

SECTION 4: IMPORTANT NOTES (continued)

- 4.3 If you do not submit your option selection form timeously, you will remain on your current option.
- 4.4 The Scheme can only provide personal and clinical information with written consent from the member. It is a contravention of the Protection of Personal Information (POPI) Act to do so without the consent of the person whose information is being requested. Please note that the Scheme will only provide information to another party where written consent has been received. The consent form is available on our website at www.mhcmf.co.za. Consent may be withdrawn in writing at any time.

SECTION 5: SIGNATURES (the Employer/HR department must sign this form unless you are an individual member)

I, the undersigned, hereby:

- 1. authorise all hospitals, health establishments, healthcare personnel, medical practitioners and any other person who has access to, or is in possession of, any medical or other information relating to me, to disclose such information to Moto Health Care on request;
- 2. agree that Moto Health Care will not be liable for any loss or damage whatsoever, including direct, indirect and consequential damage that may arise from the disclosure of any information pursuant to this consent;
- 3. acknowledge that the information disclosed will be used for the assessment of any claim and to conduct clinical and financial risk management;
- 4. acknowledge that this consent will continue in force until expressly withdrawn even when changing practitioners;
- 5. I acknowledge that my dependants over the age of 12 years are aware that information regarding their health can be submitted to Moto Health Care.

Member signature	<input type="text"/>	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	-	<input type="text" value="M"/>	<input type="text" value="M"/>	-	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Employer/HR department signature	<input type="text"/>	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	-	<input type="text" value="M"/>	<input type="text" value="M"/>	-	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Designation of person signing	<input type="text"/>											