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♥ 7 West Street , Houghton Estate, Johannesburg, 2198

## OPTION SELECTION FORM

PLEASE NOTE: OPTION CHANGES CAN ONLY BE EFFECTIVE FROM 1 JANUARY EACH YEAR. ENSURE THAT FORM REACHES SIZWE HOSMED MEDICAL SCHEME BY 11 DECEMBER.														Broker/Company Stamp																		
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## a. Administration of your health care option;

tion, which may include health and financial information. Sizwe Hosmed Medical Scheme and its administrator (3Sixty Health (Pty) Ltd) will keep your information supplied to us in this application

confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for

b. Provision of managed care services to you;

the following purposes:

- d. To profile and analyse risk;
- e. For research purposes and;
- f. To comply with legislation.

Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relation-ship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time, please check our website to inform yourself of any