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

medihelp

Medihelp application form 2027
Corporate

Enquiries: 086 0100 678
Email: corpapps@medihelp.co.za
medihelp.co.za

Thank you for choosing to join Medihelp Medical Scheme.

Please use this form only if Medihelp has an agreement with your employer. In all other cases, please complete Medihelp's Application Form: Corporate (form 4220).

How to apply

- Submitting your application online on Medihelp's website allows for immediate confirmation of receipt and faster processing. Please visit our website at https://onlineapplication.medihelp.co.za
- If you use the printed form, please complete all sections in full using black ink, write clearly, and sign all relevant sections. Please read the conditions for membership in section 9 carefully before you sign the form. Incomplete information may delay the application process.

Next steps after we receive your application

- Medihelp will contact you from 012 336 9000 if we need any additional information. Please save this number to recognise it as a legitimate call and not spam. You can also use the Application in Motion (AiM) functionality on our website at https://onlineapplication.medihelp.co.za to track your application and provide further details, if necessary.
- If we offer you membership with standard terms, your membership will be activated without issuing enrolment conditions. We will notify you and/or your adviser in writing.
- If we offer you membership with any non-standard terms (with waiting periods and/or late-joiner penalties), we will notify you and/or your adviser in writing, and set out the conditions that will apply to your membership. If you accept these conditions, you can log in to AiM and confirm your acceptance online.
- Once you receive communication with a link to register on the Member Zone, you can download your digital membership card.

1. When would you like your cover to start?

y y y y m m d d

No person may be enrolled as a member of Medihelp while they are a member of another medical scheme. Please refer to paragraph 12 of section 9 of this application form.

2. Your information (person who requests membership)

If you use your passport number, please attach a copy of your passport.

ID/passport number | Title: Mr | Mrs | Ms | Other (specify)

Date of birth: y y y y m m d d

Surname | Initials

First names | Gender: Male | Female

Preferred name

Marital status: Married | Unmarried

Date of marriage: y y y y m m d d

Income tax number

Language: Afrikaans | English

Please indicate your race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.

☐ Black ☐ Coloured ☐ Indian/Asian ☐ White ☐ Other

3. Your contact details

Please note: We communicate with our members exclusively through electronic channels.

Residential address*

House/unit number | Complex/building name

Street name

Suburb | City

Province | Postal code

Cell phone number* | Alternative contact number

Personal email address*

*All contact information is compulsory, as we need it to communicate important information about your rights, benefits, and duties as a member. Without this information, we will not be able to finalise your application for membership.

To enable us to communicate effectively with you, we would like to know if the following applies to you:

Visually impaired: Yes | No

Hearing impaired: Yes | No

4. Details of your employer/the institution responsible for paying your contribution

NB: Complete only if your contribution is paid, either in full or in part, by your employer or any other institution.

Name of employer/institution _____ Campus/site _____

Branch code/employer group number _____

Payroll number _____

Appointment date | y | y | y | y | m | m | d | d |

Appointment type: Permanent | Temporary

Pay area _____

Office stamp of employer

5. Mark your plan choice with an "X"

5.1 Plans

Note

- All benefit-related information can be obtained in your 2026 member guide.
- If you choose a plan with a savings account (MedAdd, MedAdd Elect, MedSaver, MedPrime, MedPrime Elect, or MedElite), please read section 5.2.

Basic plans	Savings plans	Comprehensive plans	
☐ MedMove!	☐ MedAdd	☐ MedPrime	☐ MedElite
☐ MedVital	☐ MedAdd Elect	☐ MedPrime Elect	☐ MedPlus
☐ MedVital Elect	☐ MedSaver	☐ MedReach	

5.2 Utilisation of savings account funds

MedAdd, MedAdd Elect, and MedSaver

SavingsNow preferences

Please indicate how you would like Medihelp to use your SavingsNow account.

By default:

All eligible day-to-day out-of-hospital medical services are paid from SavingsNow.

Specialised radiology is not included in this automatic payment.

Your choice (please select):

• Pay in-hospital specialised radiology co-payments and shortfalls from SavingsNow.	Yes	No
• Pay out-of-hospital specialised radiology co-payments and shortfalls from SavingsNow.	Yes	No
• Pay all other in-hospital co-payments and shortfalls (excluding specialised radiology) from SavingsNow.	Yes	No

If you do not indicate your preference, these costs will not be paid from your SavingsNow account until you give us your instruction.

You can change your preferences on the Member Zone at any time.

6. Dependants you want to register

You may register the following dependants:

- Spouse/partner
- Own children of the applicant and spouse/partner
- Stepchildren of the applicant and spouse/partner
- Adopted children or in the process of adoption/foster children/children in temporary safe care/children born in terms of a surrogate motherhood agreement of the applicant and spouse/partner

If any of the following persons are dependent on the applicant for family care and support, you may register them as dependants:

- Father/mother/brother/sister of the applicant
- Grandchildren of the applicant

Please note

- Foster children and children in temporary safe care may be registered as dependants only up to the age of 26 years in terms of legislation.
- If a dependant is not a South African citizen, a copy of their passport must be submitted with the completed application.
- When registering a partner as a dependant, you confirm that you are in a domestic partnership, and undertake to inform Medihelp within 30 days if your relationship status changes.

The following persons may not be registered as dependants of the applicant:

- Stepbrothers and stepsisters
- Stepparents
- In-laws
- Godchildren
- Cousins
- Grandparents
- Nieces and nephews

To avoid delays in your enrolment process, please attach the following supporting documents:*

Dependant	Document required
• Adopted children or children in the process of adoption/ foster children/children in temporary safe care/children born in terms of a surrogate motherhood agreement of the applicant and spouse/partner	• Legal documentation confirming that the child has been adopted or in the process of adoption/placed in foster care/temporary safe care of the applicant • Official proof of the court, clerk of the court or appointed social worker must be provided in terms of the set criteria determined by Medihelp
• Child or grandchild • If surname differs from the applicant's surname	• Unabridged birth certificate • For grandchildren, the unabridged birth certificates or an affidavit confirming family care and support

* This information is compulsory. If not submitted, your application for membership cannot be finalised.

Dependants

Note: Please provide your dependants' information in the order you want it to appear on the Membership certificate.

	1	2
Title	Initials	Initials
Relationship to applicant		
Surname		
First names		
Preferred name		
ID/passport number		
Date of birth	y y y y m m d d Gender Male Female	y y y y m m d d Gender Male Female
Cell phone number*		
Personal email address*		
Visually impaired*	Yes No	Yes No
Hearing impaired*	Yes No	Yes No
	Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.	Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.
	Black Coloured Indian/ Asian White Other	Black Coloured Indian/ Asian White Other

	3	4
Title	Initials	Initials
Relationship to applicant		
Surname		
First names		
Preferred name		
ID/passport number		
Date of birth	y y y y m m d d Gender Male Female	y y y y m m d d Gender Male Female
Cell phone number*		
Personal email address*		
Visually impaired*	Yes No	Yes No
Hearing impaired*	Yes No	Yes No
	Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.	Please indicate your dependant's race only if you wish to do so. The information is used for national statistical purposes by the Council for Medical Schemes.
	Black Coloured Indian/ Asian White Other	Black Coloured Indian/ Asian White Other

*This information is compulsory and is required to communicate important information to your dependant if they are 18 years or older.

7. Banking details for deducting contributions and refunding credit amounts

Bank

Branch

Branch code

Type of account

Initials and surname of accountholder

Account number

This account will be used to deduct contributions by debit order and refund credit amounts. In the case of a trust, a copy of the trust deed must be submitted and the responsible trustee must sign.

* If your employer pays your monthly contribution in full, the banking details supplied will only be used for credit refunds.

Signature of applicant

Signature of accountholder

Complete this section if a third-party payer pays the contribution on behalf of the applicant.

This information is a compulsory requirement for South African Revenue Services (SARS) purposes. I, the undersigned, hereby agree to pay the monthly medical scheme contribution on behalf of the member. I also authorise Medihelp Medical Scheme to deduct the contribution from my bank account.

Nature of payer (for example, individual, company, trust, etc.)

ID/passport number

Surname

First name

Initials

Date of birth

y y y y m m d d

Nationality

Physical address

Registered company name

Company registration number

Income tax number

Signature of third party

8. Previous and/or current membership of medical schemes

Are you currently a member of a medical scheme? If so, please provide us with the following: Yes | No

Name of medical scheme*	Name and surname*	Membership number	Date joined*	Date ended*

* This information is compulsory. If it is not provided, your application for membership cannot be finalised.

Are these details the same for all dependants applying for cover? Yes | No

9. Conditions of membership, declaration by applicant and consent for Medihelp to process personal information

Medihelp confirms the following:

1. Your and your registered dependants' personal and medical information will be treated confidentially and will not be sold to a third party or used for commercial or related purposes.
2. Security measures have been implemented to protect your data and that Medihelp employees and contracted parties have access to your data to process and pay claims, among other things. All employees and contracted parties who have access to your data for these purposes have signed a confidentiality agreement not to disclose your personal information to any unauthorised parties.
3. Your personal information will only be used for purposes such as processing your application for membership, paying your medical claims, determining whether you are entitled to benefits, managing risks, and for any communication purposes or marketing initiatives undertaken by Medihelp.
4. The Scheme will accept liability for any breach of confidence and will manage such occurrences in accordance with its internal policy.
5. If you use a Medihelp-contracted brokerage's services, then relevant membership information will be made available to the appointed brokerage in order to provide a service to you, and any authorised person at the brokerage may instruct Medihelp to change any of your personal information except your banking details, unless you instruct Medihelp otherwise.

Your responsibilities as a member of Medihelp

6. I will ensure that I know all the provisions of the Rules of Medihelp and will read all the correspondence from Medihelp, such as newsletters and statements. I will also study my benefit guide and familiarise myself with the cover offered by the plan that I choose.
7. I will abide by the Rules of Medihelp, as amended from time to time and available at medihelp.co.za on the self-service platform for members, and not submit any fraudulent claims or commit any fraudulent acts.
8. I declare that the information provided in this application for membership is accurate and complete. I understand that any false declaration or omission of information may result in the termination of my membership and that of my registered dependants or any other measures which Medihelp, in its sole discretion, may decide to take, subject to appeal procedures. I understand that it is my responsibility to ensure that the details provided in this application are true and complete for me and my dependants, even if this application was completed by my financial adviser or any other third party on my behalf. I will notify Medihelp in writing if there are any changes in my health status or that of my dependants after my application for membership has been submitted, but before my membership start date. I confirm that the e-mail address I have provided in section 3 above is the address where I will receive all communication from Medihelp. I will notify Medihelp in writing of any future changes to my personal details and/or banking details. I understand that failure to do so may result in my membership being terminated in accordance with the Medical Schemes Act 131 of 1998 and the registered Rules of Medihelp.
9. If I or any of my dependants are HIV positive or have Aids, it is my responsibility to inform the Scheme and to enrol on Medihelp's HIV/Aids programme within 21 days from my enrolment date by calling LifeSense on 0860 50 60 80. If I fail to adhere to this condition, it will be considered as non-disclosure of information, which may result in the termination of my membership.
10. If I need to get authorisation for chronic medicine, I will call Medihelp on 086 0100 678 once my membership of Medihelp has been finalised, to get an application form for chronic medicine benefits. Alternatively, I can download an application form from the Medihelp website at medihelp.co.za by signing in to the self-service platform for members, the Member Zone.
11. I understand that this application form is valid for a period of 30 days from the date of signature. The period may be further extended, subject to Medihelp's discretion, up to a maximum of 60 days, after which the application form will be cancelled and I will be required to submit a new application form.
12. I confirm that neither my dependants nor I will be registered as beneficiaries of another registered medical scheme on the date on which I requested membership of Medihelp.
13. I take note that the monthly contribution fees will be due on the first day of enrolment and thereafter on the first day of each subsequent calendar month. Should my employer/institution, as my authorised agent, undertake to pay my contributions to Medihelp, I give permission to my employer/institution to deduct the amount payable to Medihelp from my salary and pay such amount over to Medihelp. I furthermore give permission that Medihelp may provide the following information to my employer/institution in order to pay contributions: my identity number, my tax certificate information, as well as my dependants' dates of birth, ages, and relationship. I am also responsible for repaying any debt outstanding on my medical savings account, if applicable, if I terminate my membership of Medihelp.
14. I note that a third party paying the contribution on my behalf is not part of the contract with Medihelp and will not receive communication regarding changes in the monthly payable contribution. I undertake to inform the third party of any changes in my contribution and accept that I remain responsible for the payment thereof.
15. I confirm that I am responsible to give advance notice of termination of membership, and that neither my dependants nor I will be registered as beneficiaries of another registered medical scheme while still members of Medihelp.

Medihelp's rights as a medical scheme

16. I am aware that a three-month general waiting period and/or a 12-month condition-specific waiting period and a late-joiner penalty may be imposed on my membership and that of my registered dependants in terms of the Medical Schemes Act 131 of 1998. Medihelp may finalise my membership without issuing a document containing the conditions of my membership if no waiting period and/or late-joiner penalty is imposed.
17. I am also aware that Medihelp may restrict benefits to be granted and limit amounts/tariffs to be paid in respect of particular services, for example by enforcing co-payments and exclusions.
18. The Rules of Medihelp may provide for various interventions designed to promote cost-effectiveness and appropriateness of services, such as pre-authorisation and using designated service providers.
19. Medihelp may also restrict interchanges between plans to the beginning of a year, and require a notice period as set out in the Rules.
20. Medihelp may refuse to pay a claim that is submitted after the period prescribed in the Rules.
21. I am further aware that my benefits may be suspended if I fail to pay my contributions or debt in full, that my membership may be terminated if any amount remains outstanding 30 days after the date of suspension, and that my account will be handed over for collection.
22. I am aware that Medihelp may increase its contribution annually at the beginning of the year. I also authorise Medihelp to adjust the contribution if necessary due to a change in my membership and deduct the amended amount or any outstanding contribution amounts, from me or the third-party payer/employer/institution I indicated as the authorised payer of my contribution.

Protection of information

23. I hereby give permission and declare that I have obtained the consent of all my dependants, that:

23.1 Medihelp may enquire about my health status or that of my dependants at any medical doctor or any person who is in possession of such information, and give permission for the doctor or person concerned to make such information available to Medihelp and its contracted third parties for the administration of my plan;

23.2 My dependants may enquire about my personal and medical information and that of any of my dependants at Medihelp's disposal;

23.3 Any adviser I appoint and whose appointment Medihelp accepts may have access to my personal and medical information and that of any of my registered dependants at Medihelp's disposal, and that such adviser or an authorised person at the brokerage may instruct Medihelp to change any of my personal information for the purpose of proper administration and underwriting, except for my banking details;

23.4 Medihelp may disclose my and my dependants' medical and personal information to healthcare providers for the purpose of delivering medical services to me and my dependants, and to pay for such services; and

23.5 Medihelp may share my information for statistical analysis and academic research purposes.

24. I take note that Medihelp complies with the stipulations of the Protection of Personal Information Act 4 of 2013 (POPIA).
25. I agree that all my telephone conversations and/or that of my dependants with Medihelp and/or its contracted third parties may be recorded for quality control purposes, and to help detect and prevent fraud.
26. I agree that Medihelp may, for the purpose of considering my application for membership or conducting underwriting or risk assessments or considering a claim for medical expenses, request information about me, my dependants, and any person named on this application form from medical practitioners, financial advisers, industry regulatory bodies or employers/institutions.
27. I further consent and declare that I have obtained the consent of my dependants, that Medihelp may provide any credit bureau or credit providers' industry association with

any information about my/my dependants' consumer credit record, including and not limited to information about my/my dependants' credit history, financial history, personal information (excluding medical information) and judgment or default history.

28. If you believe that Medihelp has used your personal information contrary to its Privacy Policy, you have the right, under the Protection of Personal Information Act, to lodge a complaint with the Information Regulator, but we encourage you to first follow our internal complaints process to resolve the matter. If, thereafter, you believe that we have not resolved the matter adequately, you can contact the Information Regulator at: The Information Regulator (South Africa), JD House, 27 Stiemens Street, Braamfontein 2017, telephone number: 010 023 5207, email: POPIAComplaints@inforegulator.org.za.

29. If you believe that Medihelp has not handled your enquiry satisfactorily, please first follow our internal complaints process to resolve the matter. If, thereafter, you believe that we have not resolved the matter adequately, you can contact the Council for Medical Schemes (CMS), as Medihelp is a registered medical scheme and regulated by the CMS. The CMS's contact details are as follows: Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, Customer Care Centre: 0861 123 267, email: complaints@medicalschemes.co.za, website: www.medicalschemes.co.za.

30. If you are signing as the applicant's parent and your child is younger than 18, please attach a copy of your passport/ID document and the applicant's birth certificate.

Signature of applicant _____ Date y y y y m m d d

If you are signing as the applicant's parent and your child is 18 years and older, please attach the following:

A copy of your passport/ID document as well as the document confirming your appointment as guardian/curator/power of attorney.

If you are applying on behalf of another person as parent, guardian, curator, or power of attorney, please complete the following:

In your capacity as Parent (minor child) ☐ Guardian ☐ Curator ☐ Power of attorney (legal appointment) ☐

ID/passport number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Title Mr Mrs Ms Other (specify)

First name _____ Surname _____

Cell phone number* ☐☐☐☐☐☐☐☐☐☐ Alternative contact number ☐☐☐ ☐☐☐☐☐☐☐☐

Personal email address* _____

* This information is compulsory and is required to communicate important information to you about your rights, benefits, and duties as a member. If it is not provided, your application for membership cannot be finalised.

Relationship to applicant _____

10. Undertaking and declaration by adviser

NB: If this section is not completed in full by the adviser, no commission will be paid. I declare that:

1. The applicant has appointed me as their adviser and is entitled to cancel my services at any time;
2. I have informed the applicant that I am not an agent of Medihelp, but that I am acting in my own capacity, for my own benefit and account, as mandated by the applicant.

I take note that the adviser/brokerage indemnifies Medihelp against any non-adherence to the legal requirements as quoted above.

Name of brokerage _____ Brokerage code A☐☐☐☐☐

Name and surname of adviser _____ Adviser code ☐☐☐☐

Email address _____ Contact number ☐☐☐ ☐☐☐☐☐☐☐

In the event of a dispute, the registered Rules of Medihelp and / or the provisions of Medihelp's independent adviser agreement, as the case may be, shall apply.

Signature of adviser _____ Date y y y y m m d d

Lead reference number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MHNN005 AUG 2026

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

Benefits of appointing

Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:

Guide:
our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.

Educate:
our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.

Protect:
the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end renewal, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to member letters providing updates on the following:
  - Alert - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
  - Member letter - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
  - Guidance letter - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Ad-Hoc Alerts:**
  - Ad-hoc updates pertaining to Medical schemes industry or providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is **no additional fee** charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to **www.aon.co.za**

http://www.facebook.com/Aonhealthcare
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

http://www.aon.co.za/disclaimer
On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at http://www.aon.co.za/terms-of-trade or will be sent to you upon request.

Privacy Notice

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All rights reserved.

Disclaimer:

Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.

14 December 2022 | V2 | DD

Contact us on: **0860 100 404**, P.O.Box 78367, Sandton, 2146, www.aon.co.za
FSP number: 20555; CMS number: ORG895
Follow our **website link** for further information on Aon's processing of your personal information

Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my Gap Cover Provider.

My ID:_____ and policy number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the Gap Cover Provider. Monthly commission is part of your total monthly contributions paid to the Gap Cover Provider. This monthly commission is limited to 20% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Short-term Insurance Act 53 of 1998, plus Value Added Tax (VAT).

Monthly premium band	Maximum Commission Level
Above R1 200	5%
R601 to R1 200	10%
R300 to R600	15%
Less than R300	20%

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Policy no: _____ ID or passport no: _____

Gap Provider: _____ Aon Broker Code: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed appointed Broker as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
Policy number Date of birth ID number Postal and e-mail Address Physical address Contact details	Type of cover Waiting period details	Total monthly premiums	Claims statement from Medical Scheme and / or Gap Cover Insurance Claims statement from provider

By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____on yy/mm/dd: _____

Signature: _____