

## OPTION SELECTION FORM 2017

It is important to remember that option changes are only effective on 1 January each year.

**PLEASE FAX TO:**

Fedhealth Product Renewal 2016  
Fax No: 011 671 3647

**OR E-MAIL TO:**

update@fedhealth.co.za

**OR MAIL COMPLETED FORM TO:**

Fedhealth Product Renewal 2016  
Private Bag X3045  
Randburg  
2125

### SECTION 1 : MEMBER DETAILS AND OPTION SELECTION FORM

Option Selection Form to be received by no later than 30 November 2016.

Membership number:  ID Number:

Surname:  First name/s:

Title:  Initials:  Preferred name:

Postal address:

Postal Code:

Work: (  ) Home: (  )

Fax: (  ) Cell: (  )

E-mail:

I,  wish to change my option to: (Please select **one option** by marking "x" in the appropriate selection box.)  
(Name of principal member)

PRODUCT OPTION	SELECTION	PRODUCT OPTION	SELECTION	PRODUCT OPTION	SELECTION
Maxima Plus		Maxima Basis*		Maxima Core	
Maxima Exec		Maxima Basis <sup>Grid</sup> *		Maxima Core <sup>Grid</sup>	
Maxima Standard		Maxima Saver*		Maxima EntryZone	
Maxima Standard <sup>Elect</sup>		Maxima Saver <sup>Grid</sup> *			
Maxima Advanced		Maxima EntrySaver*		Blue Door Plus**	

\* If you have selected Maxima Basis, Maxima Basis<sup>Grid</sup>, Maxima Saver, Maxima Saver<sup>Grid</sup>, Maxima EntrySaver or Blue Door Plus please complete Section 2 below.

\*\* Please complete Sections 2 and 3 below.

### SECTION 2 : NOMINATED FP DETAILS FOR MAXIMA BASIS, MAXIMA BASIS<sup>Grid</sup>, MAXIMA SAVER, MAXIMA SAVER<sup>Grid</sup>, MAXIMA ENTRYSAVER AND BLUE DOOR PLUS

If you have selected Maxima Basis, Maxima Basis<sup>Grid</sup>, Maxima Saver, Maxima Saver<sup>Grid</sup>, Maxima EntrySaver or Blue Door Plus you are required to nominate a FP from the Fedhealth network for yourself and your dependants. Please note that only visits to a nominated FP will be covered on these options. For a list of FPs on the Fedhealth network visit [www.fedhealth.co.za](http://www.fedhealth.co.za), click on member tools and you will find the FP locator button on the right hand side of the page. Alternatively you can phone the Customer Contact Centre on 0860 002 153 for more information.

	MEMBER / DEPENDANT NAME	NOMINATED FP DETAILS		
		NAME	PRACTICE NUMBER	CONTACT DETAILS
Principal member				
Dependant				
Dependant				
Dependant				
Dependant				
Dependant				
Dependant				

### SECTION 3 : INCOME VERIFICATION FOR BLUE DOOR PLUS

**Please tick appropriate box**

**Combined household income per month**

- < – R5 200  
 R5 201 – R8 500  
 R8 501 – R10 500  
 R10 501 – R12 000  
 R12 001 –>

Income verification will be conducted for these two options. Income is considered as the combined household income; commission and rewards from employment; interest from investments, income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; and financial assistance from any social assistance programme.

**IMPORTANT NOTICE:**  
**Declaring income lower than your actual income is fraud.**  
**This may lead to the termination of your membership.**

By signing this application form, you give your permission for us to verify your declared income using all relevant internal and external sources.

**Please provide the following supporting documentation as proof of income, if not joining through your employer:**

- Last 3 months' (90 consecutive days) bank statements; and
- If employed, your last 3 months' payslips and commission schedules, or most recent tax year's IRP5 certificate
- If student, proof of enrolment at academic institution
- If self-employed, most current financial statements
- If pensioner, proof of annuity and/or employer pension and/or State Older Person's Grant
- If unemployed, UIF certificate

**SECTION 4 : DECLARATION BY MEMBER**

I understand that this option selection will apply to my 2017 option choice.

Member signature: \_\_\_\_\_

Date:

**SECTION 5 : DECLARATION BY EMPLOYER, IF APPLICABLE** *To be completed if employer is responsible for all or part of contribution*

Blue Door Plus monthly salary of applicant

Name of employer:

The above details have been noted and approved. Contributions will be adjusted in terms of the scheme rules effective 1 January 2017.

Paypoint code

Date

Designation

Signature / Company Stamp