

INDIVIDUAL MEMBER BENEFIT OPTION CHANGE FORM

INDIVIDUELE LID VOORDEELOPSIE-VERANDERINGSVORM



1. APPLICANT (PRINCIPAL MEMBER) / AANSOEKER (HOOFLID)

Membership number
Lidmaatskapnommer

Surname
Van

Initials
Voorletters

ID number
ID-nommer

2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER) / ADRES EN KONTAKBESONDERHEDE (HOOFLID)

Email address
E-pos adres

Telephone number (w)
Telefoonnummer (w)

Cellphone number
Selfoonnummer

Postal address
Posadres

Code/Kode

3. BENEFIT OPTION / VOORDEELOPSIE

Benefit option (indicate with 'X') / Voordeelopsie (dui aan met 'X')

Beat1	
Beat2	
Beat3	
Beat4	

Beat1N (Network) †	
Beat2N (Network) †	
Beat3N (Network) †	

Pace1	
Pace2	
Pace3	
Pace4	

Pulse1 * ‡	
Pulse2 ‡	

Income bracket if you are joining on the Pulse1 Option/ Inkomste kategorie as u aansluit op die Pulse1 opsie:

R 0 - R 5 500 monthly/ maandeliks	R 5 501 - R 8 500 monthly/ maandeliks	R 8 501 and above /bo monthly/ maandeliks	* Provide proof of income (3 months' payslips or bank statements - not older than 3 months). Please note that you will be registered on the highest interval, pending proof of income. * Voorsien bewys van inkomste (3 maande se betaalstrokies of bankstate - nie ouer as 3 maande nie). Let wel dat u op die hoogste interval geregistreer sal word, tot en met bewys van inkomste ontvang word.
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† Take note: If any of the BeatN options are selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following: Let wel: Indien enige van die BeatN opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die doeltreffendheidsafslag wat op die BeatN opsies van toepassing is, neem ek kennis en stem toe tot die volgende:		Initial Parafeer
1. I am limited to a hospital network and designated service providers as determined by the Scheme. 1. Ek is beperk tot 'n hospitaalnetwerk en aangewese diens verskaffers soos deur die Skema bepaal.		
2. I am aware of the location of the nearest above-mentioned network hospital providers. 2. Ek is bewus van die naaste bovermelde hospitaal netwerkverskaffers se ligging.		
3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules. 3. As ek uit vrye keuse nie van die voormalige netwerkverskaffers gebruik maak nie, is ek bewus daarvan en stem ek toe dat ek verantwoordelik gehou sal word vir 'n bybetaaling in gevolge die Skemareëls.		
4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year. 4. Ek is bewus dat hierdie 'n unieke voordeelopsie is en dat ek nie gedurende die jaar van 'n BeatN-opsie na 'n standaard Beat-opsie, in gevolge van die Skemareëls, mag skuif nie.		

‡ Take note: If any of the Pulse options are selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following: Let wel: Indien enige Pulse opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die gekontrakteerde aangewese diensverskaffersnetwerk wat betrekking het tot die Pulse opsies, neem ek kennis en stem toe dat my gekose unieke voordeelopsie onderhewig is aan die volgende:		Initial Parafeer
1. Primary care service provider network 1. Primêreresorg diensverskaffersnetwerk		
2. Specialist network 2. Spesialisnetwerk		
3. Hospital network 3. Hospitaalnetwerk		

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4. APPLICATION AND DECLARATION / AANSOEK EN VERKLARING

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December.

I understand the benefits of my new option choice and accept the option change on my membership profile.

Signed by me/
Onderteken
deur my

on this/
op die

<input type="text"/>	<input type="text"/>
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day of/
dag van

month/maand	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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Signature of principal member/
Handtekening van hooflid

* The rules of the Scheme will determine admission and the applicable rates.

* Die Skemareëls sal die toelating en die toepaslike tariewe bepaal.