Eskom plan change form 2027

Discovery Health Medical Scheme

Who we are

Discovery Health Medical Scheme (referred to as 'the Scheme'), registration number 1125, is the medical scheme that you are a member of. The Scheme is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partner): **0860 44 55 66**, **www.discovery.co.za,** PO Box 784262, Sandton, 2146,

1 Discovery Place, Sandton, 2196.

Purpose of the form

This document is an application form to change your current Discovery Health Medical Scheme plan. Make reference to the footnote that indicates the expiry date of the form.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- Read and understand the declaration.
- Sign the relevant sections.
- This form must be completed by the person applying to be the main member.
- To avoid administrative delays, please ensure this application is completed in full.
- The completed form must reach Discovery by **30 November 2026.**

When you sign this plan change form, you confirm that you have read and understood the declaration and agree to it. If you have any questions, please let us know.

1. About yourself (main applicant)

Cover start date D D M M Y Y Y Y

Title Initials

Surname

First name(s) (as per identity document)

ID or passport number Membership number

Gender M F Date of birth D D M M Y Y Y Y

Telephone (H) Telephone (W)

Cellphone

Email

2. Please select your health plan 2027

Executive Plan	Comprehensive Series	Priority Series	Saver Series	Smart Series	Smart Saver	Core Series	KeyCare Series
Executive ☐	Classic ☐	Classic ☐	Classic ☐	Classic ☐	Classic ☐	Classic ☐	KeyCare Plus ☐
	Classic Smart ☐	Essential ☐	Classic Delta ☐	Essential ☐	Essential ☐	Classic Delta ☐	KeyCare Core ☐
			Essential ☐	Essential Dynamic ☐		Essential ☐	KeyCare Start ☐
			Essential Delta ☐	Active Smart ☐		Essential Delta ☐	KeyCare Start Regional ☐
			Coastal ☐	Active Core ☐		Coastal ☐	

Please note that this form expires on 31/03/2028. Updated forms are always available at www.discovery.co.za under **MEDICAL AID** > **Find documents and certificates**.

DHMEPC001

Members of Discovery Health Medical Scheme (DHMS) can choose to have their contributions and claims on any Discovery Health Medical Scheme (DHMS) plan managed in accordance with Shari'ah principles through this arrangement.

How would you like us to refund claims from the Medical Savings Account if your plan has one? Discovery Health Rate ☐ Cost ☐

Discovery Health Rate is the medical scheme rate.

Cost is the full amount of the claim subject to funds available.

You have the right to ask for help in selecting a health plan that suits your needs. Whether you have requested help or made the decision on your own, by signing this application, you confirm that you are familiar with the conditions and benefits of the plan you select.

Please complete this if you have selected a KeyCare plan

- **For KeyCare Plus please select a GP on the KeyCare GP Network**
- **For KeyCare start please select a GP on the KeyCare Start GP Network**

*If you select a KeyCare Plus plan and live far away from where you work or you often need to work in different towns or provinces, you may need a second GP.

	Name	GP name	Practice number	Second GP name*	Practice number
Main applicant					
Spouse or Partner					
Dependant 1**					
Dependant 2**					
Dependant 3 **					

Declaration

I hereby declare that full product information has been made available to me which enabled me to make an informed decision with regard to selecting/ changing my plan option. In terms of the Rules of Discovery Health Medical Scheme, I hereby apply to change my medical scheme plan option as indicated above. I understand the rules, benefits and financial implications of this plan option selection detailed benefit information is available on **www.discovery.co.za** and the full set of Scheme Rules is available on **www.discovery.co.za/medical-aid/scheme-rules**.

Signature of main applicant

Date D D M M Y Y Y Y

Please only sign if you have read and understand this statement