

2015 SELFMED OPTION CHANGE FORM



Tel: 0860 78 73 72
Fax: 0860 288 363
Reg. No: 1446

Option Change

Only to be completed if you wish to change your option:
(Deadline for option change is 15 December 2014)

Membership number: _____

“I, _____ (full name) hereby request to change my option,
as indicated here, with effect from 1 January 2015.”

Please indicate, by means of an X in the appropriate block below, your choice of option:

	MEDXXI	SELSURE	MED ELITE	SELFMED 80%
	from 1/1/2015			
Principal Member	R 1,349.00	R 2,068.00	R 3,564.00	R 5,357.00
Adult Dependant	R 1,343.00	R 2,063.00	R 3,056.00	R 4,638.00
Minor Dependant	R 690.00	R 704.00	R 1,025.00	R 930.00
Mark here (X)				

Declaration for acceptance of waiting periods

I am aware that a 3-month general and/or a 12-month condition specific waiting period (nine months on existing pregnancy) may be imposed on my membership with effect from date of registration if:

- I have not been on a previous scheme for more than 3-months prior to my application for membership.
- I was on a previous scheme for more than 3-months prior to my application for membership (12-month condition specific waiting period only).
- I was on a previous scheme for 2 years or more and apply for membership within 3 months (3-month general waiting period only)

Declaration

I understand that the relationship between me (and any of my dependants) and the Scheme is controlled by the rules of the Scheme. I undertake to familiarise myself (and any of my dependants) with the rules of the Scheme, as well as the changes that are made to the rules from time to time and to abide by these rules.”

Signature

Date

Please return your completed option form to Selfmed, PO Box 5543, Tygervalley, 7536 or fax it to 0860 288 363