

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

PLEASE FAX TO:

Fedhealth Product Renewal 2017
Fax No: 011 671 3647

OR E-MAIL TO:

update@fedhealth.co.za

OR MAIL COMPLETED FORM TO:

Fedhealth Product Renewal 2016
Private Bag X3045
Randburg
2125

SECTION 1 : MEMBER DETAILS AND OPTION SELECTION FORM

Option Selection Form to be received by no later than 30 November 2017.

Membership number: ID Number:

Surname: First name/s:

Title: Initials: Preferred name:

Postal address:

Postal Code:

Work: () Home: ()

Fax: () Cell: ()

E-mail:

I, (Name of principal member) wish to change my option to: (Please select **one option** by marking "x" in the appropriate selection box.)

| PRODUCT OPTION | SELECTION | PRODUCT OPTION | SELECTION | PRODUCT OPTION | SELECTION |
|----------------------------------|-----------|--------------------------------|-----------|-----------------------------|-----------|
| Maxima Plus | | Maxima Basis* | | Maxima Dynamic Saver* ** | |
| Maxima Exec | | Maxima Basis ^{Grid} * | | Maxima Core | |
| Maxima Standard | | Maxima Saver* | | Maxima Core ^{Grid} | |
| Maxima Standard ^{Elect} | | Maxima Saver ^{Grid} * | | Maxima EntryZone | |
| Maxima Advanced | | Maxima EntrySaver* | | Blue Door Plus** | |

* If you have selected Maxima Basis, Maxima Basis^{Grid}, Maxima Saver, Maxima Saver^{Grid}, Maxima EntrySaver, Maxima Dynamic Saver or Blue Door Plus please complete Section 2 below.

** Please complete section 3

SECTION 2 : NOMINATED FP DETAILS FOR MAXIMA BASIS, MAXIMA BASIS^{Grid}, MAXIMA SAVER, MAXIMA SAVER^{Grid}, MAXIMA ENTRIESAVER, MAXIMA DYNAMIC SAVER AND BLUE DOOR PLUS OPTIONS ONLY

If you have selected Maxima Basis, Maxima Basis^{Grid}, Maxima Saver, Maxima Saver^{Grid}, Maxima EntrySaver, Maxima Dynamic Saver or Blue Door Plus you are required to nominate a FP (Family Practitioner) from the Fedhealth network for yourself and your dependants. Please note that only visits to a nominated FP will be covered on these options. For a list of FP's on the Fedhealth network visit www.fedhealth.co.za, click on member tools and you will find the FP locator button on the right hand side of the page. Alternatively you can phone the Customer Contact Centre on 0860 002 153 for more information.

| MEMBER / DEPENDANT NAME | NOMINATED FP DETAILS | | |
|-------------------------|----------------------|-----------------|-----------------|
| | NAME | PRACTICE NUMBER | CONTACT DETAILS |
| Principal member | | | |
| Dependant | | | |
| Dependant | | | |
| Dependant | | | |
| Dependant | | | |
| Dependant | | | |
| Dependant | | | |

SECTION 3 : INCOME VERIFICATION FOR MAXIMA DYNAMIC SAVER AND BLUE DOOR PLUS

MAXIMA DYNAMIC SAVER

Please tick appropriate box

Highest income per family per month

R1 – R8 560
 R8 561 – R10 700
 R10 701 – R16 050
 R16 051 – >

BLUE DOOR PLUS

Please tick appropriate box

Highest income per family per month

R1 – R5 564
 R5 565 – R9 095
 R9 096 – R11 235
 R11 236 – R12 840
 R12 841 – >

Income verification will be conducted for these two options. Income is considered as the highest household income earner per family per month; commission and rewards from employment; interest from investments, income from leasing of assets or property; distributions received from a trust, pension and/or provident fund; and financial assistance from any social assistance programme.

IMPORTANT NOTICE:
Declaring income lower than your actual income is fraud.
This may lead to the termination of your membership.

By signing this application form, you give your permission for us to verify your declared income using all relevant internal and external sources.

Please provide the following supporting documentation as proof of income, if not joining through your employer:

- Last 3 months' (90 consecutive days) bank statements; and
- If employed, your last 3 months' payslips and commission schedules, or most recent tax year's IRP5 certificate
- If student, proof of enrolment at academic institution
- If self-employed, most current financial statements
- If pensioner, proof of annuity and/or employer pension and/or State Older Person's Grant
- If unemployed, UIF certificate

SECTION 4 : DECLARATION BY MEMBER

I understand that this option selection will apply to my 2018 option choice.

Member signature: _____

Date:

SECTION 5 : DECLARATION BY EMPLOYER, IF APPLICABLE *To be completed if employer is responsible for all or part of contribution*

Maxima Dynamic Saver and Blue Door Plus monthly salary of applicant

Name of employer:

The above details have been noted and approved. Contributions will be adjusted in terms of the scheme rules effective 1 January 2018.

Paypoint code

Date

Designation

Signature / Company Stamp