

## 2020 OUT-OF-COUNTRY DEPENDANT AUTHORITY NOMINATION FORM

In order for your dependants' cover to continue whilst you work in another country, the following conditions must be met:

1. You must remain employed with your South African employer whilst you remain outside of South Africa;
2. Your medical scheme membership and your cover with us must remain active whilst you remain outside of South Africa;
3. Your dependants must remain covered on your medical scheme and they must be residing in South Africa whilst you remain outside of South Africa;

YOUR PERSONAL DETAILS																						
Title		Surname																				
First name																						
Employer											Member No.											
Identity no.														Date of birth	d	d	m	m	y	y	y	y
Medical aid name											Plan option											
Medical aid No.														Date joined	d	d	m	m	y	y	y	y
Exit date from RSA*	d	d	m	m	y	y	y	y	Return date to RSA*	d	d	m	m	y	y	y	y					

*\*Please provide your planned exit and return dates in and out of South Africa.*

DETAILS OF YOUR AUTHORISED NOMINATED DEPENDANT																								
Title		Surname																						
First name											Relationship to you													
Home tel. no.														Mobile number										
Email address																								

### YOUR DECLARATION AND CONSENT

Please initial each of the following sentences below to confirm that you are in agreement with the statement:

1. I confirm my understanding and acceptance of the above conditions for my dependants' cover to continue.
2. I authorise the above-named dependent to act on my behalf in respect of my cover with us, including submitting claims and cover amendments requests (as well as banking detail changes) in respect of myself and/or my dependents.
3. I confirm that I will notify Guardrisk within 30 days of my return to South Africa.
4. I acknowledge my awareness that when I return to South Africa I can continue my cover with Guardrisk on the same terms and conditions and without having to serve new waiting periods, as long as I once again become eligible for cover under my medical scheme.
5. I acknowledge that this authorisation will remain in force and effect until cancelled by me, in writing.

Date signed:

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Signature of Applicant