



3. I hereby authorise any Hospital, Physician or any other person who has attended or examined me or any other Insured's covered by the Policy to furnish to Health & Accident Underwriting Managers (Pty) Ltd or their authorised representative all information with respect to any illness, injury or medical history, consultation, prescription or treatment and or medical copies of all hospital or medical history, consultation, prescription, or treatment and copies of all hospital or medical records.
4. I hereby acknowledge that any benefits paid out on my / Insured's Behalf, not covered by the terms and conditions of the policy cover, will be refunded to the Health & Accident Underwriting Managers (Pty) Ltd.

7. I authorise Health & Accident Underwriting Managers (Pty) Ltd to pay the benefits according to my authorised beneficiaries.

8. **Note:** This policy includes consent to the disclosure of private underwriting and claims information per the applicable policy terms and conditions.

Signature of Applicant.....

Date .....