

CORPORATE GROUP
DISCOVERY HEALTH OPTION CHANGE FORM 2023

Date: _____

Membership Number: _____

Employee No: _____

I _____, would hereby like my option with Discovery Medical Aid
to be changed from 1 January 2023 to:

Name of New Option _____

Thanking You

(Employee Signature)

Contact No: _____ Email: _____

Signature of HR Practitioner & Stamp must be included below

HR Practitioner: _____ Signature: _____