



Advice Record: Health Service Benefits

**Section 1: General client details**

Name and Surname																									
Marital Status		Gender	M	F																					
Physical address																									
Postal address																									
Phone	W		H																						
Fax			Mobile																						
E-mail address																									
ID No															Date of birth										

**Section 2: Financial Information**

Occupation													
Income per month		Subsidy	Yes	Amount Available	No								
Amount of extra money available to cover medical costs													

**Section 3: Dependants and medical details**

Spouse	Yes	No	Number of children		Number of adult dependants	
Chronic conditions of dependants	Description	1.			2.	
		3.			4.	
		5.			6.	
		7.			8.	
Cost per month:						
Medical cost for the past 24 months	Doctor's fees:					
	Hospital fees:				Reason for hospitalisation	
	Dental and optometric fees:					
Any known medical condition or disease e.g. cancer / pregnancy	No	Yes	Description:			
				Option		
Current medical scheme				Premium		
Preferred medical scheme				Amount available for health cover		

**Section 4: FSP Details**

Mike Papageorge is the principal intermediary of Helfin Risk Management Company (Pty) Ltd. Helfin Life Assurance Brokers (Pty) Ltd (Helfin), registration no. 64569307 holds a category I and II Financial Services Provider License with FSP number 10878. The licence authorises Helfin to provide financial services with respect to health service benefits, amongst other products. Helfin has a contract with Discovery Health, Fedhealth, Genesis Medical Aid, Liberty Health, Medihelp, Oxygen (Old Mutual), Profmed and Pulz medical schemes. We earned more than 30% of our commission from Discovery Health within the past 12 months. We do not hold more than 10% shares in any product provider Helfin holds professional indemnity cover, but due to the nature of our business we do not deed fidelity insurance cover. Our business address is 106 Nicolson Street, Brooklyn, Pretoria and our telephone number is (012) 346-3001.

We are committed to comply with FAIS since the purpose of the Act is to protect you, our client. In that regard we have a complaints resolution system which you can obtain upon request at our office. If you have any queries or concerns, please don't hesitate to send us a fax or e-mail. If you are not happy with our response to your fax or e-mail, you can approach the ombud at PO Box 74571, Lynnwood Ridge. 0040, or at telephone number (012) 470-9080/99, fax (012) 348-3447 or e-mail info@faisombud.co.za.

**Section 5: Compliance officer**

Johan Terblanche: Moonstone Compliance (Pty) Ltd  
 Postal Address: PO Box 1221, Die Brood, Stellenbosch, 7613  
 Physical Address: 1<sup>st</sup> Floor, Valerida Centre, Dirkie Uys Street, Stellenbosch, 7600  
 Fax: (021) 880-0688, Tel: (021) 880-0699, E-mail address: jterblanche@moonstonecompliance.co.za  
 Website: www.moonstone.co.za

**Section 6: Advice Record**

6.1 Summary of information provided by the client concerning his / her needs, objectives, financial situation and risk profile that forms the basis of the advices

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6.2 Medical scheme product / option change recommended to the client and reason why his medical scheme product / change will satisfy the client's needs, objectives and risk profile:

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**Section 7 Replacement (if applicable)**

Advised to replace  Yes  No

If yes, please complete:

Difference in cost (if applicable)

**Waiting Periods**

General 3 month	Y	N	Unknown
12 month for pre-existing conditions	Y	N	Unknown
Late joiner penalty applicable	Y	N	Unknown

Main difference in benefits:

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**Section 8 Declaration by the advisor and commission**

I, \_\_\_\_\_, representative of Helfin, declare that the Advice Record is an accurate and complete record of the recommendations and advice that I provided the client with based upon the information provided by the client. The commission payable by the medical scheme to the advisor is currently 3.42% of annual premium income or R69.20, whichever is the lesser per principal member per month (exclusive of VAT) monthly in arrears, bearing in mind that the said commission has no effect on the final payment made by the client to the medical scheme concerned.

\_\_\_\_\_  
Signature of advisor

\_\_\_\_\_  
Date

**Section 9: Declaration by the client**

I elect to

Follow the advice in 6;

Not follow the advice in 6; and have been informed of the consequences of this decision

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date