

### Instructions

- This form can only be completed by the main member and will allow Bonitas Medical Fund to disclose certain information to a third party.
- Please ensure that both the Main member and Third party's ID documents are submitted with this form. In the case of a deceased estate, the letters of authority or letters of executorship must be submitted with this form.

### Section 1: Main member details

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Gender:	<input type="text" value="M"/> <input type="text" value="F"/>
Date of birth:	<input type="text"/>	Membership Number:	<input type="text"/>
Email:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w):	<input type="text"/>		

### Section 2: Third party

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Relationship to main member:	<input type="text"/>		
Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Gender:	<input type="text" value="M"/> <input type="text" value="F"/>
Date of birth:	<input type="text"/>	Membership Number:	<input type="text"/>
Email:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w):	<input type="text"/>		

### Section 3: Additional third party

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Relationship to main member:	<input type="text"/>		
Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Gender:	<input type="text" value="M"/> <input type="text" value="F"/>
Date of birth:	<input type="text"/>	Membership Number:	<input type="text"/>
Email:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>
Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w):	<input type="text"/>		

#### Section 4: Information that may be provided to the third party

Please indicate which information Bonitas may disclose to the nominated person and for how long the disclosure must be made.

	YES	NO	FROM	TO
Personal information (updating and confirming personal details)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
Benefits (Benefit queries, plan types, limits and claim queries)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
Financial information (Banking details, Members portions, suspensions, contributions – no changes may be made on these by the 3rd party)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
Medical information (Diagnosis, treatment plans, PMB guidelines excluding AfA related claims and benefits)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
Fund documents (Statements, membership certificates, tax certificates)	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /
All of the above	<input type="checkbox"/>	<input type="checkbox"/>	/ /	/ /

#### Section 5: Acknowledgement and declaration

1. This consent form gives Bonitas permission to make information available to the third party/ies indicated herein.
2. I agree that Bonitas accepts no liability whatsoever for any loss including direct, indirect and consequential loss, that may arise from any disclosure contemplated herein.
3. I acknowledge that the third party who receives the specific information from Bonitas also indemnifies Bonitas from any claims that may be made by the third parties/members against Bonitas, resulting from the wrongful use or disclosure of the information by such third party.
4. I agree that once consent is provided, all data within the selected category will be provided to the selected third party.
5. This consent will be in place until expressly withdrawn by me, even if I change to a different practitioner or employer intermediary.
6. This consent will become null and void in the event of the death of a member or person providing consent and a new consent form should be completed by the executor appointed.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Main Member/Authorised Person giving consent: \_\_\_\_\_

Full Names of Main Member/Authorised Person giving consent: \_\_\_\_\_

Signature of Third Party : \_\_\_\_\_

Signature of Additional Third Party: \_\_\_\_\_