

# 2018 SELFMED OPTION CHANGE FORM



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

## OPTION CHANGE

Only to be completed if you wish to change your option:  
 Deadline for option change is 15 December 2017)

Membership number: \_\_\_\_\_

"I, \_\_\_\_\_ (full name) hereby request to change my option,  
 as indicated here, with effect from 1 January 2018."

Please indicate, by means of an X in the appropriate block below, your choice of option:

	MEDXXI	SELSURE	MED ELITE	SELFMED 80%
	<i>from 1/1/2018</i>			
<b>Principal Member</b>	R 1,760	R 2,699	R 5,070	R 6,970
<b>Adult Dependant</b>	R 1,750	R 2,695	R 4,345	R 6,035
<b>Minor Dependant</b>	R 899	R 920	R 1,460	R 1,210
<b>Mark here (X)</b>				

### Declaration

"I understand that the relationship between me (and any of my dependants) and the Scheme is controlled by the rules of the Scheme. I undertake to familiarise myself (and any of my dependants) with the rules of the Scheme, as well as the changes that are made to the rules from time to time and to abide by these rules."

Signature \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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