CONSENT FOR A MEDICAL SCHEME TO SHARE PERSONAL AND CONFIDENTIAL MEDICAL INFORMATION WITH GUARDRISK INSURANCE COMPANY LIMITED

Main member personal details

Title			Surname																			
Forenames																						
Identity number														Date of birth	d	d	m	m	y	y	y	y
Office / home no.											Mobile number											
Email address																						
Medical scheme name														Option/plan								
Medical scheme member no														MedGap policy no								

Please attach a copy of your Medical Aid Membership Certificate

Declaration and consent

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

1. I authorise the disclosure of relevant medical and claim information, including diagnosis, treatment and medical history, by my Medical Scheme to Guardrisk Insurance Company Limited (Guardrisk) to assist in the processing of claims under this policy. ☐
2. I confirm that my dependants have provided the necessary authority for the Medical Scheme to disclose their relevant medical information to Guardrisk to assist in the processing of claims under this policy. ☐
3. I authorise Guardrisk to obtain from any person, medical practitioner or institution, any information that Guardrisk requires for purposes of claims arising from this policy. I authorise such person(s) to give the said information to Guardrisk, and to share with other insurers and medical schemes any information in this application or in any related policy or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as Guardrisk or the operators of such database may decide from time to time. I acknowledge that I cannot cancel this authorisation and that it will endure after my death. ☐
4. I authorise Guardrisk to negotiate discounts on my behalf with medical service providers in order to maintain a good risk profile for my cover. If successful, I acknowledge that payment will be made directly to the service provider's bank account and no further payment will be due to me. ☐
5. I undertake to notify Guardrisk of any change in my personal details within a reasonable time period and I indemnify Guardrisk against any liability for any loss that may result from my failure to notify Guardrisk of such change in a timeous manner. ☐

Date signed: d d m m y y y y

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Signature of Member