

### Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

The Record of Advice is a summary of the information and material on which the advice was based, the recommendation made and benefit option implemented.

Please read this document carefully and notify me on any changes necessary.

Client Name and Surname

Client ID number

Date 

D	D	M	M	Y	Y	Y	Y
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## 1. Mandate

The financial adviser is mandated to provide advice on LA Health Medical Scheme only.

## 2. Summary of Information on which the advice was based

Information gathered for LA Health membership:

Income R

Marital status

Number of dependants

Contribution consideration R

Current benefit option

Please state any chronic and/or pre-existing conditions:


Is there the possibility of late joiner penalties being applied? Yes  No

If "Yes" please provide detailed information on the late joiner penalty fees and the applicable percentage


Is there the possibility of a waiting period being applied? Yes  No

If "Yes" please provide detail information on the waiting period.


Other Information Considered:


## 3. Analysis

The Medical Needs Analysis is a mandatory requirement Yes  No

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#### 4. Recommendation and Implementation

Did the client accept the recommendation in full?

Yes  No

If the recommendation was not fully implemented, please provide a reason.


Reasons why the specific benefit option was recommended over any other benefit option offered by the Scheme?


Summary of product features.


#### 5. Fees

The Scheme will pay allowable commission in line with Regulations.

#### 6. Important information

Important information highlighted to client (e.g., risks, tax implications, legislative restrictions, exclusions, waiting periods, etc.)

- The selected benefit option can be changed on 1 January each year as per communication from LA Health Medical Scheme.

#### 7. Client declaration

hereby acknowledge that:

- This Record of Advice is an accurate reflection of the advice and subsequent recommendation that I received from my financial adviser
- I confirm that all required documents were fully completed prior to my signature.
- The brochure(s) for the benefit option selected was shown to me and the principal terms and conditions of membership explained to me.
- Notwithstanding the information provided by my financial adviser, I acknowledge that I have an obligation to familiarise myself with the terms and conditions of my LA Health Rules and how it applies to my membership on the benefit option I have selected.

Signed at (town or city)

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Name and Surname

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Client Signature

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Date 

D	D	M	M	Y	Y	Y	Y
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Signed at (town or city)

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Name and Surname

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Adviser Signature

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Date 

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#### RECORD OF ADVICE INSTRUCTION FOR THE COMPLETION OF THIS FORM

1. A financial adviser, who is an accredited LA Health broker, must, prior to providing a client (prospective member) with advice -
  - take reasonable steps to seek from the client appropriate and available information regarding the client's financial situation, medical scheme experience and objectives to enable the financial adviser to provide the client with appropriate advice;
  - conduct an analysis, for purposes of the advice, based on the information obtained;

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- identify the benefit option that will be appropriate to the client’s risk profile and financial needs, subject to the limitations imposed on LA Health Medical Schemes under the Medical Schemes Act or any contractual arrangement; and
  - where the application to membership of LA Health (“the replacement product”) is to replace an existing medical scheme membership (“the terminated product”), fully disclose to the prospective member the actual and potential financial implications, costs and consequences of such a replacement
  - take reasonable steps to ensure that the client understands the advice and that they are in a position to make an informed decision.
2. The financial adviser must complete this Record of Advice (“ROA”).
  3. For purposes of this form “financial adviser” means a “representative” as defined in the Financial Advisory and Intermediary Services Act (“FAIS”) under definitions and application, being any person, including a person employed or mandated by such first-mentioned person, who renders a financial service to a client for or on behalf of a financial services provider, including a medical scheme, in terms of conditions of employment or any other mandate.
  4. If any feature is not applicable to the advice rendered, please indicate “none” or “not applicable” in the applicable field. Do not leave the field blank.
  5. No changes and/or alterations may be effected on the ROA in particular as they pertain to:
    - the order or sequencing of the content of the ROA.
    - the wording of any requirements, questions or declarations set out in the ROA
    - changes that will result in any requirements or information being obscured or made less prominent.