PROFMED

# BENEFIT OPTION CHANGE FORM 2024

Please return this form to: contributions@profmed.co.za. The completed form must reach us by no later than 15 December 2023. Alternatively, you may make your option change online at www.profmed.co.za. Option changes are effective 1 January 2024.

## 1 PERSONAL DETAILS

Title

Profmed membership number

Initials

Surname

First names

ID number

Postal address

Postal code

Home telephone

Cell

Work telephone

Fax

Email address

Name of employer group (if applicable)

## 2 BENEFIT OPTION CHANGE FOR 2024

Please tick the benefit option of your choice. The change will be effective 1 January 2024. If you are changing to a Savvy option, please note any existing pre-authorisations may be affected.

| | | | | |
|---|---|---|---|---|
| PROPINNACLE ☐ | PROSECURE PLUS ☐ | PROSECURE ☐ | PROACTIVE PLUS ☐ | PROSELECT ☐ (Network Option) |
| PROPINNACLE SAVVY ☐ (Network Option) | PROSECURE PLUS SAVVY ☐ (Network Option) | PROSECURE SAVVY ☐ (Network Option) | PROACTIVE PLUS SAVVY ☐ (Network Option) | PROSELECT SAVVY ☐ (Network Option) |

*ProSecure, ProSecure Plus and ProPinnacle (Premium and Savvy) options: Only pay contributions for the first 3 child dependants. Additional child dependants will be covered for free.

**Please note:**

- The benefits, limits and exclusions on each option are set out in the Schedule of Benefits, Information Guide and Annexure C of the Scheme Rules, available at www.profmed.co.za or by calling 0860 679 200.
- Refer to the Contribution Tables in the 2024 Schedule of Benefits for the contributions for 2024.
- Child dependant contributions apply from birth to the date on which the dependant turns 21 years (or 28 years if the dependant is a student), after which contributions increase to adult dependant rates.
- Proof of dependence, i.e. latest three month's bank statements of all bank accounts, and annual proof of study, i.e. proof of registration from academic institution, must be provided to the Scheme in terms of the above. If proof is not received annually by the Scheme by end-February, rates will default to adult dependant rates, with effect from 1 March.

## DECLARATION

I am aware of the benefit limits and exclusions applicable to the benefit option I have chosen. I hereby authorise Profmed to change my option to that which I have selected above and to debit my bank account with the total monthly contribution due for that option.

Please tick the appropriate block.

☐ I have chosen my benefit option based on the advice received from ..... [name], a Profmed consultant.

☐ I have chosen my benefit option based on the advice received from ..... [name], my independent broker.

☐ I have chosen my benefit option after considering my personal requirements and those of my dependants. I have not received advice from or been influenced in any way by a Profmed consultant or independent broker. I acknowledge the risk that my decision could be inappropriate to my circumstances, needs or objectives without having obtained a full healthcare needs analysis.

Member's signature

Date D D M M Y Y Y Y