

third party power of authority consent form



PLEASE FAX TO:
Fax No: 011 671 3647

OR E-MAIL TO:
update@fedhealth.co.za

OR MAIL COMPLETED FORM TO:
Fedhealth Medical Scheme
Private Bag X3045
Randburg
2125



COMPLETED FORM

- Once complete, please fax your form to 011 671 5061. Alternatively, you can e-mail the form to fdhconsent@medscheme.co.za
- To avoid delays please ensure that all fields on the form are completed before submitting.

SECTION 1. PRINCIPAL MEMBER DETAILS

The principal member needs to give consent for the disclosure of information on his/her membership to the nominated third party or dependant.

Membership number															
Title		Initials		Surname											
First name(s) (as per ID)															
ID or passport number				Gender	M	F	Date of birth	d	d	m	m	y	y	y	y
Country of issue															
Telephone (H)					Telephone (W)										
Cellular															
E-mail address															

SECTION 2. THIRD PARTY DETAILS

Relationship to principal member															
Title		Initials		Surname											
First name(s) (as per ID)															
ID or passport number				Gender	M	F	Date of birth	d	d	m	m	y	y	y	y
Country of issue															
Telephone (H)					Telephone (W)										
Cellular															
E-mail address															

SECTION 3. ADDITIONAL THIRD PARTY DETAILS (IF APPLICABLE)

Relationship to principal member															
Title		Initials		Surname											
First name(s) (as per ID)															
ID or passport number				Gender	M	F	Date of birth	d	d	m	m	y	y	y	y
Country of issue															
Telephone (H)					Telephone (W)										
Cellular															
E-mail address															

SECTION 4. ABOUT THE INFORMATION THAT MAY BE GIVEN TO THE THIRD PARTY

Please indicate which information you would like us to provide to your nominated person.

	YES	NO
Personal Information, regarding me and my dependants (Updating and Confirming Personal Details)		
Benefits Information, regarding me and my dependants (Benefit Queries and Claim Queries)		
Financial Information, regarding me and my dependants (Banking Details, Members Portion, Suspension Details, Contribution Details - your chosen third party can only confirm these details, no changes can be done by a third party)		
Medical Information, regarding me and my dependants (Diagnosis, Treatment Plans, Prescribed Minimum Benefit Guidelines)		
Documents Required, regarding me and my dependants (Statements, Membership Certificates, Tax Certificates)		
All of the above		

SECTION 5. DISCLAIMER

This consent form gives Fedhealth permission to make the information elected by the Principal Member in SECTION 4. available to the nominated party. The principal member will be responsible for all representations made in terms of this Consent Form. Fedhealth will not be liable for any loss or damage, whether direct or indirect, that may occur as a result of incomplete and/or incorrect information contained herein.

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

Signature of principal member

Print name

Identity number

Signature of third party

Identity number

Print name