





**About the Third Party (To Whom Specified Information may be Provided) - Continued**

**3. Secondary Party**

**PLEASE NOTE** that consent may be provided to a secondary party who you may wish to have access to your information should the primary party not be available.

Relationship to Principal Member

First Name (as per ID)  Title

Surname

Preferred Name

ID or Passport Number  Gender  Language

Country of Issue  Date of Birth

Telephone (Home)  Telephone (Work)

Cellphone

Email

**4. Other Third Party**

**PLEASE NOTE** that consent may be provided to any other third party who you may wish to have access to your information, e.g. au pair, service provider, specific intermediary, doctor, lawyer, tax consultant, etc.

Relationship to Principal Member

First Name (as per ID)  Title

Surname

Preferred Name

ID or Passport Number  Gender  Language

Country of Issue  Date of Birth

Telephone (Home)  Telephone (Work)

Cellphone

Email

**About the Information that may be Provided to the Third Party**

Please specify the information to which each third party may have access and for what time period (if no date is specified, we will use the date given next to the signature in the 'Your Legal Declaration' section on page 3 and the consent will be indefinite).

Type of Information	Third Party - Please Tick					From	To
	1. Employer Contact	2. Primary	3. Secondary	4. Other	5. Other		
All of the below							
Biographical							
Benefits							
Financial							
Medical							



Biographical Examples	Benefit Examples	Financial Examples	Medical Examples
Membership Number <input type="checkbox"/>	Plan Type <input type="checkbox"/>	Tax Certificate <input type="checkbox"/>	Chronic Condition <input type="checkbox"/>
Date of Birth <input type="checkbox"/>	Limits (waiting period) <input type="checkbox"/>	Banking Details <input type="checkbox"/>	Claims Transaction History <input type="checkbox"/>
ID Number <input type="checkbox"/>	Membership Certificate <input type="checkbox"/>	Contribution Payments <input type="checkbox"/>	
Postal Address <input type="checkbox"/>			
Physical Address <input type="checkbox"/>			
Email Address <input type="checkbox"/>			
Cellphone Number <input type="checkbox"/>			
Telephone Number <input type="checkbox"/>			

### About the Biographical Information that may be Updated by the Third Party

Please specify the biographical information that each third party may update and for what time period (if no date is specified, we will use the date given next to the signature in the 'Your Legal Declaration' section and the consent will be indefinite).

Type of Information	Third Party - Please Tick		From	To
	1. Primary	2. Secondary		
Postal Address				
Physical Address				
Email Address				
Cellphone Number				
Telephone Number				

### Death of a Member

In the event of the death of a member, the following supporting documents should be attached to the consent form:

- Death certificate; and
- Executor appointment certificate letter.

### Your Legal Declaration

1. This document authorises POLMED to disclose the above information to the third party(s) indicated herein.
2. I agree that POLMED accepts no liability whatsoever for any loss, including direct, indirect and consequential loss, that may arise from any disclosure contemplated herein.
3. I acknowledge that the third party who receives the specific information from POLMED also indemnifies POLMED from any claims that may be made by the third parties/members against POLMED, resulting from the wrongful use or disclosure of the information by such third party.
4. I agree that once consent is provided, all data within the selected category will be provided to the selected third party.
5. This consent will be in force until expressly withdrawn by me, even if I change to a different practitioner or employer intermediary.
6. This consent will become null and void in the event of the death of a member or person providing consent and a new consent form should be completed by the executor appointed.

Signed at \_\_\_\_\_ on

Signature of Person Giving Consent \_\_\_\_\_

Name of Person Giving Consent \_\_\_\_\_