



BROKER APPOINTMENT FORM

PLEASE COMPLETE IN BLACK INK – PLEASE PRINT CLEARLY

1. MEMBER DETAILS

Initials:

Surname:

Date of birth:

Membership number:

Contact number/E-mail:

2. EMPLOYER DETAILS

Employer name:

Town/Area/Station name:

Employer number:

3. NEW INTERMEDIARY DETAILS

Intermediary house name:

Intermediary house code:

Intermediary name:

Intermediary code:

I, _____, am duly authorised to appoint the intermediary mentioned in the above, to act as agent on our/my behalf for the purpose of all our/my dealings with BESTMED MEDICAL SCHEME. Furthermore, I request that all information pertaining to my medical scheme in respect of myself and my dependants be released to _____ and indemnify _____ and Bestmed Medical Scheme against any claims or damages suffered as a result of disclosing the information.

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

Signature of main member

Signature of broker

PLEASE NOTE: BY SIGNING THIS FORM, YOU ARE REPLACING YOUR CURRENT BROKER/ADVISER

RULES

1. Complete this form to change intermediary details for a member/employer/policyholder.
2. The effective date will be the 1st day of the month following the Commission Department's receipt of this completed request, and the effective date cannot be backdated.
3. Intermediary commissions will be paid in accordance with the Medical Schemes Act.
4. Please make sure that you complete all the relevant sections in full. Bestmed Medical Scheme will not be able to process your request if all the necessary information has not been supplied.
5. For compulsory employer groups, please attach an original letter on the employer's letterhead authorising the appointment of the intermediary and signed by a duly authorised person.
6. Completed broker note appointments must be sent to commissions@bestmed.co.za

INTERMEDIARY STAMP