

Disability / Critical Illness Consent Form

Member to complete this form

1. Scheme details

Scheme name

Employer name

2. Member's details

Title Initials

First name/s

Surname

Date of birth - -

RSA ID ID / Passport no

Passport country of origin

3. Consent to collect and share personal, health and medical information

Momentum Corporate may process all information received in support of my disability or critical illness claim. Information will be processed in accordance with the Protection of Personal Information Act, 2013 and Momentum Corporate's strict policies on protecting the confidentiality of my personal information. Momentum Corporate's full privacy policy can be found on www.momentum.co.za.

I consent and give permission for:

- any health practitioner (e.g. doctor, psychiatrist, etc.), allied health practitioner (e.g. occupational therapist, psychologist etc.), medical institution, medical aid, employer, insurance company, health risk management service provider appointed by my employer/policyholder or any other person or institution that has information about my health, employment related activities and personal information, to provide this information to Momentum Corporate or any third party nominated by Momentum Corporate who requires this information for the purposes of assessing and managing my claim.
- Momentum Corporate to share any medical, occupational and personal information contained in medical reports or otherwise which they have obtained in the course of the assessment of my claim, with a health practitioner, allied health practitioner, health risk management service provider appointed by my employer/policyholder, or any third party nominated by Momentum Corporate who may require such information for the purpose of assisting Momentum Corporate in the assessment and management of my claim or for assessing the payment of a benefit under a risk policy where I am the policyholder.
- Momentum Corporate to share any medical, occupational and personal information contained in medical reports or otherwise, which they have obtained in the course of the assessment of my claim, with other insurers for the purpose of assessment of any related claim that I might have against that insurer, and with Astute for statistical purposes and for the management of over insurance and fraud in the insurance industry.
- Momentum Corporate to send correspondence, which may include personal and special personal information, regarding my claim to my employer/policyholder or its appointed intermediary. The purpose of this correspondence is to inform them of the status and outcome of my claim.
- Momentum Corporate to provide my employer/policyholder or its appointed intermediary with regular claims status reports which will contain personal information. Momentum Corporate will not share any health related information in the status reports unless I have given express written consent.
- Momentum Corporate to share all medical and health related information (special personal information) with the following third parties: (please select from the list below)
 - Employer/policyholder (including their representatives) involved with my claim
 - Financial Advisers and Intermediaries appointed by my employer or myself
 - Any other person/s appointed by me in writing
 - All of the above
 - None of the above

Momentum Corporate will share medical and health related information with third parties at its discretion. I confirm that I will not hold Momentum Corporate, its employees, directors or agents liable in any way and I indemnify and hold Momentum Corporate harmless for the sharing of health related information in line with this consent.

I confirm that I know and understand this consent I am providing to Momentum Corporate and that I am doing so voluntarily.

[Click here to read the full consent document \(https://www.momentumpartnershipconnect.co.za/momentum-corporate-popia-member-document/\)](https://www.momentumpartnershipconnect.co.za/momentum-corporate-popia-member-document/).

Signature of Member

Date - -

***If member is unable to sign the consent due to medical incapacity, please contact us so that we can further assist.**

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to wcc@momentum.co.za , fax it to Fax +27 (0)21 917 3711 or posted to PO Box 2212, Bellville 7535, attention Momentum Group Insurance disability claims.
2. Place your scanned signature in the signature block by following the steps outlined below.
 - Store your scanned signature as a PDF document in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.