

OPTION CHANGE FORM

- Only the employer or pension fund can instruct the Scheme on option changes.
- The option change will be effective 1 January.
- The option change will apply to the main member and dependants.
- Please return the completed form to your employer or pension fund before 31 December to make sure your request is captured.

1. MEMBER DETAILS

Member name

Telephone (H) (W)

Cellphone Fax

Email

Member number Payroll number

I want to change my Benefit Option to
 Managed Care Plan Standard Care Plan Value Care Plan

with effect

Signature of main applicant Date

Ensure you understand the financial and, if relevant, subsidy implications of your requested change or discuss it with your HR Department or Pension Office.

Change from:

Managed Care Plan R

Standard Care Plan R

Value Care Plan R

To:

Managed Care Plan R

Standard Care Plan R

Value Care Plan R

2. EMPLOYER OR PENSION FUND APPROVAL

Name

Phone Approved Yes No

Signature

Employer stamp