

**CONSENT TO PROCESS (USE) PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT**

I/We the undersigned \_\_\_\_\_ (full name), hereby give my/our consent for the processing (use) of our personal information and special information where deemed necessary, by CMAC Healthcare Consulting & Financial Services/Reserve Trading 10/CMAC Motor, Household & Business Insurance, for the purposes of carrying out the following:

**(PLEASE TICK THE APPROPRIATE BOX):**

- Providing Financial Services.
- Resolving escalated queries and problems such as but not limited to : claims, chronic information and registration, update of personal information, change of banking information, member cancellation, dependent registration or removal, plan changes, specific benefit confirmations, ex-gratia queries and applications, contribution confirmation, membership certificates, tax certificates, contact information and address updates, treatment plans and guidelines, claims histories, policy updated, policy schedules, policy confirmation and details, procedure codes, hospital authorisation and codes, statements, savings accounts (balances and updates), waiting periods, limits, underwriting and other specific requests received by the client (data subject), including details of a minor/child.
- Obtaining personal and special information, including detail of a minor/child, by way of a Comprehensive Needs Analysis to review my plan/policy annually.
- Obtaining personal and special information to provide a quote.
- This consent specifically includes the right to obtain and utilize my bank account details as these details will be required either to ensure that I receive payments or refunds due to me/us or that any payments due by me/us are debited or credited to the correct account.
- This consent specifically includes permission to my financial adviser or intermediary house, to obtain information from the Provider, Medical Scheme, Underwriter and Financial Institution and confirm consent that the Provider, Medical Scheme, Underwriter and Financial Institution may disclose the selected personal and special information to my financial adviser or intermediary house.



This consent will remain in place and valid, from this day (specify day, month and year) \_\_\_\_\_ until revoked in writing and placed on record.

SIGNED AT \_\_\_\_\_ (place) ON \_\_\_\_\_ (date)

\_\_\_\_\_

(Insert name of person signing)

\_\_\_\_\_

(Insert name of person signing)

This consent is willingly furnished on condition that my/our personal information shall be used and processed in accordance with the Protection of Personal Information Act. It is a true reflection of my/our wishes and requirements. I/We reserve the right to revoke this consent at any time if necessary. I/We understand the purpose of the information requested and accept the terms and indemnify the parties involved in the process against any loss or harm (direct or indirect), unauthorised or unlawful use or disclosure of information. This consent may only be amended in writing and will lapse on the death of the member/client or until revoked in writing received and placed on record.

CMAC Healthcare Consulting & Financial Services/Reserve Trading 10/CMAC Motor, Household & Business Insurance including the specific financial advisor, undertakes not to exploit the personal information and will protect and maintain the confidentiality of all personal and special personal information obtained in line with, but not limited to POPIA, Medical Schemes ACT, Short Term Act and other data protection laws.

**\*This document is intended only for the use of the individual or entity specified and contains information that is private and confidential. If the reader of this document is not the intended recipient, or the employee or agent responsible for delivering the document to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this document will be unauthorised and strictly prohibited. If you have received this document in error, please notify CMAC Healthcare Consulting & Financial Services [www.cmac.co.za](http://www.cmac.co.za) 086 010 3179 immediately by telephone, and thereafter return the original document to us at the address of the sender at our cost or delete the document and any copies thereof and confirm in writing that you have done so to [info@cmac.co.za](mailto:info@cmac.co.za).\***