

Fedhealth Broker Appointment

With the signing of this broker appointment letter, I acknowledge and understand that the appointed broker will receive commission from FEDHEALTH Medical Scheme as permitted, in terms of the Medical Scheme Act and I as the member have no liability to the broker whatsoever.

I understand that the broker must:

- Furnish me with the Scheme's product and benefit updates.
- Furnish me with the Scheme's rules and procedures where applicable.
- Furnish me with the Scheme's benefit structures offered and advice on the best suited choice.
- Furnish me with the premiums payable on each product and/or part thereof.
- Provide help with any queries/problems that I may experience with the Medical Scheme.

I understand the procedures and benefits of my current medical aid option. If however there is anything that is not clear to me, I will contact the appointed broker for assistance in clarifying the matter.

I also understand that this appointment will remain in force until cancelled by myself.

MAIN MEMBER'S DETAILS	
Name and Surname	
Member Number	
ID Number	
Office Telephone No	Fax No
Cellphone No	
E-mail Address	

Signed at _____ on this _____ day of _____ 20__

Signature of principal member

We hereby agree to maintain the appointment.

Name of Brokerage : Medical Benefit Advisors

Name of Consultant : Nelda Celliers

Broker Code : 06/800205

Signature :

