

Sanlam Reality Application form for Fedhealth medical aid members.



Once completed, please submit to Fedhealth.
Please tick all boxes where applicable.

New medical aid member Current medical aid member

Personal details

Full names: (As per ID) _____
Preferred name: _____
Surname: _____
Identity number: _____
Medical aid number: _____

Sanlam Reality membership

Please select your membership option.

(Refer to our website or call 0860 732 5489 for more information.)

Membership option	Single option	Family option
Reality Health	R195 pm <input type="checkbox"/>	R250 pm <input type="checkbox"/>

Note: By selecting the family option we will automatically add your dependants as per your medical aid.

Sanlam Reality communication options

I prefer to receive communication via the following channels:

Email SMS Phone

I would like to receive information about discounts and special offers available only to members:

Yes No

Permission to use medical aid information

Sanlam Reality will keep your personal and/or health information, as well as the information of your spouse and dependant/s, confidential. However, by signing this form, you agree to the disclosing and use of disclosed information. You hereby consent that your personal and financial information pertaining to products you have with the Sanlam Group, its strategic partners and membership of Sanlam Reality be shared between the aforementioned entities, directly or through a secure database in order to make certain that your information is accurate for the purpose of improving the Sanlam Reality service to its members. Your personal information shall be shared in accordance with prevailing data privacy legislation and it will not be disclosed to any unauthorised parties. We may collect, process, store, and share all confidential information, as contained in this application and provided to us after the inception of your Sanlam Reality membership, to:

- Administer the Sanlam Reality programme.
- Health data may be shared/utilised in order to qualify for specific benefits.
- Provide any services that you or your spouse or dependant/s may require.
- Enable any contracted third party that requires such information to render a service or provide goods to you or your spouse or any dependant/s on your Sanlam Reality membership, but only if such contracted third party agrees to keep the information confidential.
- Enable any other entity within the Sanlam Group, where you or your spouse or your dependant/s have applied for a product, to administer the product.

I hereby agree and give permission.

Broker details

Complete this section if an intermediary introduced you to Sanlam Reality.

Surname: _____
First name: _____
Intermediary code: _____
Contact number: _____

Debit order authorisation

I hereby authorise that Sanlam Reality can use the banking details provided for my medical aid claims refunds.

OR

Sanlam Reality may create a debit order instruction based on the information indicated below for the specific amount which will be deducted on the first of every month unless otherwise requested. I undertake to inform Sanlam Reality of any changes to my bank details and authorise Sanlam Reality to verify such details. (Total 'SL' Debit or Real Futures Pty Ltd will reflect on your bank statement for this deduction.)

Debit order information:

Account name: _____
Bank: _____
Bank code: _____
Account number: _____
Account type: _____
Savings Transmission Cheque

Signature:

I hereby confirm that the above information is true and correct. I agree that by joining the Sanlam Reality programme I am bound by Sanlam Reality's rules as set out by the programme. For full T&Cs, visit www.sanlamreality.co.za.

Signed: _____

at _____ on _____

Print name: _____

Print name: _____