



Tel: 0860 787 372 Fax: 0860 288 363 Selfmed Medical Scheme P.O Box 5543 Tygervalley 7536 Reg. No: 1446

OPTION CHOICE

SELFNET ESSENTIAL	Principal Member	Adult Dependant	Minor Dependant
from 1/2/2017	R 850	R 850	R 300
SELFNET	Principal Member	Adult Dependant	Minor Dependant
from 1/1/2017	R 1,185	R 1,185	R 418

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)

Date

Name	Date	D D M M Y Y Y Signature
Declaration for acceptance of late joine	r penalty	у
registration if I, and/or any of my dependa	ints are a d medica	onthly contributions and/or that of my dependants with effect from date of ged 35 years or older at the time of application, and was/were not registered al scheme on 1 April 2001, and/or has/have been without medical cover for a 1 April 2001.

Signature



Name