

Fedhealth Medical Scheme

Broker Appointment Letter for Individuals

I membership number

do hereby appoint broker code

as my healthcare broker.

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 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 premiums payable on each product and / or part thereof
- Provide help with any queries / problems that I may experience with the Medical Scheme.

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

Signature of Principal Member:

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Signed at on this day day of 20

To be completed by the Intermediary:

We hereby agree to maintain the appointment.

Name of Brokerage

Name of Consultant

Broker Code

Signature of Intermediary:

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Signed at on this day day of 20