

Broker Appointment Request

Important: This form must be completed by the principal member.

1 DETAILS OF NEW BROKER:

Name of the Broker House		Broker House Code:	
Name of the Sub Broker		Broker Sub Code:	

2 DETAILS OF MEMBER:

Initials	Surname	ID Number	Membership number

3 AUTHORISATION:

I,, appoint the abovementioned broker.

I declare that I am aware of the appointment and that I:

- will give my broker access to my/our membership information with the scheme in order to be of service to me
- was made voluntary by me and can be cancelled by me at any time
- will enable the broker to receive broker compensation in accordance to the Medical Schemes Act, R69.00, plus value added tax per month, or such other monthly amount the Minister shall determine annually in the Government Gazette, taking into consideration the rate of normal inflation; or 3% plus value added tax (VAT) of the contributions payable in respect of that the member, whichever is the highest.
- will entitle me to receive certain services from my broker and that the broker explained these services to my satisfaction.

Signed at on this day of 20.....

SIGNATURE: _____

Rules:

- i. With receipt of this appointment form, commission payment to the current broker will be suspended according to regulation 28(7) of the Act of Medical Schemes. This appointment will only come into effect 30 days after the current broker was notified of this appointment.
- ii. The broker appointment cannot be backdated.

The completed form can be faxed to: 0867304662 or mailed to commission@keyhealthmedical.co.za