

LIBERTY MEDICAL SCHEME

We care. **For you**

Private Bag X35
Claremont, 7735
Contact Centre 0860 002 163
Membership fax 021 673 9587
www.libmed.co.za

Request for Duplicate Membership Card

Membership number*

Member name(s)*

Member surname*

*Denotes compulsory information

I wish to apply for a duplicate membership card.

Reason for Request

DECLARATION:

In an effort to keep you updated on activities at Liberty Medical Scheme (LMS), we have been sending you various types of marketing and health related product communications in the form of emails, sms's and post. We would like to ensure receiving these communications are more convenient for you and we request that you complete the section below and return it to the Scheme.

Do you wish to continue receiving LMS marketing communications? Y N

If yes, how would you like to receive them? Email Y N SMS Y N Post Y N

I consent to LMS marketing products, services and special offers being sent to me from time to time. Y N

I consent to LMS sharing my membership information with any Third Party Provider contracted to LMS for the delivery of healthcare services to allow the Scheme to fulfil its functions. Y N

I consent that such contracted Third Party may contact me from time to time regarding their products, services and special offers. Y N

Signature of Principal Member

Signed at on this day of 20

Note: The membership card shall be issued at the discretion of Liberty Medical Scheme. If the request for a duplicate card is as the result of being lost, stolen or destroyed, please complete the Affidavit below:

