

Adult Dependant Contact Details Form



Consent and Declaration *(Continued)*

Declaration

I declare that:

- I. the information provided in this form is true, complete and correct.
- II. I have familiarised myself with the benefit structure under my chosen option.
- III. the mentioned, particulars concerning my dependant(s) and me are correct and I/he/she/they qualify/ies for admission as beneficiaries in terms of the rules of the Scheme.
- IV. my mentioned dependant(s) are fully dependent on me.
- V. I have appropriate permissions and consent from all my dependants to disclose their personal medical information on their behalf.

I shall adhere, and I herewith undertake to ensure that my dependant(s) always adhere, to the POLMED rules. I herewith irreversibly authorise my employer to recover from my salary/bank account any amount I may legally owe POLMED and to pay over to POLMED or its agent all amounts thus recovered.

Principal Member's signature _____

Date