

# SAPPI BENEFIT OPTION CHANGE FORM



## 1. APPLICANT (PRINCIPAL MEMBER)

Membership number																				
Surname																				
Initials						ID number														
Employee number																				
Group division name											Income type	Salary	Wages							

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

Email address																					
Telephone number (w)									Cellphone number												
Postal address																			Code		

## 3. BENEFIT OPTION

Benefit option (indicate with 'X')

Beat1	
Beat2	
Beat3	
Beat4	

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

Pace1	
Pace2	
Pace3	
Pace4	

Rhythm1 * ‡	
Rhythm2 * ‡	

Income bracket if you are joining on the Rhythm1 Option

R 0 - R 9 000 monthly	R 9 001 - R 14 000 monthly	R 14 001 and above monthly
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Income bracket if you are joining on the Rhythm2 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.

† <b>Take note: Members on any of the BeatN options enjoy an efficiency discount. As such, please note that by selecting one of the BeatN options you acknowledge and agree to the following conditions:</b>
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.

‡ <b>Take note: Members on a Rhythm option are restricted to the contracted Rhythm designated service provider network. As such, by selecting a Rhythm option, you acknowledge and agree that your option is subject to the following:</b>
1. Primary care service provider network
2. Specialist network
3. Hospital network



## 5. 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

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Signature of principal member

on this

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day of

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