

Year-End Option Change form



Contact details

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

This form allows for choices relating to Option and use of savings. If no selection is made, the the member will remain on the same Option.

Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This is a not-for-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 administration@yourremedi.co.za or post to Attention: Fund Manager Remedi, PO Box 652509, Benmore, 2010. Deadline date to return this form is **22 December 2023** and changes will take effect 1 January 2024.

1. Main member details

Title	<input type="text"/>								
Surname	<input type="text"/>								
First name/s (as per identity document)	<input type="text"/>								
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
ID or passport number (as per identity document)	<input type="text"/>								
Membership number	<input type="text"/>								
Employee number (if applicable)	<input type="text"/>								

I wish to change my Benefit Option to:

Remedi Standard

(Please complete the "GP Selection" section of this form should you select the Remedi Standard benefit option)

Remedi Classic

Remedi Comprehensive

Remedi Comprehensive

If you have selected Remedi Comprehensive, please note we pay benefits from your Personal Medical Savings Account at cost.

Please indicate if your Personal Medical Savings Account should be used to cover non-PMB claims where the provider has charged in excess of the benefit paid by the Scheme. Yes No

2. GP Selection

Please complete this if you have selected Remedi Standard as your chosen benefit option. Please select a GP on the Scheme GP Network for yourself as well as each of your dependants. You may find the list of GPs to choose from by calling our Contact Centre on **0860 116 116**. Alternatively, please reach out to your employer office to assist.

	Name	GP Name/ Group Practice Name	Practice Number (Required)
Main member			
Spouse or partner			
Beneficiary 1			
Beneficiary 2			
Beneficiary 3			
Beneficiary 4			
Beneficiary 5			

3. Declaration

I hereby sign and acknowledge that this Option Change form is taking effect on 1 January 2024. Any authorisations for procedures and treatment will be subject to the benefits available on the new Benefit Option as per this application submitted to the Scheme. I have read the Scheme's Benefit Brochure(s) and available communications on the Scheme website at www.yourremedi.co.za and familiarised myself with the benefits of my chosen benefit option, subject to the registered Rules of the Scheme which is also available on the Scheme website, and accept and acknowledge that I was not influenced or given advice in changing Benefit Options by the Administrator, nor my employer, but received sound advice from my personal broker and/or am exercising this change by my own informed choice. I understand that any reduction in contributions will only be prospective and will not be backdated. I further understand that this decision to change benefit options is once-off and the next opportunity to change will be at the end of the year.

Should you be unable to return this form by printing, signing and scanning it in, you may opt to inform us of your option change and your chosen GP as set out in this document. You will then need to send us an email to service@yourremedi.co.za with the information set out in this document included in the electronic mail sent through and/or using this editable document to complete all required fields, returning the form to us with an electronic signature inserted below.

4. Electronic return signature

Full name and surname	<input type="text"/>		
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
Cellphone	<input type="text"/>	<input type="text"/>	Telephone (H) <input type="text"/>
Telephone (W)	<input type="text"/>	<input type="text"/>	Fax <input type="text"/>
Member's signature	<input type="text"/>	Date	<input type="text"/>

Please do not sign an incomplete application form
I confirm the information is accurate and complete

I (full name and surname)

ID Number (ID No/Passport No) confirm that I am unable to sign the Option

Change Form.

I acknowledge and confirm the following:

- I have read, understood and agree to the terms and conditions of the Option Change Form.
- I authorise Discovery Health (Pty) Ltd to accept this email with this document included and completed electronically as my confirmation, consent and signature for this application.

I hereby indemnify Discovery Health (Pty) Ltd, Remedi, its employees and representatives against any loss or damage I may suffer, which may arise directly or indirectly from my decision.