

# 2017 SELFMED OPTION CHANGE FORM



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

## OPTION CHANGE

Only to be completed if you wish to change your option:  
Deadline for option change is 15 December 2016)

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

"I, \_\_\_\_\_ (full name) hereby request to change my option,  
as indicated here, with effect from 1 January 2017."

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

	MEDXXI	SELSURE	MED ELITE	SELFMED 80%
	from 1/1/2017			
Principal Member	R 1,599	R 2,456	R 4,406	R 6,335
Adult Dependant	R 1,592	R 2,451	R 3,778	R 5,485
Minor Dependant	R 818	R 836	R 1,267	R 1,1 00
Mark here (X)				

### 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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