

# ESKOM BENEFIT OPTION CHANGE FORM



## 1. APPLICANT (PRINCIPAL MEMBER)

|                    |   |
|--------------------|---|
| Membership number  | <input type="text"/>  |
| Surname            | <input type="text"/>  |
| Initials           | <input type="text"/>  |
| Unique number      | <input type="text"/>  |
| ID number          | <input type="text"/>  |
| Date of employment | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |

## 2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER)

|                      |                      |
|----------------------|----------------------|
| Email address        | <input type="text"/> |
| Telephone number (w) | <input type="text"/> |
| Cell phone number    | <input type="text"/> |
| Postal address       | <input type="text"/> |
| Code                 | <input type="text"/> |

## 3. BENEFIT OPTION

Benefit option (indicate with 'X')

|       |                          |                    |                          |       |                          |            |                          |
|-------|--------------------------|--------------------|--------------------------|-------|--------------------------|------------|--------------------------|
| Beat1 | <input type="checkbox"/> | Beat1N (Network) † | <input type="checkbox"/> | Pace1 | <input type="checkbox"/> | Pulse1 * ‡ | <input type="checkbox"/> |
| Beat2 | <input type="checkbox"/> | Beat2N (Network) † | <input type="checkbox"/> | Pace2 | <input type="checkbox"/> | Pulse2 ‡   | <input type="checkbox"/> |
| Beat3 | <input type="checkbox"/> | Beat3N (Network) † | <input type="checkbox"/> | Pace3 | <input type="checkbox"/> |            |                          |
| Beat4 | <input type="checkbox"/> |                    |                          | Pace4 | <input type="checkbox"/> |            |                          |

Income bracket if you are joining on the Pulse1 Option:

|                       |                           |                            |
|-----------------------|---------------------------|----------------------------|
| R 0 - R 5 500 monthly | R 5 501 - R 8 500 monthly | R 8 501 and above/ monthly |
|-----------------------|---------------------------|----------------------------|

\* Please note that you will be registered on the highest interval, pending confirmation from your HR.

|  |         |
|--|---------|
| † Take note: If any of the BeatN options are selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following: | Initial |
| 1. I am limited to a hospital network and designated service providers as determined by the Scheme.  |         |
| 2. I am aware of the location of the nearest above-mentioned network hospital providers.   |         |
| 3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules.  |         |
| 4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year.                                       |         |

|  |         |
|--|---------|
| ‡ Take note: If any of the Pulse options are selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following: | Initial |
| 1. Primary care service provider network   |         |
| 2. Specialist network  |         |
| 3. Hospital network  |         |

## 4. APPLICATION AND DECLARATION

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December.

I understand the benefits of my new option choice and accept the option change on my membership profile.

Signed by me  on this  day of  month  Y  Y  Y  Y

Signature of principal member

\* The rules of the Scheme will determine admission and the applicable rates.

