



# PLAN CHANGE REQUEST 2018

## Purpose of this form

This form is used if a member wishes to change the plan type they are currently on.

- Only the employer or pension fund can instruct the Scheme on plan changes.
- The plan change will be effective 1 January.
- The plan 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.

## HOW TO COMPLETE THIS FORM

- Please use one letter for each block, complete with black ink and print clearly.
- To avoid administration delays, please make sure this form is completed in full.
- Fax the completed and signed form to **011 539 1015** or email it to **member@angloms.co.za** or post it to **PO Box 746, Rivonia, 2128.**

## 1. MEMBER DETAILS

Member name

Telephone (H)   (W)

Cellphone   Fax

Email

Membership number  Payroll number

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

with effect  2  0  Y  Y  0  1  0  1

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

Signature of main member

Date  2  0  Y  Y  M  M  D  D

## 2. EMPLOYER OR PENSION FUND ACKNOWLEDGEMENT

Name

Phone   Approved Yes  No

Signature