

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 2022**.

SECTION A: TO BE COMPLETED BY MEMBER

I, (name of member)

Membership No.

[illegible]

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

MEDIMED OPTION FOR 2023	
Alpha	
Medisave Max	
Medisave Standard	
Medisave Essential (Complete Section C on 2 nd 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 2022 of my intent to transfer to a new benefit option, which becomes effective 1 January 2023. I also accept that I can only change options once a year and will remain on this option until 31 December 2023.

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:

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OFFICIAL EMPLOYER STAMP

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

Signature:

Date:

Y	Y	Y	Y	M	M	D	D
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Designation:

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

Kindly select your network below:

Medisave Essential PEGP ☐

Medisave Essential ECIPA ☐

Medisave Essential ☐

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**

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