MEMBER AND DEPENDANT CONSENT

PLEASE COMPLETE FORM IN BLOCK LETTERS

Please complete this form to grant consent to PG Group Medical Scheme and the Administrator to disclose your personal information, including health information, and that of your dependants, to an appointed third party/ies.

This form may also serve as consent for the principal member to access the personal medical information of any of their dependants who are 18 and older (including spouse/partner).

1. PERSONAL PARTICULARS

PRINCIPAL MEMBER

Membership number

Title | Initials | Gender ☐ Male ☐ Female

Full name and surname

ID/Passport number | Contact number

Email address

SPOUSE/PARTNER

Title | Initials | Gender ☐ Male ☐ Female

Full name and surname

Date of birth (DD/MM/YYYY) | ID/Passport number

Contact number | Relationship to applicant (e.g. wife)

Postal address

Postal code

Email address

DEPENDANTS

Dependant 1

Title | Initials | Gender ☐ Male ☐ Female

Full name and surname

Date of birth (DD/MM/YYYY) | ID/Passport number

Contact number | Relationship to applicant (e.g. son)

Postal address

Postal code

Email address

1. PERSONAL PARTICULARS (CONTINUED)

DEPENDANTS (CONTINUED)

Dependant 2

Title | Initials | Gender ☐ Male ☐ Female

Full name and surname

Date of birth (DD/MM/YYYY) | ID/Passport number

Contact number | Relationship to applicant (e.g. son)

Postal address

Postal code

Email address

Dependant 3

Title | Initials | Gender ☐ Male ☐ Female

Full name and surname

Date of birth (DD/MM/YYYY) | ID/Passport number

Contact number | Relationship to applicant (e.g. son)

Postal address

Postal code

Email address

2. TO WHOM MY PERSONAL INFORMATION MAY BE DISCLOSED

☐ Principal member ☐ Beneficiaries (registered dependants) ☐ Other

Please specify the details of the appointed party/ies to whom your personal information may be disclosed.

ID/Passport number | Relationship

Full name and surname

ID/Passport number | Relationship

Full name and surname

ID/Passport number | Relationship

Full name and surname

3. WHAT PERSONAL INFORMATION MAY BE DISCLOSED?

Please indicate what information may be disclosed to the appointed party/ies referred to above. Please note that only information relating to the categories below will be disclosed.

☐ Scheme benefits and limits

☐ Financial (e.g. claims and contributions)

☐ Personal medical history

☐ All of the above

Time period for which this consent will be valid: DD/MM/YYYY to DD/MM/YYYY .

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

4. CONSENT

We request your consent to disclose your personal information to the appointed party/ies mentioned on page 2 for the purposes set out below.

While your consent is voluntary, it is a requirement for your membership of PG Group Medical Scheme and the Administrator, Momentum Health (Pty) Ltd, a division of Momentum Group Limited, to keep your personal information confidential and to comply with the Protection of Personal Information Act 4 of 2013 (POPIA) when processing your personal information.

Your personal information will be processed for the purposes as outlined in the Medical Schemes Act 131 of 1998.

Please read the statements below and sign your acceptance thereof in the **DECLARATION** on page 4.

1. I authorise, and give consent to the Scheme and the Administrator to collect, store, collate, process, share and further process my personal information, including health information, and that of my dependants, for purposes of my Scheme membership risk profiling and management, administration of my membership and as set out in this section.

2. If I have consented to the disclosure of my personal information, the Scheme or the Administrator may provide my personal information to any natural or juristic person (which could include a company, corporation, state, or agency of a state, association, trust or partnership) or if a contractual relationship exists between the Scheme or the Administrator, which requires them to do so.

3. I acknowledge that I must give the Scheme and the Administrator all information and evidence they may require from time to time.

   I authorise the Scheme and the Administrator to obtain from any person, including any medical doctor or other healthcare provider who has attended to me or my dependants in the past, or who will attend to me or my dependants in the future, any information the Scheme may require concerning me or any of my dependants in assessing any risk or claim in relation to this application, my membership of the Scheme and risk profiling or management.

   I consent to that person providing, and instruct that person to provide, the Scheme and the Administrator with this information on request. I waive the provisions of any law or regulation that restricts the disclosure of this information.

4. I have the right to withdraw my consent to have my personal information disclosed provided that the lawfulness of the processing of my personal information before my withdrawal will not be affected.

5. I have the right to object on reasonable grounds relating to my particular situation, to disclosing my personal information unless it is required by law.

6. I have the right to request my personal information, which is in the possession of the Scheme and the Administrator, provided that I furnish adequate identification.

7. I have the right to request the Scheme and the Administrator where necessary, to correct or delete my personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading, or obtained unlawfully.

8. If I have a complaint relating to the processing of my personal information, I agree to first refer it to the Administrator to resolve it in terms of their internal complaints process.

   If I am not satisfied with the outcome of the complaint, I understand that I may refer the complaint to the Information Regulator on **010 023 5200** or by email at enquiries@inforegulator.org.za.

9. My personal information will be shared between the Scheme, the Administrator and any of their contracted third parties both locally and outside the Republic of South Africa who require this information, for purposes related to my membership of the Scheme and to provide any credit bureau or registered credit provider with my credit information (e.g. credit history, financial history, pattern of payment or default under any credit agreements, debt re-arrangement arrangements or judgements obtained for outstanding debts) as defined in the National Credit Act 34 of 2005.

5. DECLARATION

I, the undersigned, hereby:

- authorise PG Group Medical Scheme and the Administrator to disclose my personal information to the appointed party/parties as indicated on page 2
- agree that neither PG Group Medical Scheme nor the Administrator shall be liable for any loss or damage whatsoever, including direct, indirect and consequential, that may arise from the disclosure of my personal information pursuant to this consent
- agree that once consent is provided, all my personal information as indicated herein may be disclosed to the appointed party/ies
- acknowledge that this consent will continue in force until expressly withdrawn by me in writing.

5. DECLARATION (CONTINUED)

I declare that I have carefully read this application form, completed it in full, and confirm that all the information provided herein to be true and correct to the best of my knowledge.

Signature of principal member or dependant		**Date**	DD/MM/YYYY

01/2025

DISCLAIMER:
PG Group Medical Scheme reserves the right to list members who, in the opinion of the Scheme's Administrator, Momentum Health (Pty) Ltd Fraud and Ethics Committee, have behaved unethically towards the Scheme, abused their benefits, perpetrated fraud or colluded with others to perpetrate fraud against the Scheme, on the TransUnion Credit Bureau. This information may be viewed by all medical schemes that participate in the Board of Healthcare Funders' (BHF) Forensic Management Unit.

Administered by Momentum Health (Pty) Ltd

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