

## INTERMEDIARY APPOINTMENT FORM

I, \_\_\_\_\_, ID Number \_\_\_\_\_ as a member of \_\_\_\_\_ (scheme name), Medical Scheme Option \_\_\_\_\_, membership number \_\_\_\_\_ hereby appoint MEMP Financial Services (Pty) Ltd, FSB No. 13833, broker code \_\_\_\_\_, to be my Healthcare Broker, with effect from \_\_\_\_\_.

I am fully aware that with the signing of this Intermediary Appointment Form, I hereby acknowledge and accept that the appointed broker will receive a monthly commission of 3%, capped at R98.85 plus VAT. The commission is paid by the Medical Scheme and I as the Member have no liability to the Broker in respect of the payment and receipt of such commissions.

I understand that the broker has to render the following services to me:

Handling enquiries on Products and Services of the Scheme regarding:

- 1) Benefit structures offered and furnish advice on best suited choice
- 2) Premiums to be paid on each product and/or parts thereof
- 3) Exclusions related to specific circumstances
- 4) Enrolment conditions applying to specific situation
- 5) Service provider details where necessary
- 6) Rules of the Medical Scheme
- 7) Administrative procedures to be followed

Continuous updating on:

- 1) The Scheme's products and benefits
- 2) The Scheme's Rules and where applicable, procedures

### Update of Member Contact Details:

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL MEMBER SIGNATURE

\_\_\_\_\_  
DATE

### Please submit together with the following:

1. Principal member ID
2. Copy of the back of your membership card
3. Copy of the latest medical aid statement
4. MEMP – POPI Consent Form