Registration Number 1506
PO Box 1672 | Port Elizabeth | 6000
7 Lutman Road | Richmond Hill | Port Elizabeth | 6001
info@medimed.co.za | www.medimed.co.za
☎ 0861 777 660 | Fax: 041 395 4590

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 2024**.

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 2025	
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 2024 of my intent to transfer to a new benefit option, which becomes effective 1 January 2025. I also accept that I can only change options once a year and will remain on this option until 31 December 2025.

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.

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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	

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