M+M Medimed
Managing your healthcare security

OPTION SELECTION FORM

NB: ONLY COMPLETE THIS FORM IF YOU WANT TO **CHANGE** FROM YOUR CURRENT OPTION. PLEASE SUBMIT IMMEDIATELY TO ENSURE THAT THE FORM REACHES **MEDIMED** BY **30 NOVEMBER 2021**.

SECTION A: TO BE COMPLETED BY MEMBER

I, ………………………………………………………………………… (name of member)

Membership No.

wish to change to the following option (please tick appropriate box):

MEDIMED OPTION FOR 2022	
Alpha	
Medisave Max	
Medisave Standard	
Medisave Essential (Complete Section C on 2nd page)	

DECLARATION

1. I hereby acknowledge that I am familiar with the conditions and benefits of the option selected, notwithstanding representation by another party.
2. I understand that I must give written notice by 30 November 2021 of my intent to transfer to a new benefit option, which becomes effective 1 January 2022. I also accept that I can only change options once a year and will remain on this option until 31 December 2022.

Member's Signature: ……………………………………………… Date ……………………….

Cell Number: …………………………………………….

PLEASE NOTE:

1. You are allowed to move from one option to another, once a year – i.e. on 1 January, each year.
2. If you choose a benefit option other than your existing option, you will be issued with a revised membership card. Therefore, prompt response in returning the option selection will be greatly appreciated.

SECTION B: TO BE COMPLETED BY EMPLOYER (TO BE COMPLETED WHERE AN EMPLOYER PAYS CONTRIBUTIONS ON YOUR BEHALF)

Name of Employer: …………….…….….…………………………

Salary: ☐☐☐☐☐☐☐

OFFICIAL EMPLOYER STAMP

The above-mentioned details have been noted and approved. Contributions will be appropriately adjusted in terms of the rules.

Signature: ………………………………………...

Designation: ……………………………….......

Date: | Y | Y | Y | Y | M | M | D | D |

SECTION C : TO BE COMPLETED BY MEMBERS SELECTING MEDISAVE ESSENTIAL ONLY

Kindly select your network below:

Medisave Essential PEGP ☐   Medisave Essential ECIPA ☐

Please remember to include ID sized photographs of yourself and all dependants.

PRINCIPLE MEMBER		
Name	Date of Birth	Doctor

DEPENDENT 1		
Name	Date of Birth	Doctor

DEPENDENT 2		
Name	Date of Birth	Doctor

DEPENDENT 3		
Name	Date of Birth	Doctor

DEPENDENT 4		
Name	Date of Birth	Doctor

DEPENDENT 5		
Name	Date of Birth	Doctor

DEPENDENT 6		
Name	Date of Birth	Doctor

Certified by:
SABS
ISO 9001

Administered by: momentum ◇ TYB
Momentum Thebe Ya Bophelo (Pty) Ltd (Reg No 1993/006699/07) is part of Momentum Metropolitan Life Limited,
an authorised financial services and registered credit provider.

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