Discovery

INTERMEDIARY APPOINTMENT FORM FOR MEMBERS/EMPLOYERS/POLICYHOLDERS

PLEASE COMPLETE IN BLACK INK – PLEASE PRINT CLEARLY – ONE LETTER PER BLOCK

1. NEW INTERMEDIARY HOUSE DETAILS

Intermediary house name

Intermediary house code

2. NEW INTERMEDIARY DETAILS

Intermediary name

Intermediary code

3. EMPLOYER DETAILS (Discovery Health)

Employer name

Employer number

4. MEMBER DETAILS (Complete only if employer is a non-compulsory group)

Initials	Surname	Date of birth	Membership number

5. POLICY HOLDER DETAILS (Discovery Life)

Initials	Surname	Date of birth	Policy number

6. AUTHORISATION

I, , am duly authorised to appoint the intermediary mentioned in the above, to act as agent on our/my behalf for the purpose of all our/my dealings with Discovery Health and Discovery Life

Signed at on this date Y Y Y Y / M M / D D

Signature

Rules:

1. Complete this form to change intermediary details for a member/employer/policyholder.
2. The effective date will be the 1st day of the month following the Commissions Department's receipt of this request, and the effective date cannot be backdated.
3. Only persons duly authorised may sign Section 6.
4. Intermediary commissions will be paid for the remaining months of the policy year.
5. Please make sure that you complete all the relevant sections in full. Discovery will not be able to process your request if all the necessary information has not been supplied.
6. For compulsory employer groups, please attach an original letter on the employer's letterhead authorising the appointment of the intermediary and signed by a duly authorised person.
7. For non-compulsory employer groups, please complete Section 4. If the space provided is not be adequate, please attach a list with the details, to this form.
8. Send to regional email address or fax to (011) 539-2550.