



Broker Consent Form

This form authorises Sizwe Hosmed Medical Scheme (SHMS) to release confidential Medical Aid information to my broker and his associates.

Note: This authorisation is valid until cancellation has been received in writing. A separate form is requested to cancel a previous authorisation.

The purpose of this form is to (please select one option):

☐ Authorise the broker to collect member's personal information from SHMS.

or

☐ Cancel the existing authorisation for the broker identified below.

Medical Aid Member Identification:

Member Name(s): _____

Member address: _____

Membership No: _____

Broker Authorisation:

Brokerage Name: _____

Broker Name: _____

Office Address: _____

Phone: _____

Email: _____

JOHANNESBURG
7 West Street,
Houghton Estate,
Johannesburg,
2198
Tel: +27(11) 725 0040

CAPE TOWN
7th Floor,
Norton Rose House,
8 Riebeeck Street,
Cape Town
8000
Tel: +27 (21) 402 9600
Fax: +27 (21) 418 1400

DURBAN
19 Hurst Grove,
Clifton Grove,
Muggrave,
Durban,
4000
Tel: +27 (31) 304 4829
Fax: +27 (31) 304 4839

Gqeberha
Ground Floor, Block E,
Southern Life Gardens,
70 • 2nd Avenue,
Newton Park
Port Elizabeth, 6000
Tel: +27 (41) 503 1000
Fax: +27 (41) 503 1302

WELKOM
Corner House,
Cnr. Buiten & Graaf Street,
Welkom CBD
9459
Tel: +27 (57) 353 1475
Fax: +27 (57) 353 1478

EMALAHLENI (WITBANK)
71 Mandela Drive,
Cnr. Plumer and Mandela Drive,
Emalahleni
1043
Tel: +27 (13) 690 3342
Fax: +27 (13) 690 3187

LEPHALALE
Shop 11, Stand 2633,
Ellisras,
X16 Orivenwacht
Tel: +27 (14) 880 0614



Member Authorisation

Member Signatures

Date

Telephone number

Consent

Following this, SHMF as a Responsible Party has a legal duty to get permission to use any Personal Information (PI) owned by a "Data Subject unless this PI is required as a result of a legal duty or obligation imposed on the SHMS or such PI is required for a contractual or legal purpose and / or is required for the purpose of protecting the legitimate interests of SIZWE HOSMED or the Data Subject.

Member's disclosure

This form was developed to assist the members in understanding their right to privacy

Section 14 of the Constitution of the Republic of South Africa, 1996, provides that everyone has the right to privacy; furthermore, the Protection of Personal Information Act, 4 OF 2013 (POPI) further reiterates that the right to privacy includes a right to protection against the unlawful collection, retention, dissemination and use of personal information.

According to section 18 of the Act, if personal information is collected, the responsible party must take reasonably practicable steps to ensure that the Data Subject is made aware of the information being collected and where the information is not collected from the Data Subject, the source from which it is collected, subject to certain exceptions, including those where the collection of information is required for a contractual or legal purpose and / or is required for the purpose of protecting the legitimate interests of the Institution.

Member Agreement and Acknowledgment

Date: _____

The undersigned hereby:

1.warrants and confirms that any and all information provided to SHMS by the undersigned is true and correct and fully understands that it is being used for administration of their health care option.

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Braamfontein,
Johannesburg
2001
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2.authorise SHMS to disclose to the broker (please tick the box to authorise):

- ☐ Personal information
- ☐ Financial information including claims and tax certificates
- ☐ Medical information

_____	_____	_____
Member Signatures	Date	Telephone number
_____	_____	_____
Broker Signatures	Date	Telephone number

Note: This form will not be accepted unless it is signed by the member.

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