MEMBER CONSENT FORM

Imperial™ Motus Med

PLEASE COMPLETE IN BLOCK LETTERS.

It is imperative that all sections of this form be completed in full. Failing to do so will cause a delay in the processing of the request, as the incomplete form will be returned to the applicant.

Once the form has been completed, it should be returned to membership@imperialmotusmed.co.za.

If you require assistance in completing this form, please call 0860 467 374.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER (COMPULSORY TO COMPLETE)

Member number (if you are an existing member) Title

Surname

First name(s) Initials

Identity/Passport number

2. TO WHOM MAY INFORMATION BE DISCLOSED?

My information may be disclosed to:

My dependant ☐ Yes ☐ No

OR

Other ☐ Yes ☐ No

If other, please specify:

Details of the above, appointed party

Surname

First name(s) Initials

Identity/Passport number

Telephone numbers Work Home

Cell number

Email address

Postal address

Code

Relationship

The above party is the appointed curator/power of attorney ☐ Yes ☐ No

3. WHAT INFORMATION MAY BE DISCLOSED?

By selecting the relevant box, indicate what information may be disclosed to the party/parties referred to above. Please note that any information relating to the categories below will be disclosed.

☐ Benefits ☐ Claims ☐ Contributions ☐ Chronic medication ☐ All

The time period for which consent will be valid is: _____ to _____.
DD/MM/YYYY DD/MM/YYYY

NOTE: If a time period is not specified, the consent will be effective from the date of the signature below and will continue indefinitely thereafter, unless expressly withdrawn by you in writing.

4. CONSENT

I, the undersigned, hereby:

- authorise Imperial and Motus Medical Aid and the Administrator to disclose the information to the party/parties, as indicated above;
- agree that neither Imperial and Motus Medical Aid nor the Administrator shall be liable for any loss or damage whatsoever, including direct, indirect and consequential damage, that may arise from the disclosure of any information pursuant to this consent;
- agree that once consent is provided, all information selected may be provided to the party/parties; and
- acknowledge that this consent will continue in force until expressly withdrawn by me.

Name of principal member

Signature of principal member

Date _____
DD/MM/YYYY