



This form is to be used by Bonitas members when changing from one option to another. You may only change your option once a year in the periods mentioned below.

If you do not wish to change your Option, please do not complete this form.

Instructions

- Complete this form in black ink and print clearly using capital letters
- This form must be submitted on or before 31 October 2015 for Persal members or before 30 November 2015 for all other members.
- If you are a direct paying member, please send your form to us using the following details - Fax (011) 011) 671 3764 or Email optionchanges@bonitas.co.za.
- If you select the Standard, Standard Select, BonFit or Primary Option, you must make use of the Bonitas GP Network that is available in your area to avoid co-payments.
- If you select Standard, Standard Select, BonFit, Primary, BonSave, BonClassic or BonEssential Option you must make use of the Bonitas Specialist Network available in your area to avoid co-payments.
- If you select the Standard Select or BonFit Option, you must make use of the Bonitas Hospital Network to avoid co-payments.
- To access the list of GPs, Specialists and Hospitals in your area, log onto the Bonitas website, www.bonitas.co.za.
- Please attach a copy of the main members ID and a copy of all the beneficiaries ID's.

Please note: We cannot process your application if it is incomplete, incorrect or you have not attached the correct documents to it. Your form must have an employer stamp on it to be processed.

Section 1: Details of main member

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>
First names:	<input type="text"/>		
Identity number:	<input type="text"/>	Date of birth:	<input type="text"/>
Membership number:	<input type="text"/>	Tax number:	<input type="text"/>
Marital status:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Ethnic group:	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Asian
Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>
Telephone (w)	<input type="text"/>		
Email:	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>		
Street address:	<input type="text"/>	Code:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>	Code:	<input type="text"/>

Section 2: Choosing your Option

Please select the Option you want to change to (mark with an X). Select one Option only.

BonComprehensive
 BonClassic
 Standard
 Standard Select
 BonSave
 BonFit
 Primary
 BonEssential

Section 3: GP Nomination

If you choose the Standard Select option you must nominate a GP from the Bonitas GP Network.

Main Member

Member first names:	<input type="text"/>		
Member surname:	<input type="text"/>		
Doctor name:	<input type="text"/>		
Practice number:	<input type="text"/>	Doctor's contact number:	<input type="text"/>



Dependant 1

Member first names:

Member surname:

Doctor name:

Practice number: Doctor's contact number:

Dependant 2

Member first names:

Member surname:

Doctor name:

Practice number: Doctor's contact number:

Dependant 3

Member first names:

Member surname:

Doctor name:

Practice number: Doctor's contact number:

Dependant 4

Member first names:

Member surname:

Doctor name:

Practice number: Doctor's contact number:

Section 4: Employer information

This section must be completed by your employer or pension fund (where applicable).

Name of company representative:

Title of company representative:

Telephone:

Email:

Bonitas pay-point code:



The above change of Option has been noted and approved

Signature: _____

Date: _____

Section 5: Member declaration

I understand that this written notice to change my option will apply from 1 January 2016. I further understand that I will be responsible for the full payment of the contributions on a monthly basis. I agree to follow the rules of Bonitas Medical Fund. I know that the rules are available at www.bonitas.co.za and will be provided to me upon request.

Main member's signature: _____

Date: _____