Dr. Pikkie Kok
FINANCIAL & HEALTHCARE ADVISOR

MEDSHIELD
medical scheme

OPTION CHANGE REQUEST

Option changes as per Scheme Rules may only be made effective 1 January of a financial year, provided that the request is received by the Scheme by no later than 31 December. No late submission or mid-year option changes will be permitted.

Please ensure that you have read and understood the benefits of your selected option before you make your selection.

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

SECTION A — TO BE COMPLETED BY PRINCIPAL MEMBER OF THE SCHEME

Membership Number:

Member Surname:

Member Name:

ID Number:

Cell No:

E-Mail Address:

SECTION B — CHANGING OF BENEFIT OPTION

From Option:

To Option:

If you have selected MediPhila or one of the Compact benefit options, it is compulsory for you and your dependants to nominate a Family Practitioner (FP). IF YOU DO NOT NOMINATE A FP AS PER THE CRITERIA LISTED PER OPTION BELOW, YOUR OPTION CHANGE FORM WILL NOT BE PROCESSED BY THE SCHEME.

MediPhila

Each beneficiary MUST nominate only ONE (1) Family Practitioner from the MediPhila Family Practitioner Network to a maximum of two (2) Family Practitioners per family.

MediValue Compact & MediPlus Compact

Each beneficiary MUST nominate ONE (1) Family Practitioner (FP) which MUST be from the Compact Family Practitioner (FP) Network.

MediValue Prime and MediPlus Prime

Voluntary - Can nominate a FP which MUST be from the FP network to a MAXIMUM of two (2) FP's per beneficiary.

Where an FP was nominated from the FP Network & the Day-to-Day Limit is depleted, the member will qualify for an additional 2 visits per FAMILY from OAL.

The registered networks per option are available on the website, please visit: www.medshield.co.za

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IF YOU DO NOT NOMINATE A FP AS PER THE CRITERIA LISTED PER OPTION BELOW, YOUR OPTION CHANGE FORM WILL NOT BE PROCESSED BY THE SCHEME.

BENEFICIARY	BENEFICIARY NAME	NOMINATED FAMILY PRACTITIONER NAME	PRACTICE NUMBER / TELEPHONE
Principal Member		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY
Dependant 1		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY
Dependant 2		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY
Dependant 3		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY
Dependant 4		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY
Dependant 5		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY
Dependant 6		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY
Dependant 7		1	1
		2 PRIME OPTION ONLY	2 PRIME OPTION ONLY

SECTION C

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 2 0

HR Representative Name:

HR Representative Signature:

COMPANY STAMP

If no Company Stamp is available, please mark this block with an X.

SECTION D

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 understand and accept that the option change might affect my current benefits and I take responsibility for the consequences of any benefit changes as a result of the option change.
- I am aware that, once I have decided to move to another benefit option as per the Scheme Rules, I will not be allowed to reverse this decision during the 2020 benefit year.

Please note that should your option change reach us after our contribution collection cut-off date of 20 December 2019;

- That you are at risk of the Scheme possibly only deducting your correct contribution in February 2020.
- If your option change result in a credit due to you, the credit will be offset against your February 2020 contribution. Please note that the Scheme will not refund these credits directly 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.