

OPTION SELECTION FORM 2023

It is important to remember that option changes are only effective on 1 January each year.

E-MAIL TO:
renewal@fedhealth.co.za

OR MAIL COMPLETED FORM TO:
Fedhealth Product Renewal 2023
Private Bag X3045
Randburg
2125

SECTION 1 MEMBER DETAILS AND OPTION SELECTION FORM

Option Selection Form to be received by no later than 30 November 2022.

Membership number: ID Number:

Surname: First name/s:

Title: Initials: Preferred name:

Postal address:

Postal Code:

Work: () Home: ()

Fax: () Cell: ()

E-mail:

I, (Name of principal member) wish to change my option to: (Please select **one option** by marking "x" in the appropriate selection box.)

OPTION SELECTION

myFED

- myFED* • If your contribution is paid by your employer, please also complete section 6.
• If your contribution is not paid by your employer, please also complete section 3.

maxiFED

- maxima EXEC maxima PLUS

flexiFED

- flexiFED 1* flexiFED 2* flexiFED 3* flexiFED 4

flexiFED NETWORK CHOICE

- GRID* ELECT*

* Please also complete Section 2 for nomination of a Fedhealth network GP (General Practitioner).

flexiFED CHOICE OF DAY-TO-DAY

- SUPERCHARGED HOSPITAL PLAN

- SUPERCHARGED SAVINGS PLAN*

I choose to select this option according to the recommended Wallet activation as per the flexiFED brochure and understand that this may be pro-rated as per my membership join date.

- SUPERCHARGED FLEXIBLE SAVINGS PLAN*

Repayments are calculated at a maximum of 12 equal instalments based on the amount transferred to the Wallet. I understand that that the chosen amount may be pro-rated as per my membership join date

Twelve months: Yes

Members can select shorter repayment periods
Shorter period:

Select between 1 – 12 months <12 months

*When you select either the Supercharged Savings Plan or the Supercharged flexible Savings Plan, you accept the terms and conditions of MediVault and acknowledge the debt of the pre-determination Wallet activation amount transfer as defined in the flexiFED brochure or pro-rated amount based on the calculation of the option amended.

SECTION 2 NOMINATED GP DETAILS

If you have selected flexiFED 1, flexiFED 1^{Elect}, flexiFED 2, flexiFED 2^{GRID}, flexiFED 2^{Elect}, flexiFED 3, flexiFED 3^{GRID}, flexiFED 3^{Elect}, flexiFED 4^{GRID}, flexiFED 4^{Elect} or myFED, you are required to nominate a GP (General Practitioner) from the Fedhealth network for yourself and your dependants. Please note that only visits to a nominated GP will be covered on these options. For a list of GP's on the Fedhealth network visit www.fedhealth.co.za, click on member tools and you will find the GP locator button on the right hand side of the page. Alternatively you can phone the Customer Contact Centre on 0860 002 153 for more information.

	MEMBER / DEPENDANT NAME	NOMINATED GP DETAILS		
		NAME	PRACTICE NUMBER	CONTACT DETAILS
Principal member		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.

SECTION 3 INCOME VERIFICATION FOR MYFED

NB: Please tick appropriate box if an employer does not pay your contribution

Highest household income per month

- R1 – R6 251
- R6 252 – R8 550
- R8 551 – R10 219
- R10 220 – R12 622
- R12 623 – R14 426>
- R14 427 – >

Income is considered as the income of the highest earner per household. Income to declare includes, but is not limited to, average monthly earnings over the last 12 months from guaranteed earnings, guaranteed allowances, company contributions and variable pay or commissions from employment (this includes self-employment and informal employment), pension and annuity proceeds, interest earned on active and passive investments, rental income from leasing properties and distributions received from a trust. Members will be required to declare income on an annual basis at the beginning of the new year.

IMPORTANT NOTICE:
Declaring income lower than your actual income is fraud.
This may lead to the termination of your membership.

By signing this form, you give your permission for us to verify your declared income using all relevant internal and external sources.

Please provide the following supporting documentation as proof of income, if not joining through your employer:

- Last 3 months' (90 consecutive days) bank statements; and
- If employed, your last 3 months' payslips and commission schedules, or most recent tax year's IRP5 certificate
- If student, proof of enrolment at academic institution
- If self-employed, most current financial statements
- If pensioner, proof of annuity and/or employer pension and/or State Older Person's Grant
- If unemployed, UIF certificate

SECTION 4 DECLARATION BY MEMBER

I understand that this option selection will apply to my 2023 option choice.

Member signature: _____

Date: _____

SECTION 5 DECLARATION BY EMPLOYER, IF APPLICABLE *To be completed if employer is responsible for all or part of contribution*

myFED monthly salary of applicant _____

Name of employer: _____

The above details have been noted and approved. Contributions will be adjusted in terms of the scheme rules effective 1 January 2023.

Paypoint code

Date

Designation

Company stamp