

# 2018 SELFMED OPTION CHOICE FORM



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

## A OPTION CHOICE

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> |         |           |             |
| Principal Member | R 1,760              | R 2,699 | R 5,070   | R 6,970     |
| Adult Dependant  | R 1,750              | R 2,695 | R 4,345   | R 6,035     |
| Minor Dependant  | R 899                | R 920   | R 1,460   | R 1,210     |
| Mark here (X)    |                      |         |           |             |

Preferred inception date:

**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

\_\_\_\_\_  
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

\_\_\_\_\_  
Signature