

OPTION CHANGE REQUEST

Please complete all the relevant sections of this form in BLOCK LETTERS.

MEMBERSHIP NUMBER

SECTION 1

TO BE COMPLETED BY PRINCIPAL MEMBER OF THE SCHEME

MEMBER SURNAME

MEMBER NAME

ID NUMBER

CELL NO

E-MAIL ADDRESS

SECTION 2

CHANGING OF BENEFIT OPTION

Please note that if your option selected is for Medivalue or Mediphila that this form need to be accompanied by a completed MEM013 (b) or (c) Family Practitioner Nomination form.

FROM OPTION

TO OPTION

SECTION 3

COMPANY APPROVAL (if your contributions are paid via your employer this section MUST be completed.) (NOT FOR PERSAL MEMBERS)

COMPANY NAME

TELEPHONE NO. - -

E-MAIL ADDRESS

EFFECTIVE DATE

HR REPRESENTATIVE SIGNATURE

COMPANY STAMP

SECTION 4

MEMBER DECLARATION

I, _____ (principal member 's full name) the undersigned,

hereby give Medshield Medical Scheme the authority to make the change upon receiving my signed form and acknowledge that:

- Details contained herein are true and accurate;
- I am aware that, once I have decided to move to another benefit option - as provided in the Rules of the Scheme - I will not be allowed to reverse this decision during 2019 benefit year.
- The Scheme rules allow for Option changes to be submitted until 31 December 2018. Please note that should your option change reach us after 15 December 2018;
 - > that you are at risk of the Scheme possibly only deducting your correct contribution in February 2019.
 - >> if you have upgraded your option you may be required to pay us arrears due in February 2019.
 - >> if you have selected an option change downgrade which has resulted in a refund due to you it will be offset against your February 2019 contribution and no refund will be processed into your bank account.

Principal Member Signature

DATE

Completed option change can be faxed to 086 775 0309 or submitted via e-mail to optionchange@medshield.co.za .