



Anglo Medical Scheme, reg. no. 1012 | Administered by Discovery Health (Pty) Ltd, reg. no. 1997/013480/07, an authorised financial services provider | PO Box 746 Rivonia 2128 | Call: 0860 222 633, WhatsApp 011 292 8797 | member@angloms.co.za; www.angloms.co.za

Annual plan change request 2026

Purpose of this form

This form is used if a member wishes to change their plan type

- The plan change will be effective from 1 January for the entire year
- The plan change will apply to the main member and dependants

How to complete this form

1. Print this form and complete it clearly in black ink, or complete it electronically by typing into the fields below.
 2. If you complete the form electronically, you will need to apply your signature with a digital certificate, through an approved digital signature provider. Learn more about the [approved list of digital signature providers](#).
 3. Read and understand the Scheme Rules (available on the website <https://www.angloms.co.za/portal/ams/scheme-rules>) and the terms and conditions pertaining to your membership, as per below.
 4. Please make sure the main applicant signs and dates any changes.
 5. Please return the completed form as soon as possible, but no later than the 12th of December 2025.
- Employees to submit the form to their HR department
 - Pensioners to submit the form to their Pension Fund Administrator (whether fully or partially subsidised)
 - Self-paying members to submit the form directly to the Scheme, send to member@angloms.co.za or post **PO Box 746, Rivonia, 2128**

Member details

Member name																					
Telephone (H)													Telephone (W)								
Cellphone																					
Email																					
Membership number																					
Payroll number																					

Ensure you understand the financial and, if relevant, subsidy implications of your requested change. Discuss this with your HR Officer or Pension Fund Administrator (if applicable).

Change from:

To:

Managed Care Plan	<input type="checkbox"/>	R											Managed Care Plan	<input type="checkbox"/>	R									
Standard Care Plan	<input type="checkbox"/>	R											Standard Care Plan	<input type="checkbox"/>	R									
Value Care Plan	<input type="checkbox"/>	R											Value Care Plan	<input type="checkbox"/>	R									

I hereby give my consent to either my employer or the administrator to make the requested change or to obtain additional information if needed.

Signature of main member	<div style="border: 1px solid black; width: 350px; height: 30px;"></div>	Date	D	D	M	M	Y	Y	Y	Y
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You can access Anglo Medical Scheme privacy statement in this link <https://www.angloms.co.za/assets/medical-schemes/angloms/privacy-statement-for-anglo-medical-scheme.pdf>