4. Information that may be given to the third party

Please indicate which information you would like us to provide to your chosen third party.

	Third Party 1		Third Party 2	
Personal Information (Confirm personal details)	Yes ☐	No ☐	Yes ☐	No ☐
Benefit Information (Benefit queries and claim queries)	Yes ☒	No ☐	Yes ☐	No ☐
Financial Information (Banking details, suspension status, contribution information , amounts owing to the Scheme)	Yes ☐	No ☐	Yes ☐	No ☐
Medical Information (Diagnosis, treatment plans, chronic and other authorisations)	Yes ☒	No ☐	Yes ☐	No ☐
Documents (Statements, membership certificates, tax certificates)	Yes ☒	No ☐	Yes ☐	No ☐
All of the above	**Yes** ☐	**No** ☐	**Yes** ☐	**No** ☐

5. Disclaimer

1. This document gives KeyHealth and its administrator permission to make certain information available to the named third party/parties.
2. I agree that by making this information available, KeyHealth and its administrator are not responsible for any loss (direct, indirect) as a result of such disclosure.
3. I agree that the named third party/parties receiving this information may not hold KeyHealth or its administrator responsible for any claims which result from the wrong use or disclosure of the information by the named third party/parties.
4. I agree that once I have given permission, KeyHealth or its administrator and the Scheme may give all the information within the selected category to the named third party/parties.
5. This permission will end on the date(s) specified on this form. I understand that if I have not stipulated an end date, consent will remain in force until I give specific instruction to end this consent (or when the purpose of the consent is no longer valid).
6. I guarantee that, to the extent that it may be required by law, I have the necessary consent from my dependants to provide this permission.

Signature of Principal Member JBell

Date 05 – 04 – 2025

Once completed, please e-mail the form to consents@keyhealthmedical.co.za