

## OPTION SELECTION FORM - FAURECIA

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 <sup>nd</sup> 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.
3. Please email form to: [medicalscheme2020@eohas.co.za](mailto:medicalscheme2020@eohas.co.za)
4. For assistance with an option selection for 2023, please contact 010 590 5704.
5. Late submissions will NOT be considered.

## SECTION B: TO BE COMPLETED BY EMPLOYER (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 ☐

<b>PRINCIPLE MEMBER</b>		
Name	Date of Birth	Doctor
<b>DEPENDENT 1</b>		
Name	Date of Birth	Doctor
<b>DEPENDENT 2</b>		
Name	Date of Birth	Doctor
<b>DEPENDENT 3</b>		
Name	Date of Birth	Doctor
<b>DEPENDENT 4</b>		
Name	Date of Birth	Doctor
<b>DEPENDENT 5</b>		
Name	Date of Birth	Doctor
<b>DEPENDENT 6</b>		
Name	Date of Birth	Doctor

Certified by:

**SABS**  
ISO 9001

Administered by: **momentum** |  **TYB**

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