Third Party Consent Form

Important notes

- This form can only be completed by the main member and will allow MedGap/Guardrisk 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.
- Please submit the completed and signed form to your Adviser or email it to info@medgaponline.co.za

1. POLICYHOLDER DETAILS

Policy Number		ID No.	
First Name		Surname	
Medical Aid		Email Address	
M/A Option		Mobile Number	
M/A Number			

2. THIRD PARTY

Surname		First Name	
ID No.		Relationship	
Email Address		Mobile Number	

3. DECLARATION

1. This consent form gives MedGap Gap Cover and Guardrisk Insurance Company Limited permission to make information available to the third party indicated herein.
2. I agree that MedGap and Guardrisk 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 MedGap and Guardrisk also indemnifies MedGap and Guardrisk from any claims that may be made by the third party/member against MedGap and Guardrisk, resulting from the wrongful use or disclosure of the information by such a third party.
4. I agree that once consent is provided, all data will be provided to the selected party.
5. This consent will be in place until it is expressly withdrawn by me, even if I change to a different product within Guardrisk.
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.

_____ _____

Signature of Main Member **Date**