



Be Smart. Keep it Simple.

# KeyHealth

MEDICAL SCHEME

86 Koranna Avenue Doringkloof Centurion 0157 | PO Box 14145 Lyttelton 0140 | Client Services: 0860 671 050 | Fax: 086 605 0656

## Change of main member due to death

Membership Number

### Instructions:

1. Please complete every section below in full. If not applicable, please write N/A in the appropriate field.
2. Copy of death certificate must be attached.
3. Any incomplete or illegible information will result in further enquiries, which could delay your request.
4. Membership is subject to the conditions, exclusions or limitations of benefits in accordance with the Medical Schemes Act and/or Scheme Rules.
5. The application form is to be completed by and signed on behalf of all the Dependants, by the new Principal Member.

### Section 1: New Principal Member Personal Details

Title  Initials  First name

Surname

ID number  Gender:  Male  Female

Race African/Black (A)  Coloured (C)  White (W)  Indian/Asian (I)  Unknown (U)

Passport number  Marital status

Residential address

Postal address (if different)

Telephone - home (code - number)  Cellphone number

Telephone - work (code - number)  Fax - work (code - number)

E-mail address

Language preference  English  Afrikaans

### Section 2: Option Choice

**Important note: The member is only allowed to change option within 30 days of main members deceased date**

Essence Option

Origin Option

Equilibrium Option

Silver Option

Gold Option

Platinum Option

I request the Scheme to register me and my dependants from  0 1 -  M M -  2 0 Y Y



## Section 5: Employer Information - To be completed by employer

Will the member receive a monthly subsidy?

Yes

No

What is the amount or percentage payable by the employer:

Company Name

**SIGNATURE AND STAMP OF EMPLOYER**

**DESIGNATION**

Date    -    -

**Signature of new  
Principal Member**

**Print Name and  
Surname of new  
Principal Member**

**Date**

-    -