

HEALTHCARE BROKER

Application Form

HOW TO COMPLETE THIS FORM:

1. Please complete in black ink. Print clearly using capital letters.
2. Supporting documents as per **Section E** must be provided. Should this be outstanding, your application cannot be processed.
3. **Section D** does not apply to representatives.
4. Please cross applicable boxes.
5. Submit this completed form and supporting documents to commissions@medshield.co.za or fax 010 597 4709.

I AM APPLYING AS A:

Company

Representative

Broker House Details:

Full name of broker house

Broker house code

SECTION A: Healthcare Broker Information

Registered name of business/
Representative name

Trading name

Company registration number

FSP licence number

VAT number

Identity/Passport number
(key individual/representative)

Business type

Sole proprietor/Natural person

Company

Close corporation

Council for Medical Schemes
accreditation number (key
individual/representative)

BR

Council for Medical Schemes
accreditation number
(organisation)

ORG

SECTION B: General Information

Number of years experience
in healthcare consulting and
marketing

MEDSHIELD
medical scheme

SECTION C: Office Contact Details

Postal address (office)	
Physical address (office)	
Email address for commission statements	
Email address for other notifications	
Cell number (office)	
Telephone number (office)	
Fax number (office)	

SECTION D: Bank Details

Name of bank	
Bank account number	
Name of branch	
Branch code	
Name of account holder	
Type of account	

I, _____ (account holder's full name), declare that:

- a) I am the account holder of the bank details provided and I hereby authorise Medshield Medical Scheme to pay refunds to the above bank via the ACB system using the information provided.
- a) I irrevocably authorise Medshield Medical Scheme to reverse any erroneous transaction and/or rectify any electronic transfer of funds error without prior notice.
- a) I understand that Medshield Medical Scheme will rely upon the facts set out herein for the accurate loading of bank details. I understand and accept that should any details contained herein prove to be incorrect, or should I fail to inform Medshield Medical Scheme of any subsequent change to the bank details, Medshield Medical Scheme will not be held responsible.

Signature of account holder

Date

SECTION E: Your Documents Check List (Please cross boxes when attached)

An application by a **Sole Proprietor/Natural Person** must include:

- A complete broker application form
- Identity document of the key individual
- Financial Sector Conduct Authority certificate
- The key individual's Council for Medical Schemes accreditation certificate
- Cancelled cheque or bank statement with a bank stamp or letter with a bank stamp
- Letterhead with contact details
- Company registration certificate, if applicable
- VAT registration certificate, if applicable

An application by a **Company or Close Corporation** must include:

- A complete broker application form
- Identity document of the key individual
- Financial Sector Conduct Authority certificate
- The key individual's Council for Medical Schemes accreditation certificate
- The organisation's Council for Medical Schemes accreditation certificate
- Cancelled cheque or bank statement with a bank stamp or letter with a bank stamp
- Letterhead with contact details
- Company registration certificate
- VAT registration certificate, if applicable

An application by a **Representative** must include:

- A complete broker application form
- Identity document
- Council for Medical Schemes accreditation certificate

FOR ADMINISTRATIVE USE ONLY

Broker code	
Name of broker consultant	
Broker house code	
Comments	

HEALTHCARE BROKER

Member Service Level Agreement

The minimum level of services to be provided by a healthcare broker to a member:

1. The healthcare broker shall use his/her best endeavours to interpret and apply the rules of the product to which the member has been introduced by the healthcare broker, to suit the member's individual situation and explain to the member upon request the aspects of those product rules about which the member may be uncertain or ignorant.
2. The healthcare broker shall advise the member, after analysing the member's particular and specific needs in relation to cover, which of the options is most suited to meet those needs considering the member's financial status and individual circumstances.
3. The healthcare broker shall at all times facilitate the relationship between his or her member and the product to which the healthcare broker has referred the member and shall:
 - Use his or her best endeavours to resolve any problem which the member experiences with his or her dealings with Medshield Medical Scheme promptly and efficiently;
 - Use his or her best endeavours to advise and assist the member in gauging the impact on and relevance to the member of any proposed or actual change in the rules of the product;
 - Make him or herself available to attend at least two (2) meetings per year (not more than a 6 month interval), at the request of the member, between the member and representatives of the Medshield Medical Scheme or its administrators in order to provide expert advice and support to the member in the course of the meeting.
4. The healthcare broker shall return a member's telephone call, email or facsimile message within 3 days from the date of the member's correspondence unless the healthcare broker is on vacation or is physically or otherwise incapacitated in which case the call, email or facsimile message shall be returned within three (3) days of the healthcare broker's return to work or to capacity.

Thus accepted and signed at _____ on this _____
day of _____ 201 _____

Full name

Signature of Applicant

HEALTHCARE BROKER

Honesty & Integrity Declaration

I, _____ hereby confirm that:

1. I have not within a period of five years preceding this date been found guilty of any civil or criminal proceedings by a court of law (whether in the Republic or elsewhere) of having acted fraudulently, dishonestly, unprofessionally, dishonourably or in breach of a fiduciary duty;
2. I have not within a period of five years preceding this date been denied membership by any professional or financial services industry body (whether in the Republic or elsewhere) on account of an act of dishonesty, negligence, incompetence or mismanagement, sufficiently serious to impugn the honesty and integrity of the Financial Services Provider (FSP);
3. I have not within a period of five years preceding this date been found guilty by any professional or financial services industry body (whether in the Republic or elsewhere) recognised by the Financial Sector Conduct Authority (FSCA) of an act of dishonesty, negligence, incompetence or mismanagement, sufficiently serious to impugn the honesty and integrity of the FSP;
4. I have not within a period of five years preceding this date had my authorisation to carry on business refused, suspended or withdrawn by any professional or financial services industry body (whether in the Republic or elsewhere), on account of an act dishonesty, negligence, incompetence or mismanagement sufficiently serious to impugn the honesty and integrity of the FSP;
5. I have not within a period of five years preceding this date, had any licence granted to me by a professional or financial services industry body (whether in the Republic or elsewhere) suspended or withdrawn by such body on account of an act of dishonesty, negligence, incompetence or mismanagement, sufficiently serious to impugn the honesty and integrity of the FSP;
6. I have not at any time prior to this date been disqualified or prohibited by any account of law (whether in the Republic or elsewhere) from taking part in the management of any company or other statutorily created, recognised or regulated body, irrespective whether such disqualification has since been lifted or not.

Thus accepted and signed at _____ on this _____

day of _____ 201 _____

Full name

Signature of Applicant

HEALTHCARE BROKER Declaration

1. I confirm that I am not insolvent and that I have not been disqualified from marketing in the financial service industry for any reason whatsoever.
2. I hereby confirm the correctness of the information submitted and I authorise Medshield Medical Scheme to verify the details contained in this application and I hold harmless any person in respect of any adverse statement or information concerning me.
3. I will conduct myself in all matters relative to, or in any way connected with, my appointment and conduct as a healthcare broker so as to bring credit to the financial service healthcare industry.
4. I hereby agree to the terms and conditions within the contract and submit to the general code of conduct for financial services providers as promulgated under the Financial Advisory and Intermediary Services Act (FAIS Act) (Act 37 of 2002) as amended as well as the Financial Sector Regulation Act (Act 9 of 2017) as amended.
5. I agree that this application would be subject to a background check in order to ensure compliance with the fit and proper requirements as per FAIS Act as amended.

Thus accepted and signed at _____ on this _____
day of _____ 201 _____

Full name

Signature of Applicant