

INTERNAL CODE: \_\_\_\_\_

## INTERMEDIARY APPOINTMENT FORM

### 1. INTERMEDIARY DETAILS (for internal use only)

Intermediary House name: **Optivest Health Services** House Code \_\_\_\_\_

Intermediary Name \_\_\_\_\_ Intermediary Code \_\_\_\_\_

### 2. MAIN MEMBER DETAILS (complete only if employer is a non-compulsory group)

Membership Number \_\_\_\_\_ Medical Scheme \_\_\_\_\_

Medical Scheme Option \_\_\_\_\_

Initials \_\_\_\_\_ Surname \_\_\_\_\_

ID Number 

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Tel Nr Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

### 3. Protection of Personal Information Act

#### 1. POPIA Notice

1.1 We may use your information or obtain information about you for the following purposes:

- a) claims checks; b) benefits checks; c) confirming dependents;  
d) market research and statistical analysis; e) audit and record-keeping purposes;  
f) compliance with legal and regulatory requirements; and

1.2 Sharing information with service providers we engage to process such information on our behalf or who render services to us.

1.3 You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

1.4 You also have the right to complain to the Information Regulator, whose contact details are: Website: [www.justice.gov.za/inforeg](http://www.justice.gov.za/inforeg)  
Email: [enquiries@inforegulator.org.za](mailto:enquiries@inforegulator.org.za) and [PAIAComplaints@inforegulator.org.za](mailto:PAIAComplaints@inforegulator.org.za) & [POPIAComplaints@inforegulator.org.za](mailto:POPIAComplaints@inforegulator.org.za)

1.5 To view our full privacy notice, please visit our website on [www.optivest.co.za](http://www.optivest.co.za)

### 4. AUTHORISATION - Individuals

I/We, \_\_\_\_\_ am/are fully authorised to appoint the abovementioned Healthcare Intermediary to act on my/our behalf in all my/our negotiations with my Medical Scheme.

I/We authorise the Scheme to share all membership information pertaining to myself and my registered dependants with the newly appointed Healthcare Intermediary so that he/she may render advice and intermediary services to me/us.

Please advise if all membership information should: (Please tick applicable box)

Include Claims Information

Exclude Claims Information

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

Signature of Authorised Signatory \_\_\_\_\_

PLEASE COMPLETE FORM AND E-MAIL TO: [uasarefer@optivest.co.za](mailto:uasarefer@optivest.co.za)

1. This form may only be signed by authorised signatories.

2. I understand that the intermediary hereby appointed will receive remuneration from the medical scheme as a result of this appointment.