

## **OPTION SELECTION FORM**

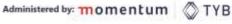
NB: ONLY COMPLETE THIS FORM IF YOU WANT TO <u>CHANGE</u> FROM YOUR CURRENT OPTION. PLEASE SUBMIT IMMEDIATELY TO ENSURE THAT THE FORM REACHES **MEDIMED** BY <u>30 NOVEMBER 2020</u>.

I, ...... (name of member)

## **SECTION A: TO BE COMPLETED BY MEMBER**

	embership No.  ish to change to the following option (please tick appropriate box):							
	MEDIMED OPTION FOR 2021							
	Alpha							
	Medisave Max							
	Medisave Standard							
	Medisave Essential (Complete Section C on 2 <sup>nd</sup> page)							
	<ol> <li>I hereby acknowledge that I am familiar with the conditions and benefits of the option selected, notwithstand representation by another party.</li> <li>I understand that I must give written notice by 30 November 2020 of my intent to transfer to a new ber option, which becomes effective 1 January 2021. I also accept that I can only change options once a year will remain on this option until 31 December 2021.</li> </ol>							
	Member's Signature Date							
	Cell Number :							
	PLEASE NOTE:							
1. 2.	You are allowed to move from one option to another, once a year – i.e. on 1 January, each If you choose a benefit option other than your existing option, you will be issued with a recard. Therefore, prompt response in returning the option selection will be greatly appreciated.	vised member	ship					











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

Name of Employ Salary:	/er :	]	OFFICIAL EMPLOYER STAMP	
Signature :	details have been noted and appro	ions will be appropriately adjusted in terms of the rules	3.	

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

Please remember to include ID sized photographs of yourself and all dependants. Members changing to Medisave Essential UDIPA should also select a dentist and optometrist.

PRINCIPAL MEMBER			oloot a domilot and optom	
Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)
DEDENDENT 4				
DEPENDENT 1 Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)
Ivaille	Date of Biltin	Doctor	Dentist (ODIFA)	Optometrist (ODIFA)
DEPENDENT 2				
Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)
DEPENDENT 3				
Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)
Name	Date of Birti	Doctor	Dentist (ODII 71)	Optometrist (OBII 71)
DEPENDENT 4				
Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)
DEPENDENT 5				
Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)
			(	, , , , , , , , , , , , , , , , , , , ,
DEPENDENT 6	2 (21)			
Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)
DEPENDENT 7				
Name	Date of Birth	Doctor	Dentist (UDIPA)	Optometrist (UDIPA)





