



Selfmed Option Form 2010

Reg. No: 1446
FSP No: 15494

**Only to be completed if you wish to change your option:
(Deadline for option change is 30 November 2009)**

Membership number

"I, (full name) hereby request to change my option, as indicated here, with effect from 1 January 2010:"

Signature:

Date:

Please indicate, by means of an X in the appropriate block below, your choice of option.

Please return your completed option form to Selfmed, PO Box 5543, Tygervalley, 7536 or fax it to 0860 288 363.

Declaration

"I understand that the relationship between me (and any of my dependants) and the Scheme is controlled by the rules of the Scheme. I undertake to familiarise myself (and any of my dependants) with the rules of the Scheme, as well as the changes that are made to the rules from time to time and agree to abide by these rules."

Selfmed 80%	Tick here (X)		Principal Member	Adult Dependant	Minor Dependant
From 1/1/2010		All income	R3 622	R3 138	R625

MedXXI	Tick here (X)		Principal Member	Adult Dependant	Minor Dependant
From 1/1/2010		All income	R892	R823	R503

Med Elite	Tick here (X)		Principal Member	Adult Dependant	Minor Dependant
From 1/1/2010		All income	R1 991	R1 769	R603

Selfsure	Tick here (X)		Principal Member	Adult Dependant	Minor Dependant
From 1/1/2010		All income	R1 373	R1 350	R464