

This form only needs to be completed if you wish to change your option.

## Fedhealth Maxima Option Selection Form 2010

It is important to remember that option changes are only allowed on 1 January each year.

**Please mail completed form to:**  
Fedhealth Product Renewal 2010  
Private Bag X3045  
Randburg  
2125

**Or fax to:**  
Fedhealth Product Renewal 2010  
Fax No: (011) 671-3647  
**Or e-mail to:**  
update@fedhealth.co.za



**FEDHEALTH**

[www.fedhealth.co.za](http://www.fedhealth.co.za)

### SECTION 1 : MEMBER DETAILS AND OPTION SELECTION

Option Selection Form to be received by no later than 30 November 2009.

Membership number:

ID Number:

Surname:

Title:  Initials:

First name/s:

Postal address:

Postal Code:

Work:  Home:

Fax:  Cell:

E-mail:

I,  wish to change my option to:  
(Name of principal member)

	PRODUCT OPTION	SELECTION
PL800	Maxima Plus (Including OHEB and Savings)	
PL802	Maxima Standard (Including OHEB and Savings)	
PL803	Maxima Basis (Including OHEB and without Savings)	
PL801	Maxima Core (Including Savings and without OHEB)	

Please select **one option** by marking "x" in the appropriate selection box. To help you make an informed decision consult the rates and benefit tables in the September 2009 issue of HouseCall!

### SECTION 2 : DECLARATION BY MEMBER

I understand that this option selection will apply to my 2010 option choice.

Member signature:  Date:

### SECTION 3 : DECLARATION BY EMPLOYER, IF APPLICABLE *To be completed if employer is responsible for all or part of contribution*

Name of employer:

The above details have been noted and approved. Contributions will be adjusted in terms of the scheme rules effective 1 January 2010.

Signature / Company Stamp

Paypoint code

Date

Designation