

1. BROKER DETAILS

Title

First name

Middle name Initials

Surname

Name of Brokerage

2. DECLARATION

- 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").
 - I hereby consent to my personal health and medical information ("Information") being disclosed to and shared with the Broker by Bestmed for purposes of administering my medical aid.
 - I further consent to the personal health and medical information of my dependants ("dependants' information") being disclosed to and shared with the Broker by Bestmed for purposes of administering their benefits stemming from my medical aid.
 - I hereby affirm that I am aware that the disclosure of and the sharing of my personal health and medical information and that of my dependants with the Broker, is necessary for purposes of administering my medical aid as well as the benefits of my dependants stemming from my medical aid.
 - I confirm that I am aware of the fact I can revoke my consent for the disclosure and sharing of information and my dependants' information with the Broker, at any time by written communication to Bestmed.
 - I therefore indemnify and hold Bestmed harmless against any claims of whatever nature that may arise as a result of the disclosure of and/or sharing of information and/or that of my dependants, with the Broker.

3. MEMBER SIGNATURE

Name

Membership number

Signature of member _____ Date

4. BROKER SIGNATURE

Name

Signature of broker _____ Date