



**SECTION 4 – DECLARATION BY PRINCIPAL MEMBER**

**DECLARATION:**

I declare that the above information is true and correct and that the above details have been noted and where applicable the contributions will be adjusted in terms of the Scheme rules.

I hereby instruct Liberty Medical Scheme to electronically collect monthly medical aid contributions. I understand that payments cannot be made from credit card accounts. I also irrevocably authorise Liberty Medical Scheme to reverse any erroneous transaction and/or rectify any electronic deduction errors without prior notice.

I hereby authorise the Scheme to disclose my personal banking details to CareCross (applicable to the Bona Plus option only), in order to allow the scheme to fulfil its functions, duties and obligations if applicable.

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

**Supporting Documentation Required**

Documents Required	Attached (tick)
Copy of ID of Account Holder	<input type="checkbox"/> Y <input type="checkbox"/> N
Proof of Bank details (cancelled cheque or bank stamped bank statement)	<input type="checkbox"/> Y <input type="checkbox"/> N

Please return the form by fax to 021 673 9587 or alternatively email a scanned version to [updates@libertyhealth.co.za](mailto:updates@libertyhealth.co.za).

For any queries please contact the Liberty Medical Scheme Contact Centre on 0860 002 163.