

BROKER APPOINTMENT FORM

- Amendments are subject to the rules of the Scheme and Council for Medical schemes.
- Group broker appointments must be signed off by each affected employee where there is no current broker.
- Sale of book – Both brokers is to notify the affected members and signed off by each affected member is required where there is no current broker.
- If this form reaches the Scheme after the 10th of the month the effective date 1st of the next month.
- The completed form may be emailed to commissions@medshield.co.za or faxed to 011 399 2468.

SECTION 1	BROKER DETAILS	
New Broker Name: Aon South Africa (Pty) Ltd	Broker Code: 62370565	
Contact Number: 0860 835 272	Email Address: apps@aon.co.za	
Region:		

SECTION 2	MEMBER DETAILS	
Membership Number:		
Full Name:		
ID Number:		
Employee Number (where applicable):		
Contact Number:		
Members reason for change in broker:		

SECTION 3	DECLARATION								
Signature of Principle Member:	Date:	Y	Y	Y	Y	M	M	D	D
Signature of Broker:	Date:	Y	Y	Y	Y	M	M	D	D

OFFICE USE	BROKER NOTE PROCESSING	
Yes Date:		
No Date:		
No Reason:		