



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

This form must be completed by Bonitas members who would like to change from one option to another. You may only change your option once a year.

Instructions

- This form must be submitted on or before 31 October 2017 for Persal members or before 30 November 2017 for all other members
- If you are a direct paying member, please email your form to optionchanges@bonitas.co.za or fax it to (011) 671 3764
- We cannot process your application if it is incomplete, incorrect or if you have not attached the correct documents. Your form must have an employer stamp in order to be processed (if applicable)
- If you choose BonClassic, Standard, Standard Select, BonComplete, BonSave, Primary, BonFit, BonEssential, Hospital Plus or Hospital Standard, you must use the specialist network to avoid co-payments
- If you choose Standard Select or BonFit or BonCap you must use the hospital network to avoid co-payments
- To access a list of GPs, specialists and hospitals in your area, log in to www.bonitas.co.za
- Please attach proof of identity for you and your dependants to this form (identity document, driving license or birth certificate).

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: Surname:

First names:

Identity number: Date of birth:

Membership number: Marital status:

Gender: M F Cellphone:

Telephone (h): Telephone (w):

Email:

Postal address:

Code:

Street address:

Code:

Section 2: Choosing your option

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

BonComprehensive BonClassic BonComplete BonSave BonFit Standard Standard Select

Primary BonEssential Hospital Plus Hospital Standard BonCap

Section 3: Declaration of income

Please complete this section if you have chosen BonCap; if you fail to do so, you will be placed in the highest income band.

Description of income	Main member R per month	Spouse/partner R per month
Salary or wages	<input type="text"/>	<input type="text"/>
Commission and other rewards	<input type="text"/>	<input type="text"/>
Pensions or annuities	<input type="text"/>	<input type="text"/>
Rental income	<input type="text"/>	<input type="text"/>
Trust distributions	<input type="text"/>	<input type="text"/>
Government grants	<input type="text"/>	<input type="text"/>
UIF payments	<input type="text"/>	<input type="text"/>
Interest on investments	<input type="text"/>	<input type="text"/>
Subsidies of any kind	<input type="text"/>	<input type="text"/>
Maintenance	<input type="text"/>	<input type="text"/>
Other income	<input type="text"/>	<input type="text"/>
Total income	R	R

We also require the documents in the table below to be attached to this form for you and your spouse/partner.

If the required documents are not submitted with this form, you will be defaulted to the highest income band.

If you	We need
Earn a monthly salary or salary with commission	Your latest payslip + Your bank statements for the last three months (showing the monthly income you receive)
Get paid weekly/fortnightly wages	Four latest weekly payslips or two latest fortnightly payslips OR A letter from your employer/company confirming your income + Your bank statements for the last three months (showing the monthly / weekly / fortnightly income you receive)
Earn commission only	Proof of earnings OR Your last three commission statements + Your latest IRP5 + Your bank statements for the last three months (showing the monthly income you receive)
Are self-employed	A copy of your latest IT34A (SARS notice of assessment) + A letter from an external auditor/accounting firm confirming your income + Your bank statements for the last three months (showing the monthly income you receive)
Are unemployed	Your UIF statement OR A retrenchment letter or dismissal letter if you were dismissed/retrenched in the past twelve months + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a minor (including children at primary and secondary school)	A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a full-time student (tertiary education)	Proof of registration from your tertiary institution (student card only will not be accepted) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a foreign student	A copy of your passport + Proof of registration from your tertiary institution + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Are a foreign national (a person living in South Africa who is a citizen of another country)	A copy of your passport + A copy of your work permit + A copy of your contract reflecting your contract period and monthly income + Your bank statements for the last three months (showing the monthly income you receive)

If you	We need
Are temporarily disabled	A copy of your IT34A (SARS notice of assessment) + A full medical report from your doctor + Your disability grant letter OR A letter from the Department of Social Development + Your bank statements for the last three months (showing the monthly income you receive)
Are permanently disabled	A full medical report from your doctor + Your disability grant letter + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid
Earn a Government pension (SASSA)	Your most recent SASSA pension statement OR A copy of an ATM slip confirming your monthly pension OR A copy of a withdrawal slip from a SASSA paypoint confirming your monthly pension OR A SASSA pension income letter (that is not older than six months) + Your bank statements for the last three months (showing the monthly income you receive)
Earn any other pension	A copy of your IT34A (SARS notice of assessment) OR Your most recent pension statement OR A pension income letter (not older than 6 months) + Your bank statements for the last three months (showing the monthly income you receive) + A letter from the person paying your contributions, confirming their relationship to you and that they are paying for your medical aid

Please note: Bank statements submitted must clearly show the money earned being deposited into the account.

Section 4: GP nomination

If you choose the **Standard Select** option you must nominate a GP from the Bonitas GP network for each beneficiary.

	Name	Surname	Doctor's name	Practice number	Doctor's contact number
Main member					
Dependant 1					
Dependant 2					
Dependant 3					
Dependant 4					

Broker House Name: Aon South Africa (Pty) Ltd

Tel No: 0860 835 272

Broker Code: AON001M16

Section 5: Employer information

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

Name of company representative:	<input type="text"/>
Title of company representative:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>
Bonitas paypoint code:	<input type="text"/>



The above change of option has been noted and approved.

Signature: _____

Date: _____

Section 6: Member declaration

I understand that this written notice to change my option will apply from 1 January 2018. 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: _____

Broker House Name: Aon South Africa (Pty) Ltd
Tel No: 0860 835 272
Broker Code: AON001M16