

**1. APPLICANT (PRINCIPAL MEMBER)**

Membership number

Surname

Initials  ID number

Unique number

**2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER)**

Email address

Telephone number (w)  Cellphone number

Postal address  
Posadres

Code  
Kode

**3. BENEFIT OPTION**

Benefit option (indicate with '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:

R 0 - R 5 500 monthly	R 5 501 - R 8 500 monthly	R 8 501 and above/ monthly
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\* Please note that you will be registered on the highest interval, pending confirmation from your HR.

† 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:	Initial
1. I am limited to a hospital network and designated service providers as determined by the Scheme.	
2. I am aware of the location of the nearest above-mentioned network hospital providers.	
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.	
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.	

‡ 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:	Initial
1. Primary care service provider network	
2. Specialist network	
3. Hospital network	

## 4. APPLICATION AND DECLARATION

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  on this   day of  month  Y  Y  Y  Y

Signature of principal member

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

## 5. STATEMENT BY EMPLOYER

To be completed by Employer **(ALL FIELDS COMPULSORY)**

Employer name

Unique number

### HR practitioner details

Surname

Full names

E-mail

Telephone number

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of HR practitioner

Date

Name stamp of employer