

BENEFIT OPTION SELECTION FORM

This form must be returned to MEDiPOS Medical Scheme by **5 January 2021** in any **one** of the following ways:

Post: PO Box 921, Westville, 3629
Email: membership@medipos.co.za
Fax: 086 763 1368

PERSONAL DETAILS

Name	<input type="text"/>																										
Surname	<input type="text"/>																										
Membership number	<input type="text"/>						Employee/pension number	<input type="text"/>																			
Address	<input type="text"/>																										
	<input type="text"/>																										
	<input type="text"/>																				Postal code	<input type="text"/>					
Telephone number	<input type="text"/>																										

SELECT YOUR OPTION FOR THE PERIOD 1 JANUARY TO 31 DECEMBER 2021

Please indicate your choice with an 'x'.

<input type="checkbox"/> Option C	<input type="checkbox"/> Option B	<input type="checkbox"/> Option A
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PLEASE NOTE: If you are a pensioner/continuation member and you wish to move from Option A to either Option B or C, you will be required to submit your proof of income. Download the Declaration of Income Form from our website www.medipos.co.za or contact the Client Services Department on 0860 100 078.

DECLARATION

I declare that I have read the 2021 MEDiPOS Medical Scheme benefit guide and fully understand the structure of the option I have chosen. I accept that from 1 January 2021 I will be eligible for benefits on the option that I have selected.

Member's signature

Date

Please note that this form should only be completed and returned if you wish to change your current benefit option with effect from 1 January 2021.