

# 2017 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 1/1/2017</i>			
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 1,100
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

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