

**BROKER APPOINTMENT FORM**

PLEASE COMPLETE IN BLACK INK – PLEASE PRINT CLEARLY

**1. MEMBER DETAILS**

Initials:

Surname:

Date of birth:

Membership number:

Contact number/E-mail:

**2. EMPLOYER DETAILS**

Employer name:

Town/Area/Station name:

Employer number:

**3. NEW INTERMEDIARY DETAILS**

Intermediary house name:

Intermediary house code:

Intermediary name:

Intermediary code:

I, \_\_\_\_\_, am duly authorised to appoint the intermediary mentioned in the above, to act as agent on our/my behalf for the purpose of all our/my dealings with BESTMED MEDICAL SCHEME. Furthermore, I request that all information pertaining to my medical scheme in respect of myself and my dependants be released to \_\_\_\_\_ and indemnify \_\_\_\_\_ and Bestmed Medical Scheme against any claims or damages suffered as a result of disclosing the information.

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

\_\_\_\_\_  
Signature of main member\_\_\_\_\_  
Signature of broker

## RULES

1. Complete this form to change intermediary details for a member/employer/policyholder.
2. The effective date will be the 1<sup>st</sup> day of the month following the Commission Department's receipt of this completed request, and the effective date cannot be backdated.
3. Intermediary commissions will be paid in accordance with the Medical Schemes Act.
4. Please make sure that you complete all the relevant sections in full. Bestmed Medical Scheme will not be able to process your request if all the necessary information has not been supplied.
5. For compulsory employer groups, please attach an original letter on the employer's letterhead authorising the appointment of the intermediary and signed by a duly authorised person.
6. Completed broker note appointments must be sent to [commissions@bestmed.co.za](mailto:commissions@bestmed.co.za)

INTERMEDIARY STAMP