

COMPCARE WELLNESS: OPTION SELECTION FORM 2017

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL

Medical aid number:

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Member name:

Member Surname:

Gross Monthly Income:

(Please supply proof of Income)

(Please note that if no proof of income is attached, members will be billed on the maximum income category)

CompCare Options – WITH EFFECT FROM 1 January 2017

PLEASE NOTE: Option selection forms must be submitted to the scheme's office before 31 December 2016.

Current option:

Chosen option:

NetworkX Option: Members are required to nominate a General Practitioner (per beneficiary) from the list of approved network service providers.

Beneficiary name	Name of nominated GP	Address of nominated GP	GP Practice Number	GP Telephone Number

MEMBERS SIGNATURE

DATE

- Hand deliveries: Universal Place, 19 Tambach Road, Sunninghill Park, Sandton
- Fax to: 0862 106 635
- Scan the document and email to: membership@universal.co.za
- For further option change information, please contact the call center on 0861 222 777 or visit the website on www.compcarewellness.co.za