

2018 SELFNET OPTION CHOICE FORM



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 Selfmed Medical Scheme
 P.O Box 5543
 Tygervalley 7536
 Reg. No: 1446

A OPTION CHOICE

SELFNET ESSENTIAL	Principal Member	Adult Dependant	Minor Dependant
<i>from 1/2/2018</i>	R 915	R 915	R 325
SELFNET	Principal Member	Adult Dependant	Minor Dependant
<i>from 1/1/2018</i>	R 1,275	R 1,275	R 1,275

Preferred inception date:

0	1	M	M	Y	Y	Y	Y
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NB:Your benefit start date may vary from your inception date.

Declaration for acceptance of waiting periods

I am aware that a 3-month general and/or a 12-month condition specific waiting period (nine months on existing pregnancy) may be imposed on my membership with effect from date of registration if:

- I have not been on a previous scheme for more than 3-months prior to my application for membership
- I was on a previous scheme for more than 3-months prior to my application for membership (12-month condition specific waiting period only).
- I was on a previous scheme for 2 years or more and apply for membership within 3 months (3-month general waiting period only)

Name _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature _____

Declaration for acceptance of late joiner penalty

I am aware that a penalty may be added to my monthly contributions and/or that of my dependants with effect from date of registration if I, and/or any of my dependants are aged 35 years or older at the time of application, and was/were not registered as a member or dependant on a registered medical scheme on 1 April 2001, and/or has/have been without medical cover for a period exceeding three consecutive months since 1 April 2001.

Name _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature _____