

Member consent form

to share, collect, and obtain personal, health, and medical information with or from third parties

Section 1: Employer's details

Scheme name	<input type="text"/>		
Scheme code	<input type="text"/>	Member number	<input type="text"/>

Section 2: Member's details

Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
RSA ID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID/passport number <input type="text"/>
Passport country of origin	<input type="text"/>		
Date of birth	<input type="text" value="DD - MM - YYYY"/>		
Cellphone number	<input type="text"/>	Work number	<input type="text"/>
Home number	<input type="text"/>		
Email address	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postal code	<input type="text"/>
Occupation	<input type="text"/>		
Industry	<input type="text"/>		

Section 3: Consent to share, collect, and obtain personal, health, and medical information with or from third parties

I,

provide my voluntary and informed consent to **Momentum Metropolitan Life Limited (Momentum Corporate)**:

- to share my health, medical, occupational, and personal information, including contact details included in medical reports or other documents that they have obtained during the assessment of my claim or underwriting process, with:
 - any medical practitioner, health practitioner, allied health practitioner¹, or health risk management service provider appointed by my employer;
 - service providers appointed by Momentum Corporate to manage on their behalf the underwriting and/or claims process and/or any process for the administration of the group scheme policy of which my employer is the policyholder and I am a member;
 - any licensed insurers within the borders of South Africa with whom I have a policy or am in the process of taking out a policy and the information is required for underwriting, or to whom I have submitted a claim for the payment of a benefit that may be payable by a policy of which I am the policyholder; and
 - the Association for Savings and Investment South Africa (ASISA) for statistical purposes and the management of over-insurance and fraud in the insurance industry.
- to share my contact information with these retirement funds (the Funds) and/or Group Insurance policies listed of which I may be a member because of my employment with my current employer or previous employers. The reason for sharing the information with these Funds is to make sure that my contact details are up to date and correct to comply with their obligations of the Pension Funds Act 24 of 1956:
 - FundsAtWork Umbrella Pension Fund;
 - FundsAtWork Umbrella Provident Fund;
 - Momentum Group Insurance policies.

¹ Includes complementary health professions, which includes aromatherapy, Ayurveda, Chinese medicine and acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, reflexology, therapeutic aromatherapy, therapeutic massage therapy, therapeutic reflexology and Unani Tibb.

- Momentum Corporate **may** or **may not**
 - send correspondence, which may include personal, health and medical personal information about my claim or underwriting, to my employer, who is the policyholder, or their appointed financial adviser, to inform them of the status and outcome of my claim or underwriting.
 - provide my employer, who is the policyholder, or their appointed financial adviser with regular status reports, which may include personal information.
- Momentum Corporate **may not share** any health, medical or occupational health-related information in the status reports unless I have given written consent, or my employer requires access to my health information to make changes in the workplace to accommodate me.
- I authorise my employer, any health practitioner, allied health practitioner, medical institution where I am, or was a patient, or medical scheme I am, or was a member of in the 5 years before the underwriting process started, or the claim was submitted, to release to Momentum Corporate any health, medical, and personal information that they may have obtained from me, or any other relevant information related to my employment, to provide medical services or assess a claim.
- I absolve any third parties listed above from any damages or loss I may suffer because of any unauthorised access to my personal, health or medical information that was disclosed to Momentum Corporate.
- I am aware that I have the right to withdraw this consent at any time, without any negative consequences, in writing by sending an email to BAWCTNUnderwriting@momentum.co.za.
- As part of the underwriting process, I may be required to contact my doctor to complete a medical form. If you want us to contact your doctor to request the document(s) on your behalf, please complete this information and sign the consent clause:

1. Doctors name

GP/Specialist - please specify type of specialist

Practice number

Address

Postal code

Telephone number Fax number

Email address

2. Doctor's name

GP/Specialist (specify the type of specialist)

Practice number

Address

Postal code

Telephone number Fax number

Email address

Signed by

Signature

- -

Place

Date

Previous insurer's name

Policy/reference number

- I authorise the medical practitioner or previous insurer to share with Momentum Corporate, part of Momentum Metropolitan Life Limited, all personal and special personal information collected during this examination and/or during previous examinations performed on me by the medical practitioner.
- I agree that Momentum Corporate may process all information that I provide on this form. I understand that the information will be processed according to the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information.
- I agree that Momentum Corporate may use my personal information to provide and administer retirement fund, investment and insurance products and share my personal information with Momentum Corporate's partners and contracted service providers, who are legally bound to protect the information.

[Click here](#) to read Momentum's privacy notice.

I understand that I can withdraw my consent at any time in writing to Momentum Corporate and that it may have an impact on the underwriting, assessment and/or claim payment process.

Member's signature

D	D	-	M	M	-	Y	Y	Y	Y
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Date

Send to

The consent form can be posted to The Senior Underwriter, Momentum Corporate, PO Box 2212, Bellville, 7535, or emailed to BAWCTNUnderwriting@momentum.co.za.

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via Momentum.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.

Momentum Metropolitan Life Limited
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Momentum Corporate is a part of Momentum Metropolitan Life Limited (registration number 1904/002186/06),
a licensed life insurer, authorised financial services (FSP6406) and registered credit provider (NCRCP173).