



Real value speaks for itself

KeyHealth

MEDICAL SCHEME

PO Box 14145, Lyttelton, 0140 | Client Service Centre: 0860 671 050 | E-mail: info@keyhealthmedical.co.za

CONSENT

This form gives consent to KeyHealth Medical Scheme/its administrator to provide information to a third party.
A third party is defined as any person or entity other than the principal member.

1. Principal Member Details

The Principal Member needs to give consent for the disclosure of information on his/her membership and dependants to the nominated third party or dependant.

Membership Number 1077631
 Title MR Initials J.E. First name JEFFREY
 Surname BELL
 ID/Passport number 5401305112182 Gender: Male ☒ Female ☐
 Occupation PENSIONER
 Telephone - home (code - number) Cellphone number 0798778358
 Telephone - work (code - number)
 E-mail address bell154jj@gmail.com

2. Third Party 1

Once off consent Yes ☐ No ☒ Continuous consent Yes ☒ No ☐

Time period for which consent will be valid 01 - 05 - 2024 to 30 - 12 - 2025

Relationship to member
 Title Miss Initials CEP First name Chloe
 Surname Plaatjies
 ID/Passport number 00031600067082 Gender: Male ☐ Female ☒
 Occupation Claims Specialist
 Telephone - home (code - number) Cellphone number
 Telephone - work (code - number) 0210074525
 E-mail address correspondence@medclaimassist.co.za

3. Third Party 2

Once off consent Yes ☒ No ☐ Continuous consent Yes ☐ No ☒

Time period for which consent will be valid 01 - 05 - 2024 to 30 - 12 - 2025

Relationship to member WIFE
 Title MRS Initials JC First name JULIET
 Surname BELL
 ID/Passport number 5405250014087 Gender: Male ☐ Female ☒
 Occupation PENSIONER
 Telephone - home (code - number) Cellphone number 0835817058
 Telephone - work (code - number)
 E-mail address bell154jj@gmail.com