

Consent form



Consent to pay full contribution

I, GEMS membership no ,

hereby consent paying:

100% of my contribution until receipt of my subsidy confirmation from National Treasury and/or such a payment is received by GEMS.

My portion of contributions as my subsidy has been approved (attach recent subsidy approval letter).

Please deduct contributions from the following banking account:

Name of bank

Name of account holder

Bank account no

Branch name

Branch code

Type of account Current Savings Transmission

Account holder's signature _____ Date of signature

I understand that the subsidy portion of my contribution will only be refunded to me upon receipt of my subsidy from National Treasury. I understand that it is my responsibility to ensure that the full contribution is received by GEMS on the payment due date.

Please pay any refunds due to me into the following account:

Name of bank

Name of account holder

Bank account no

Branch name

Branch code

Type of account Current Savings Transmission

Account holder's signature _____ Date of signature

We are committed to protecting your personal data
Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website at www.gems.gov.za.