## **Option Change form**



**Contact us** 

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

This form allows for choices relating to Option, use of savings and language preference. If no selection is made, the position relating to each will remain the same.

## Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

## **Return details**

Please complete this form and hand it to your Human Resources Department. Pensioner members must email it to remedichanges@discovery.co.za or fax to 021 527 1923.

| About yourself (r                                  | main applicant)                                       |                              |                              |                          |                      |                  |
|--|---|------------------------------|------------------------------|--------------------------|----------------------|------------------|
| Title  | Initials  | Surname                      |                              |                          |                      |                  |
| First name/s<br>(as per identity document)         |   |                              |                              |                          |                      |                  |
| Date of birth                                      | Y Y Y Y M M   | D D                          | ID or pass<br>(as per identi | oort number ty document) |                      |                  |
| Membership number                                  |   |                              | Employee number              | (if applicable)          |                      |                  |
| I wish to change my Be                             | enefit Option to:                                     |                              |                              |                          |                      |                  |
| Remedi Standard (I<br>you change to Rem            |   | entre on <b>0860 116 116</b> | to allocate a GP that        | forms part of the Re     | emedi Standard Optio | n GP Network if  |
| Remedi Classic                                     |   |                              |                              |                          |                      |                  |
| Remedi Comprehe                                    | nsive   |                              |                              |                          |                      |                  |
| Remedi Compreh                                     | ensive  |                              |                              |                          |                      |                  |
| If you have selected Re                            | emedi Comprehensive,                                  | please note we pay ben       | efits from your Perso        | onal Medical Savings     | Account at cost.     |                  |
| Please indicate if your<br>benefit paid by the Sch |   | gs Account should be us      | sed to cover non-PM          | B claims where the p     | provider has charged | in excess of the |
| Language prefere                                   | nce   |                              |                              |                          |                      |                  |
| Please indicate whethe                             | er you would prefer to i                              | eceive your correspond       | lence in English 🗌 o         | r Afrikaans 🗌            |                      |                  |
| Telephone (H)                                      |   | (W)                          |                              | Fax                      |                      |                  |
| Member's signature                                 |   |                              |                              |                          | Date Y Y Y           | Y M M D D        |
|  | Please do not sign an inco<br>confirm the information |                              |                              |                          |                      |                  |