MEDSHIELD medical scheme

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.
6. Ensure the FSP and/or key individual is authorised for financial product: Health Service Benefit.
7. Representatives must complete their application form(s).

I am applying as a (mark with an X)**:**

Company	☐	Representative	☐

SECTION A — BROKER HOUSE DETAILS

Broker House Name:	
Broker House Code:	

SECTION B — HEALTHCARE BROKER INFORMATION

Registered Business Name/ Representative Name:					
Trading Name:					
Company Registration Number:					
FSP Licence Number:					
VAT Number:					
Identity/Passport Number: *(key individual/representative)*					
Business Type:	☐ Sole Proprietor/Natural Person		☐ Close Corporation		☐ Company
CMS Accreditation Number *(key individual/representative)*	BR				
CMS Accreditation Number *(organisation)*	ORG				

SECTION C — GENERAL INFORMATION

Number of years experience in healthcare consulting and marketing? ☐

SECTION D — OFFICE CONTACT DETAILS

Postal Address (office):	
Postal Code:	
Physical Address (office):	
Email Address: (commision statements)	

Email Address: (other notifications)	
Telephone Number (W):	
Telephone Number (H):	
Cell Number:	
Fax Number:	

SECTION E BANK DETAILS

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

Bank Name:			
Branch Name:			
Branch Code:			
Type of Account: (Mark with an X)	Current	Transmission	Savings
Name of Account Holder:			
Bank Account Number:			

Account Holder Signature: ______________________________ Date: __________

SECTION F YOUR DOCUMENTS CHECK LIST (Please mark boxes with an X 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 **Representative** must include:

- [ ] A complete broker application form
- [ ] Identity Document of the key individual
- [ ] Council for Medical Schemes accreditation certificate

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 certifificate
- [ ] The key individual's Council for Medical Schemes accreditation certifificate
- [ ] The Organisation's Council for Medical Schemes accreditation certifificate
- [ ] Cancelled cheque or bank statement with a bank stamp or letter with a bank stamp
- [ ] Letterhead with contact details
- [ ] Company Registration Certifificate, if applicable
- [ ] VAT Registration Certifificate, if applicable
- [ ] Representatives must complete their application form(s)

SECTION G	FOR ADMINISTRATIVE USE ONLY
Broker Consultant Name:	
Broker Code:	
Broker House Code:	
Comments:	

HEALTHCARE BROKER MEMBER SERVICE LEVEL AGREEMENT

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

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 specifific needs in relation to cover, which of the options is most suited to meet those needs considering the member's fifinancial 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 effifificiently;
   - 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 to provide expert advice and support to the member in the course of themeeting.
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 inwhich 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.

Accepted and signed at: ______________________ Date: ____________

Signature of Applicant: ______________________

Full Name: ______________________

Does the Key Individual on this application require a seperate broker code (apart from the broker house broker code)? [ ]

HEALTHCARE BROKER HONESTY & INTEGRITY DECLARATION

I, ____ hereby confifirm that:

1. I have not within a period of fifive 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 fifiduciary duty;
2. I have not within a period of fifive years preceding this date been denied membership by any professional or fifinancial services industry body (whether in the Republic or elsewhere) on account of an act of dishonesty, negligence, incompetence or mismanagement, suffificiently serious to impugn the honesty and integrity of the Financial Services Provider (FSP);
3. I have not within a period of fifive years preceding this date been found guilty by any professional or fifinancial 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, suffificiently serious to impugn the honesty and integrity of the FSP;
4. I have not within a period of fifive years preceding this date had my authorisation to carry on business refused, suspended or withdrawn by any professional or fifinancial services industry body (whether in the Republic or elsewhere), on account of an act dishonesty, negligence, incompetence or mismanagement suffificiently serious to impugn the honesty and integrity of the FSP;
5. I have not within a period of fifive years preceding this date, had any licence granted to me by a professional or fifinancial 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, suffificiently serious to impugn the honesty and integrity of the FSP;
6. I have not at any time prior to this date been disqualifified 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 disqualifification has since been lifted or not.

Accepted and signed at: ________________________________ Date: [ ]

Signature of Applicant: ____

Full Name: [ ]

HEALTHCARE BROKER DECLARATION

I, ____ hereby confifirm that:

1. I confifirm that I am not insolvent and that I have not been disqualifified from marketing in the fifinancial service industry for any reason whatsoever.
2. I hereby confifirm 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 about 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 to bring credit to the fifinancial service healthcare industry.
4. I hereby agree to the terms and conditions within the contract and submit to the general code of conduct for fifinancial 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 is subject to a background check to ensure compliance with the fifit and proper requirements as per FAIS Act as amended.

Accepted and signed at: ________________________________ Date: [ ]

Signature of Applicant: ____

Full Name: [ ]