

INTERMEDIARY APPOINTMENT FORM

ntermediary House name: Optivest Health Services	House Code
2. INTERMEDIARY DETAILS	
ntermediary Name PSA	
ntermediary Code PSA	
B. MAIN MEMBER DETAILS (complete only if employe	er is a non-compulsory group)
Membership Number	Medical Scheme
Medical Scheme Option	
nitials —	Surname
D Number	
el Nr Work	Cell
ax	
E-Mail	
Postal Address	
	Postal Code ————————————————————————————————————
lame of employer	
I. AUTHORISATION	
,	, am fully authorised to appoint the intermediary to act as my broker.
signed at on t	this date
Signed at on t	this date
ature	

PLEASE COMPLETE FORM AND FAX BACK TO: 0866 806 314 OR E-MAIL TO: psa@medxpert.co.za

This form may only be signed by authorised members. In case of an individual member, only the principal member may sign.

Compulsory employer groups, this form must be accompanied by a letter on the company letterhead to confirm broker appointment.