

# third party power of authority consent form 2023



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

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

Broker House: Aon South Africa (Pty) Ltd  
Tel No: 0860 100 404  
Broker Code: AON001M16

## 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 and the Nominated Party accepts responsibly to protect the Principal Member's personal information.

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

The Principal Member consents that Fedhealth can make the personal information selected in Section 4 available to the nominated party. The Principal Member understands that the nominated party can request and access the selected personal information at any time, until the consent is terminated.

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 damages, whether direct or indirect, that may occur as a result of incomplete and/or any incorrect information provided on this Consent Form.

You can access more details on the Protection of your Personal and Health Information on [www.fedhealth.co.za](http://www.fedhealth.co.za).

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

Signature of principal member .....

Print name .....

Identity number

Signature of third party .....

Print name .....

Identity number

**(If applicable)**

Signature of additional third party .....

Print name .....

Identity number