

New broker / brokerage appointment form

Contact details

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The purpose of this form is to change the appointed broker on record. Only the appointed broker will have access to your LA Health information.

How to use this form

1. Please ensure that this form is completed in full.
2. Please complete the form in black ink, print clearly and write one letter per block.
3. If the spaces provided are not adequate, please attach a list with all relevant details.
4. Please email or fax completed form to the Scheme at commissions@discovery.co.za or **011 539 2550**.

1. Member details

| | | | | | |
|--|----------------------|--------------------|----------------------|---------|---|
| Title | <input type="text"/> | Initials | <input type="text"/> | Surname | <input type="text"/> |
| First name(s) (as per identity document) | <input type="text"/> | | | | |
| Date of birth | <input type="text"/> | ID/passport number | <input type="text"/> | | |
| Nationality of passport | <input type="text"/> | | | Gender | M <input type="checkbox"/> F <input type="checkbox"/> |
| Membership number | <input type="text"/> | | | | |

2. New broker details

Please note: Only LA Health accredited brokers may be appointed.

| | |
|-----------------------|----------------------|
| Broker name | <input type="text"/> |
| Broker code | <input type="text"/> |
| Broker contact number | <input type="text"/> |
| Broker email address | <input type="text"/> |
| Broker house name | <input type="text"/> |
| Broker house code | <input type="text"/> |

3. Declaration and Authorisation

Note that your intention to appoint a new broker to act on your behalf will result in the termination of the services of the broker currently providing broker services to you.

The Medical Schemes Act requires that a medical scheme must discontinue the payment of commission in respect of services rendered to a member when the scheme receives notice from a member that the services of that broker must be discontinued. It also specifies that a scheme may not pay commission to more than one broker at any time for broker services provided to a particular member.

To ensure LA Health complies with the requirements of the Act, we require the following declaration and authorisation to be duly completed and signed by you.

I, LA Health membership number , am duly able and authorised to make the declaration, confirmation and appointment set out below and grant the consents contained in this form.

I hereby:

- Declare that I understand that:
 - the appointment of the broker in paragraph 2 above will result in the termination of my appointment of the broker / brokerage that is currently providing broker services to me in respect of my LA Health membership.
 - LA Health may advise my current appointed broker / brokerage of this intent to terminate their appointment, previously made by me.
- Give consent to LA Health Medical Scheme to share with my appointed broker / broker house all membership information, including personal and underwriting information necessary to ensure the efficient administration of my membership of the Scheme, and to ensure that LA Health Medical Scheme complies with all relevant legislation on an ongoing basis.

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- Accept that this consent can be revoked at any time, failing which, LA Health Medical Scheme will be entitled to continue sharing such information with the appointed broker until the end of this membership.

I therefore hereby:

With effect from the date indicated below, appoint the broker / broker house mentioned in paragraph 2 above, to act on my behalf in matters relating to my membership of LA Health Medical Scheme, and (if applicable) hereby terminate the appointment of my existing broker / broker house.

Main member's signature

Date

Broker Declaration

I, , have been appointed as the broker on record for (main member's initials and surname)
 Membership number from this day, the of 20

I hereby declare that:

- I am an authorised financial services provider, registered under the Financial Advisory and Intermediary Services Act (Act No 37 of 2002).
- I am an accredited LA Health broker.
- I will adhere to the Code of Conduct for accredited LA Health brokers.
- I will adhere to the South African Local Government Bargaining Council Code of Conduct requirements, as it may apply during annual Window Periods.

Broker's signature

Date