

OPTION CHANGE REQUEST

Email: optionchange@medshield.co.za

Option changes as per the Scheme Rules may only be made effective 1 January of a benefit year, provided that the request is received by the Scheme no later than 31 December. No late submission or mid-year option changes will be permitted.

Understanding the exact benefits on the option you are considering (including prescribed minimum benefits, chronic medication and the medicine formulary, Day-to-Day, dental, optical benefits, and hospitalisation), is a task best undertaken with the advice and guidance of your financial advisor.

Changing to a lower benefit option will result in lesser benefits and there may be a significant impact on how your chronic medication will be covered as opposed to the formularies used by your previous option. This could lead to more out-of-pocket expenses due to certain medication/s not covered on your new option and certain benefit limits on certain options only cover PMBs, meaning that non-PMB conditions and or procedures will not be covered.

It is also important to consider the choice of network providers, as certain benefit options allow you to choose freely while other options are network restricted.

Please ensure that you have read and understood the benefits of your selected option together with your financial advisor to ensure your choice of benefit option best suits your medical and financial needs before you make your selection.

Please complete all the relevant sections of this form in BLOCK LETTERS.

SECTION A	TO BE COMPLETED BY PRINCIPAL MEMBER OF THE SCHEME													
Membership Number:														
Member Name:														
Member Surname:														
ID/Passport Number:														
Please provide at least one email address:														
Personal Email Address:														
Business Email Address:														
Cell Number:														
SECTION B	CHANGING OF BENEF	FIT OPTION												
From Option:														
To Option:														

SECTION C

GENERAL PRACTITIONER (GP) NOMINATION

Beneficiaries who nominate a GP will qualify for 2 additional visits from the Overall Annual Limit if the Day-to-Day Limit (or Personal Savings Account for MediSaver and PremiumPlus) is exhausted, provided they consult their nominated GP.

GP Nomination is linked to your chosen benefit options as indicated below:

- If you have chosen MediPhila, MediCurve, MediValue Compact or MediPlus Compact it is compulsory for you and your dependants to
 each nominate ONE (1) GP from the network linked to your chosen benefit option. Failure to do so will result in your option change not being
 processed.
- If you have chosen **MediValue Prime**, **MediPlus Prime**, **MediBonus**, **MediSaver** or **PremiumPlus**, the GP nomination is voluntary, and each beneficiary can nominate ONE (1) GP from the network linked to your chosen benefit option.
- If you have chosen MediCore (hospital plan) each beneficiary can voluntarily nominate ONE (1) GP from the network associated with your
 chosen benefit option. This allows each beneficiary to qualify for two GP visits from the Overall Annual Limit, even though it is a hospital plan,
 provided they consult their nominated GP.

The registered networks per option are available on the website, please visit: www.medshield.co.za

NOMINATE A GP AS PER THE CRITERIA LISTED PER OPTION ABOVE:

Beneficiary	Ве	nefi	ciary	/ Nar	ne				Nom	inate	d Ge	enera	al Pra	actiti	oner	Nar	ne	Prac	ctice	Num	ber /	' Tele	phor	ne
Principal Member																								
Dependant 1																								
Dependant 2																								
Dependant 3																								
Dependant 4																								
Dependant 5																								
Dependant 6																								
Dependant 7																								
SECTION D	CON (if you						via yo	our en	nploy	er this	s sec	tion N	MUST	be c	ompl	eted.) (NO	Γ FOF	R PER	SAL	MEMI	BERS))	
Company Name:																								
Telephone Number:																	'							
Company Email Address:																								
Effective Date:		0	1	0	1	2	0	2	5								'	1		'				
HR Representative Name:																								
HR Representative's Signature:	_											-	_		[0140	A N IN /	OTA B	40		
																COMPANY STAMP If no Company Stamp is available, please mark this block with an X.								
SECTION E	MEN	ИВЕ	ER D	ECL	_AR/	ATIO	N																	
All boxes must be ticked as confi												_ (P	rincip	oal M	lemb	er's	full n		the (undei	rsign	ed, he	ereby	/ give
Details contained herein are						السام	(. معاد														

Please note that should your option change reach us after our contribution collection cut-off date of 13 December 2024:

I understand how the benefit option change will impact my cover and benefits and I take responsibility for the consequences

I acknowledge that I have received advise from my financial advisor / or am exercising this change by my own informed choice
I am aware that once I have decided to move to another benefit option as per the Scheme Rules, I will not be allowed to reverse this

That you are at risk of the Scheme possibly only deducting your correct contribution in February 2025.

of any benefit changes as a result of the option change

decision during the 2025 benefit year.

If your option change result in a credit due to you, the credit will be offset against your February 2025 contribution.
 Please note that the Scheme will not refund these credits directly into your bank account.

Principal Member Signature:

Date:

Date:

Date:

Completed option change can be submitted via e-mail to optionchange@medshield.co.za.