



Broker and Intermediary Consent

Giving your approval for us to share your personal and/or medical information with your Broker/Intermediary and for the Broker/Intermediary to share your personal and/or medical information with us.

Here to help

+44 (0) 1892 556274

Available day or night, 365 days a year

Definitions of words and phrases

Some of the words and phrases we use on this form have a specific meaning, for example when we talk about treatment.

You and your – when we use you and your, we mean the lead member and any family members covered by your policy.

We, us, and our – when we use we, us or our, we mean AXA Global Healthcare (UK) Limited acting on behalf of AXA PPP healthcare Limited.

AXA – when we use AXA, we mean AXA PPP healthcare Limited and/or AXA Global Healthcare (UK) Limited.

You have the option to provide consent which will authorise us to share policy administration details (such as, but not limited to, general policy and invoicing documents, Membership Statements, subscriptions and payments) and/or health information with a Broker or Intermediary named by you and for them to share the same with us.

You can withdraw your consent at any time by contacting us.

1 Your details

Please remember to use **BLACK INK** and write in **BLOCK CAPITALS** throughout

Name

Date of birth (dd/mm/yy)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Membership numbers Please write the membership/customer number for the AXA plan that you'd like this agreement to apply to in the box below:

Membership or customer number

Continued on next page

2 Who would you like us to share your information with?

Full name of Broker or Intermediary (if you give names of one or more organisation(s), this will mean that we can communicate with any employee [which will help if the person you usually deal with is not available]).

Address (including country)

Email address

3 Consent

1. I consent for AXA to share with the Broker/Intermediary and/or individuals(s) named in section 2:

- Policy administration details relating to myself and my dependents under the age of 16.
- Health and medical information, including details of my claims and those of my dependents under the age of 16.

2. I consent for the named Broker/Intermediary and/or individual(s) to share with AXA:

- Policy administration details relating to myself and my dependents under the age of 16.
- Health and medical information, including details of my claims and those of my dependents under the age of 16.

Your full name, printed

Date

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Signature

(This form must be hand signed. We do not accept electronic signatures.)

One consent form is required for each person over the age of 16. If you wish to cancel this authority at any time, you can do so by contacting us.

Please send your completed form to:

Upload or secure email via: axaglobalhealthcare.com/customer

Fax: +44 (0) 1892 508256

Post: AXA – Global Healthcare, Phillips House, Crescent Road, Tunbridge Wells, Kent, TN1 2PL, UK