

BROKER APPOINTMENT FORM

This form is used for the appointment of a registered healthcare advisor and/or replacing your current healthcare advisor, as well as for you to provide consent regarding the sharing of personal and/or special personal information with your newly appointed healthcare advisor.

1. MEMBER DETAILS

First name																					
Middle name																Initials					
Surname																					
ID number																					
Membership number											Contact number										
Email address																					

2. EMPLOYER DETAILS

Employer name																				
Town/Area/Station																				
Employer number																				

3. BROKER DETAILS

Brokerage name																				
Brokerage code																				
Broker name																				
Broker code																				

4. DECLARATION AND CONFIRMATION OF APPOINTMENT

I,

hereby confirm that I am duly authorised to appoint the Broker mentioned above ("the Broker"), to act as my agent for purposes of all my dealings with Bestmed Medical Scheme ("Bestmed").

5. CONSENT

- I hereby give specific and informed consent for Bestmed to share my Personal and/or Special Personal Information, as well as the Personal and/or Special Personal information of my dependants, as defined in the Protection of Personal Information Act, 4 of 2013 ("POPIA") with the Broker.
- In as far as I provide Bestmed with the Personal and/or Special Personal Information of any third party, including my spouse(s), children or other dependants – to be shared with the Broker that I hereby appoint – I hereby warrant that I have acquired the consent of such third party to do so. In the event of that individual being a child, I do so in my capacity as a "competent person" in respect of such Personal Information, as contemplated in POPIA.

- I acknowledge that the Personal and/or Special Personal Information includes but is not limited to my/my dependants' health, medical and treatment records, which may include:

Biographical information	Benefit information	Financial information	Medical information
<ul style="list-style-type: none">Membership numberDate of birthID numberPostal addressResidential addressEmail addressContact numbers	<ul style="list-style-type: none">Benefit optionAvailable medical savings account balanceAvailable benefitsLimits on benefit optionWaiting period information	<ul style="list-style-type: none">Monthly subscriptionTax certificateMembership certificateBalance due or outstanding	<ul style="list-style-type: none">Chronic or prescribed minimum benefit conditions detailsStatus of authorisationsClaim transaction historyMedication usedMedical procedures performed as well as procedure codes

- I, therefore, indemnify and hold Bestmed harmless against any claims of whatever nature, including direct, indirect, and consequential loss, resulting from the wrongful or unauthorised use of shared Personal and/or Special Personal Information, that may arise from any disclosure contemplated herein.
- I confirm that this consent will remain in effect until I expressly withdraw it in writing.

6. IMPORTANT TO NOTE

- This appointment shall become effective on the 1st day of the month following receipt of this Broker Appointment Form ("the Form") by Bestmed, provided that the Form is received before the last day of the month.
- The effective date cannot be backdated.
- For employer groups, please attach an original letter on the employer's letterhead, duly signed by the employer's authorised person, authorising the appointment of the Broker.
- Please send the duly completed Form by email to commissions@bestmed.co.za

7. MEMBER SIGNATURE

Name

Membership number

Signature of member

Date

D

D

M

M

Y

Y

Y

Y

8. BROKER SIGNATURE

Name

Broker code

Signature of Broker

Broker House: Aon South Africa (Pty) Ltd

Tel No: 0860 100 404

Broker Code: AONN01A1ITRN

Date

D

D

M

M

Y

Y

Y

Y

Broker House: Aon South Africa (Pty) Ltd
Tel No: 0860 100 404
Broker Code: AONN01A1ITRN