

# PENCARE HEALTHCARE ENROLMENT – CONSENT FORM (RETIREEES)

## 1. Purpose of this Consent Form

This Consent Form authorises **Guaranty Trust Pension Fund Administrator (GTCO PFA)** to share your personal information with an approved Health Maintenance Organisation (HMO) solely for the purpose of enrolling you into the PenCare Healthcare Programme. Your information will only be processed to facilitate your healthcare enrolment and to enable the HMO provide health services and contact you when necessary.

## 2. Personal Data to Be Shared

The following personal data will be shared to the HMO for your healthcare enrolment:

1. Full Name
2. Pension Identification Number (PIN)
3. National Identification Number (NIN)
4. Phone Number
5. Home Address
6. Gender
7. Email Address

## 3. Important Information About Your Data

In line with the Nigeria Data Protection Act (NDPA) 2023, please note that:

- i. **Purpose Limitation:** Your data will be used only for your enrolment and participation in the PenCare Healthcare Programme.*
- ii. **Data Security:** **GTCO PFA** and the HMO will apply necessary measures to protect your data.*

- iii. **Data Confidentiality:** *Your information will remain confidential and disclosed only when legally required or necessary for service delivery.*
- iv. **Right to Withdraw Consent:** *You may withdraw your consent at any time by notifying **GTCO PFA**.*
- v. **Data Minimisation and Retention:** *Only essential data will be processed and kept for as long as needed for the programme.*
- vi. **No Marketing Use:** *Your data will not be used for marketing or profiling.*
- vii. **Your Rights:** *You may request access, correction, deletion, restriction of processing, or file a complaint under NDPA 2023.*

**4. Consent Declaration**

I hereby by consent to **GTCO PFA** processing and sharing my personal data with an approved HMO solely to enrol me in the PenCare Healthcare Programme. I understand this purpose and my rights under the Nigeria Data Protection Act (NDPA) 2023.

**Full Name:**

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**Signature/Thumbprint:**

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**Date:**

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