

OPTION CHANGE FOR 2020

Please examine the new benefit options for 2020 carefully, and should you decide to change your current option, complete the required information below and fax the form to 0860 111 390, or e-mail to membership@keyhealthmedical.co.za, attention: Membership, before **15 December 2019**.

The option change will take effect from 1 January 2020.

If you qualify for a medical subsidy from your employer, please ensure the completion of the section at the bottom.

Please change my KeyHealth option from _____ to _____ as from 1 January 2020.

Membership number: _____

I, _____ (initials and surname) hereby acknowledge that I am familiar with the conditions and benefits of the option selected, notwithstanding representation by another party.

Signature of principal member: _____

Date: _____

TO BE COMPLETED BY EMPLOYERS PROVIDING A MEDICAL SCHEME SUBSIDY TO EMPLOYEES

Signature: _____

Designation: _____

Date: _____

OFFICIAL EMPLOYER STAMP

