financial position as at 31 December 2025, and the statement of profit or loss and other comprehensive income and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of material accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Witbank Coalfields Medical Aid Scheme as at 31 December 2025, and its financial performance and cash flows for the year then ended in accordance with IFRS[®] Accounting Standards as issued by the International Accounting Standards Board (IASB[®]) and the requirements of the Medical Schemes Act of South Africa.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISA Standards). Our responsibilities under those standards are further described in the Auditors responsibilities for the Audit of the financial statements section of our report. We are independent of "The Scheme" in accordance with the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountant's International Code of Ethics for Professional Accountants (Including International Independence Standards). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Key Audit Matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period. These matters were addressed in the context of our audit of the financial statements, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

<p>Middel & Partners Pretoria East Incorporated Reg. No. 1999/004166/21 Practise no. 946230-0006 Tel: + (27) 12 340 0700 E-mail: info@mdpi.co.za 42 Lebombo Road, Ashlea Gardens 0081 Private Bag 2006, Menlyn 0063</p>	<p>Regional Offices Centurion Pretoria East Johannesburg Rustenburg Ermelo Somerset West Polokwane Carletonville www.middel.co.za</p>
<p>Directors: PA Dames CA(SA) JJ Marais CA(SA) WE Kestlmeier CA(SA) F Jeeva CA(SA) JH Krige CA(SA) Associates: HJ Smit AGA(SA) M Looock AGA(SA)</p>	



MIDDEL & PARTNERS

CHARTERED ACCOUNTANTS (SA) · REGISTERED AUDITORS

Key Audit Matter	Audit Response
<p>Liability for incurred claims</p> <p>The Liability for incurred claims (LIC) provision consisting of:</p> <ul style="list-style-type: none"> - Best estimate liability of claims incurred but not reported R 38 203 797 (2024: R 45 308 105); - Risk adjustment R 1 370 008 (2024: R 1 961 679); and - Reported claims not yet paid R 2 383 568 (2024: R 1 042 525), <p>forms part of the insurance contract liability. The insurance contract liability is described in note 12 to the financial statements. The LIC includes the estimated cost of healthcare benefits that have been incurred by the members before the end of the financial year but that have not been reported to the Scheme by that date, as well as insurance accounts payable and the personal medical savings liability.</p> <p>Per IFRS 17, the Scheme measures the LIC provision as the fulfilment cash flows plus a risk adjustment at year-end. The estimate of the future cash flows in terms of the LIC provision is adjusted to reflect the compensation that the Scheme requires for bearing the uncertainty about the amount and timing of the cash flows arising from non-financial risk including claims risk, membership risk, and expense risk.</p> <p>The rules of the Scheme provide that claims may only be paid if the Scheme is notified of the claim and documentation is submitted within 4 months of the date of the healthcare service.</p> <p>At year-end, the cost of outstanding incurred claims is estimated by the Scheme's actuaries, using the Bornhuetter-Ferguson method (BFM) in the calculation of the Scheme's LIC provision. Considering the IFRS 17 requirements, the LIC estimate shows the LIC provision at various percentiles of the simulated LIC</p>	<p>Our audit procedures for the Liability of incurred claims (LIC) provision included the following:</p> <p>We obtained an understanding of the inherent risk factors in relation to the complexity, subjectivity and the change of the LIC provision estimate;</p> <p>We assessed the appropriateness and timely recognition of the related LIC provision against the requirements of IFRS 17 - Insurance contracts;</p> <p>We have gained a detailed understanding of the end-to-end claims and LIC estimation process and obtained an understanding of the relevant controls.</p> <p>We obtained the report of the Scheme's independent actuary of the LIC provision at year end and tested the appropriateness of the estimate performed as follows:</p> <ul style="list-style-type: none"> - Evaluated the competence, capabilities and objectivity of the Scheme's independent actuary; - Obtained an understanding of the method and models used in calculating the LIC provision estimate and assessed whether it is appropriate in terms of acceptable methodologies, industry standards, and that they meet the measurement objectives of IFRS 17; - Obtained an understanding of the significant assumptions used in the estimate and, challenged whether the assumptions are appropriate for the estimate of the LIC provision and the risk adjustment factors; - Obtained an understanding of the data utilised in the calculation of the estimate; - Assessed the estimate for indicators of possible management bias.

Middel & Partners Pretoria East Incorporated
 Reg. No. 1999/004166/21 | Practise no. 946230-0006
 Tel: + (27) 12 340 0700
 E-mail: info@mdpi.co.za
 42 Leombo Road, Ashlea Gardens 0081
 Private Bag 2006, Menlyn 0063

Directors:
 PA Dames CA(SA) | JJ Marais CA(SA) | WE Kestlmeier CA(SA) | F Jeeva CA(SA) | JH Krige CA(SA)
 Associates:
 HJ Smit AGA(SA) | M Looock AGA(SA)

Regional Offices
 Centurion | Pretoria East | Johannesburg | Rustenburg | Ermelo | Somerset West
 Polokwane | Carltonville
 www.middel.co.za



MIDDEL & PARTNERS

CHARTERED ACCOUNTANTS (SA) · REGISTERED AUDITORS

<p>estimates, each allowing for a different assumed risk adjustment factor.</p> <p>A LIC provision at the 60th percentile (2024 – 50th percentile) of the stipulated LIC estimates has been selected by the Scheme.</p> <p>We considered the Liability for incurred claims (Note 12) as a matter of most significance to the current year audit of the financial statements due to the following:</p> <ul style="list-style-type: none"> - the degree of estimation uncertainty and complexity of the fulfilment cash flows; - significant judgment in selecting the related risk adjustment for non-financial risk factors; and - the materiality of this liability. 	<p>We obtained audit evidence from events occurring after the reporting period as a retrospective review of the LIC provision estimate that was set at year end:</p> <ul style="list-style-type: none"> - We assessed the claims received subsequent to year-end for claims incurred relating to the 2025 financial year; - We inspected the records of claims assigned 'audit' status and evaluated whether the claims have been correctly included/excluded from the LIC provision. <p>Based on our assessment of the events and claims occurring after the reporting period as a retrospective review, we did not identify any matters that would require additional audit procedures to be performed.</p>
<p>Validity and accuracy of claims</p> <p>The significant expense for the Scheme relates to risk claims incurred. Risk claims incurred is a key driver in determining the sustainability of the Scheme.</p> <p>The payment of valid and accurate risk claims is dependent on the integrity of the Scheme's administration system, as well as the automated claim assessment control.</p> <p>Risk claims incurred was considered a key audit matter due to the significant risk related to the processing of valid claims during the year.</p>	<p>We obtained claims data for the entire period and performed analytical, substantive and control testing in order to verify the validity and accuracy of claims.</p>

Other Information

The Scheme's Trustees are responsible for the other information. The other information comprises the information included in the documents titled Report of the Board of Trustees, Statement of Responsibility by the Board of Trustees, and the Statement of Corporate Governance by the Board of Trustees. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

<p>Middel & Partners Pretoria East Incorporated Reg. No. 1999/004166/21 Practise no. 946230-0006 Tel: + (27) 12 340 0700 E-mail: info@mdpi.co.za 42 Lebombo Road, Ashlea Gardens 0081 Private Bag 2006, Menlyn 0063</p> <p>Directors: PA Dames CA(SA) JJ Marais CA(SA) WE Kestlmeier CA(SA) F Jeeva CA(SA) JH Krige CA(SA) Associates: HJ Smit AGA(SA) M Looock AGA(SA)</p>	<p>★</p> <p>Regional Offices Centurion Pretoria East Johannesburg Rustenburg Ermelo Somerset West Polokwane Carletonville</p> <p>www.middel.co.za</p>
---	--



MIDDEL & PARTNERS

CHARTERED ACCOUNTANTS (SA) · REGISTERED AUDITORS

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Scheme's Trustees for the Financial Statements

The Scheme's Trustees are responsible for the preparation and fair presentation of the financial statements, in accordance with IFRS Accounting Standards as issued by the International Accounting Standards Board and the requirements of the Medical Schemes Act of South Africa, and for such internal control as the Scheme's Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Scheme's Trustees are responsible for assessing the Scheme's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Scheme's trustees either intend to liquidate the Scheme or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISA Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISA Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Scheme's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Scheme's Trustees.
- Conclude on the appropriateness of the Scheme's Trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Scheme's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion.

Middel & Partners Pretoria East Incorporated
Reg. No. 1999/004166/21 | Practise no. 946230-0006
Tel: + (27) 12 340 0700
E-mail: info@mdpi.co.za
42 Leombo Road, Ashlea Gardens 0081
Private Bag 2006, Menlyn 0063

Regional Offices
Centurion | Pretoria East | Johannesburg | Rustenburg | Ermelo | Somerset West
Polokwane | Carletonville
www.middel.co.za

Directors:
PA Dames CA(SA) | JJ Marais CA(SA) | WE Kestlmeier CA(SA) | F Jeeva CA(SA) | JH Krige CA(SA)
Associates:
HJ Smit AGA(SA) | M Looock AGA(SA)



MIDDEL & PARTNERS

CHARTERED ACCOUNTANTS (SA) · REGISTERED AUDITORS

Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Scheme to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Scheme's Trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

From the matters communicated with the Scheme's Trustees, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters.

We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on Other Legal and Regulatory Requirements

Non-compliance with the Medical Schemes Act of South Africa

As required by the Council for Medical Schemes, we report the following material instances of non-compliance with the requirements of the Medical Schemes Act of South Africa as amended that have come to our attention during the course of our audit:

1. Non-compliance with section 35(8)(a), (b) and (c) of the Medical Schemes Act 131 of 1998, as amended, of South Africa:

Section 35(8) prohibits medical schemes from holding investments in:

- The business of any medical scheme administrator;
- The holding company of an administrator; or
- Any employer group associated with the Scheme.

As of 31 December 2025, the Scheme held underlying investments amounting to 0.8% in medical scheme administrators or their holding companies (Momentum Metropolitan Holdings, Discovery Holdings and Sanlam Limited) and 0.9% in employer groups (Glencore Plc and Exxaro Resources) of total net asset value. The Scheme has obtained an exemption from the Council of Medical Schemes to retain these investments while ensuring compliance with broader regulatory requirements.

2. Non-compliance with section 26(7) of the Medical Schemes Act 131 of 1998, as amended, of South Africa:

In terms of section 26(7) of the Medical Schemes Act 131 of 1998, all contributions shall be paid to a medical scheme not later than three days after payment thereof becomes due. In 2025, not all billed contributions were received within this timeframe, which could impact cash flow and interest income. The Scheme actively follows up on outstanding contributions and applies its credit control policy to manage overdue payments effectively.

<p>Middel & Partners Pretoria East Incorporated Reg. No. 1999/004166/21 Practise no. 946230-0006 Tel: + (27) 12 340 0700 E-mail: info@mdpi.co.za 42 Lebombo Road, Ashlea Gardens 0081 Private Bag 2006, Menlyn 0063</p>	<p>Regional Offices Centurion Pretoria East Johannesburg Rustenburg Ermelo Somerset West Polokwane Carltonville www.middel.co.za</p>
---	--

Directors:
PA Dames CA(SA) | JJ Marais CA(SA) | WE Kestlmeier CA(SA) | F Jeeva CA(SA) | JH Krige CA(SA)
Associates:
HJ Smit AGA(SA) | M Looock AGA(SA)



MIDDEL & PARTNERS

CHARTERED ACCOUNTANTS (SA) · REGISTERED AUDITORS

3. Non-Compliance with section 59(2) of the Medical Schemes Act 131 of 1998, as amended, of South Africa:

In terms of section 59(2) of the Medical Schemes Act, accounts must be paid to the member or supplier of the services, any benefit owing to that member or supplier of services within 30 days after the day on which the claim in respect to the benefits was received by the Scheme.

While the Scheme endeavours to process all claims within this period, occasional delays occur due to validity verification procedures. Claims exceeding the 30-day threshold are investigated by management, ensuring that all outstanding payments are addressed in a timely and compliant manner.

4. Non-compliance with section 33(2)(b) of the Medical Schemes Act 131 of 1998, as amended of South Africa:

In terms of section 33(2)(b) of the Act, each benefit option shall be self-supporting in terms of membership and financial performance to maintain the financial integrity of the Scheme and prevent cross-subsidisation. At 31 December 2025 the Comprehensive option incurred an insurance service deficit of R 18 755 239 (refer to Note 19 of the Annual Financial Statements).

Persistent deficits on benefit options could potentially lead to cross-subsidisation from surplus-generating options, which may impact the overall financial soundness of the Scheme. To ensure long-term sustainability and regulatory compliance, the Scheme is actively implementing strategic measures, including:

- Contribution adjustments to align pricing with claims experience;
- Benefit design reviews to optimise cost-effectiveness; and
- Ongoing assessments to monitor financial performance and adjust strategies proactively.

Audit Tenure

As required by the Council for Medical Schemes' Circular 38 of 2018, Audit Tenure, we report that Middel and Partners has been the auditor of The Witbank Coalfields Medical Aid Scheme for two years.

The engagement partner, Mr Jacques Jean Marais, has been responsible for The Witbank Coalfields Medical Aid Scheme audit for two years.

Middel & Partners

Middel & Partners

Per: Jacques Jean Marais

Chartered Accountant (SA)

Registered Auditor

28 April 2026

Pretoria

Middel & Partners Pretoria East Incorporated
Reg. No. 1999/004166/21 | Practise no. 946230-0006
Tel: + (27) 12 340 0700
E-mail: info@mdpi.co.za
42 Leombo Road, Ashlea Gardens 0081
Private Bag 2006, Menlyn 0063

Regional Offices
Centurion | Pretoria East | Johannesburg | Rustenburg | Ermelo | Somerset West
Polokwane | Carltonville
www.middel.co.za

Directors:
PA Dames CA(SA) | JJ Marais CA(SA) | WE Kestlmeier CA(SA) | F Jeeva CA(SA) | JH Krige CA(SA)
Associates:
HJ Smit AGA(SA) | M Looock AGA(SA)

STATEMENT OF FINANCIAL POSITION

As at 31 December 2025	Note	2025	2024
ASSETS			
Non-current assets			
Equipment and other fixed assets	4	889,078	1,604,014
Investment properties	5	15,879,456	15,318,525
Investments at fair value through profit or loss	6	847,714,282	708,252,362
		864,482,816	725,174,901
Current assets			
Investments at fair value through profit or loss (ST)	6	268,502,108	248,232,823
Trade and other receivables	7	636,975	475,909
Cash and cash equivalents	8	99,445,941	99,403,561
Assets held for sale	9	86,164	-
		368,671,188	348,112,293
TOTAL ASSETS		1,233,154,005	1,073,287,195
LIABILITIES			
Non-current liabilities			
Insurance contracts liability for future members	10	868,586,642	724,598,316
Retirement benefit obligation	11	2,226,000	1,836,000
		870,812,642	726,434,316
Current liabilities			
Insurance contracts liability for current members	12	361,772,612	346,408,104
Trade and other payables	13	223,751	90,775
Retirement benefit obligation ST	11	345,000	354,000
		362,341,362	346,852,879
TOTAL LIABILITIES		1,233,154,005	1,073,287,195
TOTAL EQUITY		-	-
TOTAL EQUITY AND LIABILITIES		1,233,154,005	1,073,287,195

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 31 December 2025	Note	2025	2024
Insurance revenue	14	613,847,546	578,069,267
Insurance service expenses	15	(614,436,927)	(554,094,284)
INSURANCE SERVICE RESULT		(589,381)	23,974,983
Investment income	17	175,285,486	108,423,205
Gain/(loss) on disposal of equipment		(51,182)	(30,360)
Sundry income		99,518	573,164
OTHER INCOME		175,333,821	108,966,009
Impairment losses on insurance receivables		(70,793)	(456,266)
Insurance finance expenses	12	(20,184,006)	(21,094,514)
Asset management fees		(6,315,271)	(4,573,689)
Costs incurred on rental property		(4,186,045)	(3,452,507)
OTHER EXPENSES		(30,756,114)	(29,576,975)
PROFIT/(LOSS) FOR THE YEAR		143,988,326	103,364,017
Amounts attributable to future members		(143,988,326)	(103,364,017)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		-	-

STATEMENT OF CASH FLOWS

For the year ended 31 December 2025	Note	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES			
Contributions received		795,233,064	765,512,926
Other cash flows from/(to) members and providers		787,218	(1,668,280)
Cash receipts from members and providers		796,020,281	763,844,646
Cash paid to members and providers - Claims		(733,755,365)	(694,728,161)
Cash paid to providers and employees - Directly attributable expenses		(43,035,754)	(42,251,598)
Cash paid to members - Personal medical savings refunds	12.3	(23,851,483)	(15,601,936)
Cash paid to providers, employees and members		(800,642,602)	(752,581,695)
Cash generated from/(utilised in) operations		(4,622,321)	11,262,952
NET CASH (OUTFLOW)/INFLOW FROM OPERATING ACTIVITIES			
		(4,622,321)	11,262,952
CASH FLOWS FROM INVESTING ACTIVITIES			
Additions to equipment and other assets	4	(201,371)	(1,358,306)
Proceeds on disposals of equipment and other assets		11,100	53,594
Additions to investment properties	5	(1,225,990)	(2,760,641)
Proceeds on disposals of investments at fair value through profit or loss	6	-	15,000,000
Investment income received on investments at amortised cost	15	4,519,851	5,062,747
Investment manager fees paid		(561,660)	(538,200)
Rental income received		5,465,658	5,394,342
Cost incurred in provision of own facilities to external parties		(4,186,045)	(3,452,507)
Non-cash flow item: depreciation on investment property	5	843,157	555,501
NET CASH GENERATED FROM INVESTING ACTIVITIES		4,664,701	17,956,529
NET INCREASE IN CASH AND CASH EQUIVALENTS			
		42,380	29,219,481
Cash and cash equivalents at the beginning of the year	8	99,403,561	70,184,080
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	9	99,445,941	99,403,561



Unit Profitability Report

2025



Comprehensive

2025	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
Ordinary members								
Entrapade	3	184,388	61,334	123,054	33%	5,122	1,704	3,418
Glencore	994	70,907,059	59,985,094	10,921,965	85%	5,945	5,029	916
Mafube	151	10,989,349	10,604,344	385,006	96%	6,065	5,852	212
Mantella	27	1,718,397	1,087,084	631,313	63%	5,304	3,355	1,948
Msobo	44	3,494,905	3,541,750	(46,845)	101%	6,619	6,708	(89)
Seriti	1,771	125,656,118	85,053,009	40,603,109	68%	5,913	4,002	1,911
Overlooked	22	728,813	429,287	299,526	59%	2,761	1,626	1,135
Staff	14	922,388	848,314	74,074	92%	5,490	5,049	441
Thungela	2,295	176,561,989	100,286,171	76,275,819	57%	6,411	3,641	2,770
Tshiamo	4	378,578	251,874	126,704	67%	7,887	5,247	2,640
Wonderfontein	12	884,844	675,127	209,717	76%	6,145	4,688	1,456
Witbank Chamber	12	1,183,448	1,440,093	(256,645)	122%	8,218	10,001	(1,782)
	5,349	393,610,276	264,263,480	129,346,797	67%	6,132	4,117	2,015
Continuation members								
Buffalo	1	95,882	456,037	(360,156)	476%	7,990	38,003	(30,013)
Glencore	202	12,274,595	42,196,355	(29,921,760)	344%	5,064	17,408	(12,344)
Mafube	4	354,024	3,037,572	(2,683,548)	858%	7,376	63,283	(55,907)
Mantella	1	88,506	616,567	(528,061)	697%	7,376	51,381	(44,005)
Msobo	47	2,923,410	9,035,549	(6,112,139)	309%	5,183	16,020	(10,837)
Seriti	272	18,483,389	35,691,900	(17,208,511)	193%	5,663	10,935	(5,272)
Staff	3	166,086	208,396	(42,310)	125%	4,614	5,789	(1,175)
Thungela	662	41,742,932	99,317,123	(57,574,190)	238%	5,255	12,502	(7,248)
Wonderfontein	1	88,506	37,067	51,439	42%	7,376	3,089	4,287
Witbank Chamber	35	1,925,204	4,882,151	(2,956,947)	254%	4,584	11,624	(7,040)
	1,228	78,142,534	195,478,718	(117,336,184)	250%	5,303	13,265	(7,963)
All beneficiaries								
Buffalo	1	95,882	456,037	(360,156)	476%	7,990	38,003	(30,013)
Entrapade	3	184,388	61,334	123,054	33%	5,122	1,704	3,418
Glencore	1,196	83,181,655	102,181,449	(18,999,794)	123%	5,796	7,120	(1,324)
Mafube	155	11,343,373	13,641,916	(2,298,543)	120%	6,099	7,334	(1,236)
Mantella	28	1,806,903	1,703,651	103,252	94%	5,378	5,070	307
Msobo	91	6,418,315	12,577,300	(6,158,985)	196%	5,878	11,518	(5,640)
Overlooked	22	728,813	429,287	299,526	59%	2,761	1,626	1,135
Seriti	2,043	144,139,508	120,744,910	23,394,598	84%	5,879	4,925	954
Staff	17	1,088,474	1,056,709	31,764	97%	5,336	5,180	156
Thungela	2,957	218,304,922	199,603,293	18,701,628	91%	6,152	5,625	527
Tshiamo	4	378,578	251,874	126,704	67%	7,887	5,247	2,640
Wonderfontein	13	973,350	712,194	261,156	73%	6,239	4,565	1,674
Witbank Chamber	47	3,108,652	6,322,244	(3,213,592)	203%	5,512	11,210	(5,698)
	6,577	471,752,810	459,742,197	12,010,613	97%	5,977	5,825	152

Midmas

2025	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
Ordinary members								
Glencore	572	26,445,732	19,523,719	6,922,013	74%	3,853	2,844	1,008
Mafube	151	6,871,237	3,290,092	3,581,145	48%	3,792	1,816	1,976
Mantella	75	2,844,522	3,854,124	(1,009,602)	135%	3,161	4,282	(1,122)
Msobo	23	1,161,114	606,225	554,889	52%	4,207	2,196	2,010
Seriti	727	21,235,677	14,423,540	6,812,137	68%	2,434	1,653	781
Overlooked	22	558,371	409,154	149,216	73%	2,115	1,550	565
Staff	3	112,131	41,054	71,077	37%	3,115	1,140	1,974
Tshiamo	52	1,857,141	799,004	1,058,137	43%	2,976	1,280	1,696
Wonderfontein	43	1,656,598	366,764	1,289,834	22%	3,210	711	2,500
	1,668	62,742,522	43,313,677	19,428,845	69%	3,135	2,164	971
Continuation members								
Glencore	6	262,350	226,145	36,205	86%	3,644	3,141	503
Mafube	1	58,284	11,536	46,748	20%	4,857	961	3,896
Msobo	1	52,074	70,814	(18,740)	136%	4,340	5,901	(1,562)
Seriti	11	407,839	655,485	(247,646)	161%	3,090	4,966	(1,876)
Thungela	10	426,271	235,485	190,786	55%	3,552	1,962	1,590
Witbank Chamber	1	27,027	8,665	18,362	32%	2,252	722	1,530
	30	1,233,845	1,208,131	25,714	98%	3,427	3,356	71
All beneficiaries								
Glencore	578	26,708,082	19,749,864	6,958,218	74%	3,851	2,847	1,003
Mafube	152	6,929,521	3,301,628	3,627,893	48%	3,799	1,810	1,989
Mantella	75	2,844,522	3,854,124	(1,009,602)	135%	3,161	4,282	(1,122)
Msobo	24	1,213,188	677,040	536,148	56%	4,212	2,351	1,862
Overlooked	22	558,371	409,154	149,216	73%	2,115	1,550	565
Seriti	738	21,643,516	15,079,025	6,564,491	70%	2,444	1,703	741
Thungela	10	426,271	235,485	190,786	55%	3,552	1,962	1,590
Tshiamo	52	1,857,141	799,004	1,058,137	43%	2,976	1,280	1,696
Staff	3	112,131	41,054	71,077	37%	3,115	1,140	1,974
Wonderfonein	43	1,656,598	366,764	1,289,834	22%	3,210	711	2,500
Witbank Chamber	1	27,027	8,665	18,362	32%	2,252	722	1,530
	1,698	63,976,367	44,521,808	19,454,559	70%	3,140	2,185	955

Ntsika

2025	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
Ordinary members								
Glencore	98	4,769,707	2,003,542	2,766,166	42%	4,056	1,704	2,352
Mafube	85	3,632,416	1,516,879	2,115,537	42%	3,561	1,487	2,074
Mantella	272	4,421,160	4,131,548	289,613	93%	1,355	1,266	89
Msobo	3	225,984	89,885	136,099	40%	6,277	2,497	3,781
Seriti	601	25,540,456	13,221,301	12,319,155	52%	3,541	1,833	1,708
Overlooked	217	2,521,571	1,977,166	544,405	78%	968	759	209
Staff	17	565,584	740,651	(175,067)	131%	2,772	3,631	(858)
Thungela	718	30,437,893	28,333,861	2,104,032	93%	3,533	3,289	244
Tshiamo	129	2,005,189	1,274,671	730,518	64%	1,295	823	472
Wonderfontein	38	1,487,047	718,592	768,455	48%	3,261	1,576	1,685
	2,178	75,607,007	54,008,096	21,598,911	71%	2,893	2,066	826
Continuation members								
Buffalo	1	13,836	10,655	3,181	77%	1,153	888	265
Glencore	12	286,494	1,994,596	(1,708,102)	696%	1,990	13,851	(11,862)
Mafube	4	96,263	75,818	20,445	79%	2,005	1,580	426
Seriti	15	417,825	1,135,979	(718,154)	272%	2,321	6,311	(3,990)
Thungela	51	1,669,272	2,241,552	(572,280)	134%	2,728	3,663	(935)
Wonderfontein	1	27,672	4,757	22,915	17%	2,306	396	1,910
	84	2,511,362	5,463,357	(2,951,995)	218%	2,491	5,420	(2,929)
All beneficiaries								
Buffalo	1	13,836	10,655	3,181	77%	1,153	888	265
Overlooked	217	2,521,571	1,977,166	544,405	78%	968	759	209
Glencore	110	5,056,201	3,998,137	1,058,064	79%	3,830	3,029	802
Mafube	89	3,728,679	1,592,697	2,135,982	43%	3,491	1,491	2,000
Mantella	272	4,421,160	4,131,548	289,613	93%	1,355	1,266	89
Msobo	3	225,984	89,885	136,099	40%	6,277	2,497	3,781
Seriti	616	25,958,281	14,357,280	11,601,001	55%	3,512	1,942	1,569
Staff	17	565,584	740,651	(175,067)	131%	2,772	3,631	(858)
Thungela	769	32,107,165	30,575,413	1,531,752	95%	3,479	3,313	166
Wonderfontein	39	1,514,719	723,349	791,370	48%	3,237	1,546	1,691
Tshiamo	129	2,005,189	1,274,671	730,518	64%	1,295	823	472
	2,262	78,118,369	59,471,453	18,646,916	76%	2,878	2,191	687

All options

2025	No of members	Risk contribution income	Risk claims	Surplus/ (Deficit)	% RCI Used	Per member per month		
						Contributions	Risk claims	Surplus/ (Deficit)
Ordinary members								
Entrapade	3	184,388	61,334	123,054	33%	5,122	1,704	3,418
Glencore	1,664	102,122,499	81,512,355	20,610,144	80%	5,114	4,082	1,032
Mafube	387	21,493,003	15,411,315	6,081,687	72%	4,628	3,319	1,310
Mantella	374	8,984,079	9,072,756	(88,676)	101%	2,002	2,022	(20)
Msobo	70	4,882,003	4,237,861	644,142	87%	5,812	5,045	767
Seriti	3,099	172,432,251	112,697,850	59,734,401	65%	4,637	3,030	1,606
Overlooked	261	3,808,755	2,815,607	993,147	74%	1,216	899	317
Staff	34	1,600,103	1,630,019	(29,916)	102%	3,922	3,995	(73)
Thungela	3,013	206,999,883	128,620,032	78,379,851	62%	5,725	3,557	2,168
Tshiamo	185	4,240,907	2,325,549	1,915,358	55%	1,910	1,048	863
Wonderfontein	93	4,028,489	1,760,483	2,268,006	44%	3,610	1,577	2,032
Witbank Chamber	12	1,183,448	1,440,093	(256,645)	122%	8,218	10,001	(1,782)
	9,195	531,959,806	361,585,253	170,374,553	68%	4,821	3,277	1,544
Continuation members								
Buffalo	2	109,718	466,693	(356,975)	425%	4,572	19,446	(14,874)
Glencore	220	12,823,439	44,417,096	(31,593,657)	346%	4,857	16,825	(11,967)
Mafube	9	508,571	3,124,926	(2,616,355)	614%	4,709	28,935	(24,226)
Mantella	1	88,506	616,567	(528,061)	697%	7,376	51,381	(44,005)
Msobo	48	2,975,484	9,106,364	(6,130,880)	306%	5,166	15,810	(10,644)
Seriti	298	19,309,053	37,483,365	(18,174,311)	194%	5,400	10,482	(5,082)
Staff	3	166,086	208,396	(42,310)	125%	4,614	5,789	(1,175)
Thungela	723	43,838,475	101,794,159	(57,955,684)	232%	5,053	11,733	(6,680)
Wonderfontein	2	116,178	41,824	74,354	36%	4,841	1,743	3,098
Witbank Chamber	36	1,952,231	4,890,816	(2,938,585)	251%	4,519	11,321	(6,802)
	1,342	81,887,740	202,150,205	(120,262,465)	247%	5,085	12,553	(7,468)
All beneficiaries								
Buffalo	2	109,718	466,693	(356,975)	425%	4,572	19,446	(14,874)
Entrapade	3	184,388	61,334	123,054	33%	5,122	1,704	3,418
Glencore	1,884	114,945,938	125,929,451	(10,983,513)	110%	5,084	5,570	(486)
Mafube	396	22,001,573	18,536,241	3,465,332	84%	4,630	3,901	729
Mantella	375	9,072,585	9,689,323	(616,738)	107%	2,016	2,153	(137)
Msobo	118	7,857,487	13,344,225	(5,486,738)	170%	5,549	9,424	(3,875)
Seriti	3,397	191,741,304	150,181,214	41,560,090	78%	4,704	3,684	1,020
Overlooked	261	3,808,755	2,815,607	993,147	74%	1,216	899	317
Staff	37	1,766,189	1,838,414	(72,226)	104%	3,978	4,141	(163)
Thungela	3,736	250,838,358	230,414,191	20,424,166	92%	5,595	5,140	456
Tshiamo	185	4,240,907	2,325,549	1,915,358	55%	1,910	1,048	863
Wonderfontein	95	4,144,667	1,802,308	2,342,360	43%	3,636	1,581	2,055
Witbank Chamber	48	3,135,679	6,330,909	(3,195,230)	202%	5,444	10,991	(5,547)
	10,537	613,847,546	563,735,458	50,112,088	92%	4,855	4,458	396

PROPOSED TRUSTEE AND COMMITTEE REMUNERATION POLICY FOR APPROVAL BY THE MEMBERS AT THE ANNUAL GENERAL MEETING TO BE HELD ON 2 JUNE 2026.

Background information

This document establishes a policy for the compensation of Board and Committee members for the time, input, and responsibility that they bear as an official of the Scheme. The King IV report on corporate governance was considered in the preparation of this policy.

The role of a Trustee is akin to that of a non-executive director. This means that the role of the Trustee is primarily one of strategic oversight dealing with long-term sustainability issues. The Trustee is therefore responsible for providing creative and informed contributions to the Board and to act as a constructive critic in looking at the objectives and plans devised by the Scheme's executive team. Trustees carry personal liability to the members for this oversight role.

Fees vary according to the expertise and responsibility required from the Trustee or Committee member. Fees for a Board or Committee Chair therefore carry a premium over an ordinary member's fee.

As a not for profit entity, the Scheme needs to be economical in its approach to non-healthcare expenditure whilst ensuring the Scheme's good governance, sustainability, and quality.

Proposed Structure for 2026

	Proposed fee per meeting from after the 2025 AGM (4.4% increase)		Proposed fee per meeting from after the 2026 AGM (4% increase)	
	Member	Chair	Member	Chair
Board of Trustees	R2 430	R3 650	R2 527	R3 796
Audit and Governance Committee	R6 040	R9 090	R6 282	R9 454
Nominations and Advisory Committee	R3 850	R6 070	R4 004	R6 313
Remuneration Committee	R4 030	R6 070	R4 191	R6 313
Other Committees	R4 180	R5 600	R4 347	R5 824

Terms and conditions applicable to meeting fees:

1. If approved, this policy becomes effective from the first meeting after the 2026 Annual General Meeting.
2. This policy is applicable to all Trustees and Committee members formally appointed by the Scheme.
3. Trustees and Committee members may waive these meeting fees if they have other internal arrangements with their employers. Trustees and Committee members who are employed by participating employer group must consult their employer's human resources department in determining whether they are required to waive such meeting fees. Trustees and Committee members must notify the Scheme Secretary of such waiver in writing after each AGM.
4. The per meeting fee structure will also apply as a daily fee for any special meetings called in accordance with the Scheme's rules and policies.
5. Trustees and Committee members may not charge a meeting fee for attending the Scheme's AGM.
6. Travel costs will be reimbursed at the SARS prescribed rates. This is only applicable to members who do not already qualify for travel allowances through their employer.
7. In accordance with the Scheme's policies in avoiding conflicts of interest, no other fees will be paid in respect of consulting or other services performed by Trustees.
8. To qualify for these fees committee members will be required to complete induction and governance training as defined by the Scheme.

9. Fees will not be paid for non-attendance.
10. Persistent late coming could, at the discretion of the meeting Chair, result in the non-payment or partial payment of the meeting fee.
11. The attendance, contribution and performance of the Trustees and Committee members shall be reviewed annually by the Nominations and Advisory Committee and formal feedback shall be given to the Board of Trustees ahead of the Scheme's AGM.