CMAC
Dr. Pikkie Kok
FINANCIAL & HEALTHCARE ADVISOR

MEDSHIELD
medical scheme

OPTION CHANGE REQUEST

Please complete all the relevant sections of this form in BLOCK LETTERS.

MEMBERSHIP NUMBER

SECTION 1 TO BE COMPLETED BY PRINCIPAL MEMBER OF THE SCHEME

MEMBER SURNAME

MEMBER NAME

ID NUMBER

CELL NO

E-MAIL ADDRESS

SECTION 2 CHANGING OF BENEFIT OPTION

Please note that if your option selected is for Medivalue or Mediphila that this form need to be accompanied by a completed MEM013 (b) or (c) Family Practitioner Nomination form.

FROM OPTION

TO OPTION

SECTION 3 COMPANY APPROVAL (if your contributions are paid via your employer this section MUST be completed.)

(NOT FOR PERSAL MEMBERS)

COMPANY NAME

TELEPHONE NO. - -

E-MAIL ADDRESS

EFFECTIVE DATE 0 1 0 1 2 0 1 9

HR REPRESENTATIVE SIGNATURE

COMPANY STAMP

SECTION 4 MEMBER DECLARATION

I, _____ (principal member 's full name) the undersigned,

hereby give Medshield Medical Scheme the authority to make the change upon receiving my signed form and acknowledge that:

- Details contained herein are true and accurate;
- I am aware that, once I have decided to move to another benefit option - as provided in the Rules of the Scheme - I will not be allowed to reverse this decision during 2019 benefit year.
- The Scheme rules allow for Option changes to be submitted until 31 December 2018. Please note that should your option change reach us after 15 December 2018;
  - > that you are at risk of the Scheme possibly only deducting your correct contribution in February 2019.
    - >> if you have upgraded your option you may be required to pay us arrears due in February 2019.
    - >> if you have selected an option change downgrade which has resulted in a refund due to you it will be offset against your February 2019 contribution and no refund will be processed into your bank account.

_____
Principal Member Signature

DATE D D M M Y Y Y Y

Completed option change can be faxed to 086 775 0309 or submitted via e-mail to optionchange@medshield.co.za .