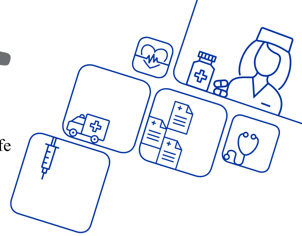
Postal address PO Box 16148, Doornfontein, 2028
Share Call 0860 00 0048
Fax 086 608 0771
E-mail membership@hosmed.co.za

hosmed medical scheme
care for life
Established IN 1988



Please fax completed applications to 021 7978856 or email it to enquiries@classmed.co.za

OPTION SELECTION FORM

PLEASE NOTE: OPTION CHANGES CAN ONLY BE EFFECTIVE FROM 1 JANUARY EACH YEAR

Broker Stamp

PLEASE PRINT IN CAPITAL LETTERS. USE A BLACK PEN ONLY, PLEASE MARK APPROPRIATE CHOICE USING A CROSS (X)
NOTE : KINDLY CONSIDER THE ENCLOSED BROCHURE, SELECT YOUR OPTION AND ADVISE YOUR EMPLOYER AS SOON AS POSSIBLE

Broker Code	HOSMED100134

PLEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULL

SECTION A: MEMBER DETAILS

Membership number			
Name			
Surname			
Postal address			
		Postal code	
Tel. no. (h)	(w)	(Cell)	
Identity no.		Email	
Employer name			
Employee number			
Race (please tick)	African	Coloured	Indian/Asian	White

SECTION B: OPTION CHANGE

Kindly consider the enclosed brochure. Make your option selection and advise your employer as soon as possible. This form must be submitted to your payroll department, where applicable for onward submission to the Scheme.

CURRENT OPTION	PREFERRED OPTION
Plus ☐ Value ☐ Access* ☐ Essential ☐	Plus ☐ Value ☐ Value Core ☐ Access* ☐ Essential ☐

**Please note that the Access Option has a 20% Medical Savings Account*

Reason for change (please tick appropriate)	Financial		Benefits		Other	

SECTION C: MEMBER DECLARATION

☐ I confirm that I have chosen to change options on the Scheme, and that this declaration is based on advice received from

____

☐ I confirm that I have made the choice of option after considering my personal requirements and those of my dependants and have not been influenced in any way by Hosmed Medical Scheme. I confirm that to prevent the risk of concluding a transaction that is not appropriate to my needs, objectives and circumstances, I should obtain a full healthcare needs analysis.

- To ensure that my application form is submitted to my employer for processing.
- I agree to access www.hosmed.co.za to access full conditions and undertakings of the Scheme as a member of Hosmed Medical Scheme.
- Where applicable: Member Savings Account allocations will be pro-rated depending on the activation date.
- The Scheme has the sole right to collect negative balances owed to the Scheme by the member even when member has terminated from the Scheme.

Employer sign-off ____________ Date ____________ Effective date of new option ____________

Signature of member ____________ Employer Name ____________ Employer Signature ____________ Employer Stamp ____________ Date ____________

Hosmed takes any concerns that you may have about Hosmed processing your personal information very seriously. We encourage you to bring any concern you may have to Hosmed so that Hosmed may provide you with further clarity or information regarding the processing and protection of your personal information. The POPI Policy link is: http://www.hosmed.co.za/privacy-policy