OPTION SELECTION FORM 2024

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

E-MAIL TO:
renewal@fedhealth.co.za

OR MAIL COMPLETED FORM TO:
Fedhealth Product Renewal 2024
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 2023.

Membership number: _____ ID Number: _____

Surname: _____ First name/s: _____

Title: _____ Initials: _____ Preferred name: _____

Nationality: _____ Passport number, if no ID: _____

Country of issue of passport: _____

Income Tax Number _____

Postal address: _____

_____

_____ Postal Code: _____

Work: ( ) _____ Home: ( ) _____

Fax: ( ) _____ Cell: ( ) _____

E-mail: _____

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

(Name of principal member)

OPTION SELECTION

maxiFED

☐ maxima **EXEC** ☐ maxima **PLUS**

myFED

☐ myFED*
- If your contribution is paid by your employer, please also complete section 5.
- If your contribution is not paid by your employer, please also complete section 3.

*Please also complete Section 2 for nomination of a Fedhealth network GP (General Practitioner)

flexiFED

☐ flexiFED 1* ☐ flexiFED 2* ☐ flexiFED 3* ☐ flexiFED 4*

☐ flexiFED 1ELECT* ☐ flexiFED 2ELECT* ☐ flexiFED 3ELECT* ☐ flexiFED 4ELECT*

☐ flexiFED 2GRID* ☐ flexiFED 3GRID* ☐ flexiFED 4GRID*

*Please also complete Section 2 for nomination of a Fedhealth network GP (General Practitioner)

flexiFED CHOICE OF DAY-TO-DAY

☐ HOSPITAL PLAN

☐ SAVINGS PLAN

I choose to select this option according to the recommended Wallet activation as per the flexi**FED** brochure and understand that this may be pro-rated as per my membership join date.

☐ FLEXIBLE SAVINGS PLAN

- I do not want to transfer an amount now ☐
- I would like to transfer the following amount to my wallet: (Minimum R600) R ☐☐☐☐☐☐
- I would like to transfer my full MediVault benefit. ☐

Repayments are calculated at a maximum of 12 equal instalments based on the amount transferred to the Wallet. I understand that that the chosen amount may be pro-rated as per my membership join date.

- I wish to repay my MediVault transfer over 12 months ☐
- I wish to repay my MediVault transfer over ☐ number of months*

*This can be anything from 1-11 months

SECTION 2 NOMINATED GP DETAILS

If you have selected flexiFED 1, flexiFED 1Elect, flexiFED 2, flexiFED 2GRID ,flexiFED 2Elect, flexiFED 3, flexiFED 3GRID, flexiFED 3Elect, flexiFED 4GRID, flexiFED 4Elect or myFED, you are required to nominate a GP (General Practitioner) from the Fedhealth network for yourself and your dependants. Please note that only visits to a nominated GP will be covered on these options. For a list of GP's on the Fedhealth network visit www.fedhealth.co.za, click on member tools and you will find the GP 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 GP DETAILS		
		NAME	PRACTICE NUMBER	CONTACT DETAILS
Principal member		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.

SECTION 3 INCOME VERIFICATION FOR MYFED

NB: **Please tick appropriate box if an employer does not pay your contribution**

Highest household income per month
☐ R1 – R6 251
☐ R6 252 – R8 550
☐ R8 551 – R10 219
☐ R10 220 – R12 622
☐ R12 623 – R14 426>
☐ R14 427 – >

Income is considered as the income of the highest earner per household. Income to declare includes, but is not limited to, average monthly earnings over the last 12 months from guaranteed earnings, guaranteed allowances, company contributions and variable pay or commissions from employment (this includes self-employment and informal employment), pension and annuity proceeds, interest earned on active and passive investments, rental income from leasing properties and distributions received from a trust. Members will be required to declare income on an annual basis at the beginning of the new year.

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

By signing this 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 2024 option choice.

Member signature: _____ Date: _____

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

my**FED** 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 2024.

_____ _____
Paypoint code Date

_____
Designation

Company stamp