

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

Fedhealth Ultima 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

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
PL804	Ultimax (Including OHEB and Savings)	
PL810	Ultima 300 (Including OHEB and Savings)	
PL806	Ultima 200 with OHEB (with Savings)	
PL805	Ultima 200 without OHEB (with Savings)	

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