



I, _____ membership number, _____

do hereby appoint _____ from EOH Advisory Services

Broker Code, _____ as my healthcare broker.

With the signing of this broker appointment letter, I acknowledge having read and accepted that the below mentioned **broker/brokerage** will be my broker and that they will receive commission from **BONITAS Medical AID FUND** permitted in terms of the Medical Scheme Act and that me as the member have no liability to the broker whatsoever.

I further acknowledge that I am fully aware that I am **changing my healthcare broker** and that I understand the broker must:

- Provide me with the Scheme's product and benefit updates
- Provide me with the Scheme's rules and procedures where applicable
- Provide me with the Scheme's benefit structures offered and advice on the best suited choice
- Provide me with premiums payable on each product and / or part thereof
- Provide help with any queries / problems that I may experience with the Medical Scheme

I also understand that this appointment will remain in force until cancelled by myself.

Signed at _____ on this day _____ day of 20__

Signature of Principal Member: _____

Members Cell Phone Number: _____

Members email address: _____

To be completed by the Broker:

Name of Brokerage: **EOH Advisory Services**

Name of Consultant: _____

Broker Code: **55887** _____

Broker Signature: _____

Please attach a copy of member's id or driver's license or membership certificate or medical aid card.

