medihelp
medical scheme

permission for third-party access

to enquiries, document requests and changing of details

Enquiries: 086 0100 678
Fax: 012 336 9532
Email: membership@medihelp.co.za
Postal address: PO Box 26004 ARCADIA 0007
Website: www.medihelp.co.za

Initials and surname of member	
Membership number	
ID number of member	
Telephone number	
Email address	

I, the member, hereby give permission, and declare that I have obtained the consent of all my dependants, that the following person mentioned below may:

☐ be provided access to my personal and medical information and that of any of my registered dependants at Medihelp's disposal, make enquiries thereupon and request documentation.

☐ instruct Medihelp to register a dependant(s), deregister a dependant(s), change my benefit option, terminate my membership and **change my banking details on my behalf**.

From the date stated below, I give the following person full authority to perform these tasks as I would have done if I were personally present, with the required power of authority to perform the elected acts expressly granted in this document.

Neither Medihelp, nor its affiliates, agents, consultants or employees will be liable for any damages whatsoever, including, without limitations, any direct, indirect, special, incidental, consequential, or punitive damages, either in terms of a contract, act, delict or otherwise, that relate to any information provided to this third party or any amendments made by this third party as a result of this instruction given by me to Medihelp.

This permission will be valid until I recall it in writing. Details of the third party are as follows:

Initials and surname	
Relation to member	
ID number	
Telephone number	
Email address	

Only mark this if Medihelp should change your contact details to the contact details of the third party, as provided above. ☐ YES

Signature of member _____ **Date** Y Y Y Y M M D D

Signature of third paty _____ **Date** Y Y Y Y M M D D

NB **Kindly submit a certified copy (not older than 3 months) of the member's ID as well as that of the third party mentioned above, together with this form for security reasons.**