

OPTION SELECTION FORM 2021

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

PLEASE FAX TO:

Fedhealth Product Renewal
Fax No: 011 671 3647

OR E-MAIL TO:

update@fedhealth.co.za

OR MAIL COMPLETED FORM TO:

Fedhealth Product Renewal 2020
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 2020.

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 EXEC		flexiFED 2 ^{GRID*}		flexiFED 4	
maxima PLUS		flexiFED 2 ^{Elect*}		flexiFED 4 ^{GRID*}	
flexiFED 1*		flexiFED 3*		flexiFED 4 ^{Elect*}	
flexiFED 1 ^{Elect*}		flexiFED 3 ^{GRID*}		myFED*	
flexiFED 2*		flexiFED 3 ^{Elect*}			

* If you have selected flexiFED 1, flexiFED 1^{Elect}, flexiFED 2, flexiFED 2^{GRID}, flexiFED 2^{Elect}, flexiFED 3, flexiFED 3^{GRID}, flexiFED 3^{Elect}, flexiFED 4^{GRID}, flexiFED 4^{Elect} or myFED, please complete Section 2 below.
** myFED, please complete section 3

SECTION 2 NOMINATED GP DETAILS

If you have selected flexiFED 1, flexiFED 1^{Elect}, flexiFED 2, flexiFED 2^{GRID}, flexiFED 2^{Elect}, flexiFED 3, flexiFED 3^{GRID}, flexiFED 3^{Elect}, flexiFED 4^{GRID}, flexiFED 4^{Elect}, 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

myFED Please tick appropriate box if an employer does not pay your contribution

Highest income per family per month

- R1 – R6 251
 R6 252 – 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 NEW FIXED MEDIVault

Fixed option

Yes	No
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When you select the Fixed option you accept the terms and conditions of MediVault and acknowledge the debt of the pre-determination Wallet activation amount transfer as defined in the flexiFED brochure or pro-rated amount based on the calculation of the option amended.

Direct paying members: the MediVault instalment will now be collected as a single debit order where applicable.

SECTION 5 DECLARATION BY MEMBER

I understand that this option selection will apply to my 2021 option choice.

Member signature: _____

Date:

SECTION 6 DECLARATION BY EMPLOYER, IF APPLICABLE *To be completed if employer is responsible for all or part of contribution*

myFED 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 2021.

Paypoint code

Date

Designation

Company stamp

Note: flexiFED members, please refer to the MediVault benefit in your brochure regarding family size.