

UP BENEFIT OPTION CHANGE FORM UP VOORDEELOPSIE-VERANDERINGSVORM



1. APPLICANT (PRINCIPAL MEMBER) / AANSOEKER (HOOFID)

Membership number Lidmaatskapnommer																		
Surname Van																		
Initials Voorletters					ID number ID-nommer													
Employee number Werknemernommer									Date of employment Aanstellingsdatum	D	D	M	M	Y	Y	Y	Y	

2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER) / ADRES EN KONTAKBESONDERHEDE (HOOFID)

Email address E-pos adres																			
Telephone number (w) Telefoonnommer (w)									Cell phone number Selfoonnommer										
Postal address Posadres																	Code Kode		

3. BENEFIT OPTION / VOORDEELOPSIE

Benefit option (indicate with 'X') / Voordeelopsie (dui aan met 'X')

Beat1		Beat1N (Network) †		Pace1		Pulse1 * ‡	
Beat2		Beat2N (Network) †		Pace2		Pulse2 ‡	
Beat3		Beat3N (Network) †		Pace3			
Beat4							

Income bracket if you are joining on the Pulse1 Option/ Inkomste kategorie as u aansluit op die Pulse1 opsie:

R 0 - R 5 500 monthly/ maandeliks	R 5 501 - R 8 500 monthly/ maandeliks	R 8 501 and above /bo monthly/ maandeliks	* Please note that you will be registered on the highest interval, pending confirmation from your HR. * Let wel dat u op die hoogste interval geregistreer sal word, tot bevestiging van u Personeelkantoor ontvang word.
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†	Take note: If any of the BeatN options are selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following: Let wel: Indien enige van die BeatN opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die doeltreffendheidsafslag wat op die BeatN opsies van toepassing is, neem ek kennis en stem toe tot die volgende:	Initial Parafeer
	1. I am limited to a hospital network and designated service providers as determined by the Scheme. 1. Ek is beperk tot 'n hospitaalnetwerk en aangewese diens verskaffers soos deur die Skema bepaal.	
	2. I am aware of the location of the nearest above-mentioned network hospital providers. 2. Ek is bewus van die naaste bovermelde hospitaal netwerkverskaffers se ligging.	
	3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules. 3. As ek uit vrye keuse nie van die voormelde netwerkverskaffers gebruik maak nie, is ek bewus daarvan en stem ek toe dat ek verantwoordelik gehou sal word vir 'n bybetaling in gevolg van die Skemareëls.	
	4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year. 4. Ek is bewus dat hierdie 'n unieke voordeelopsie is en dat ek nie gedurende die jaar van 'n BeatN-opsie na 'n standaard Beat-opsie, in gevolg van die Skemareëls, mag skuiw nie.	
‡	Take note: If any of the Pulse options are selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following: Let wel: Indien enige Pulse opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die gekontrakteerde aangewese diensverskaffersnetwerk wat betrekking het tot die Pulse opsies, neem ek kennis en stem toe dat my gekose unieke voordeelopsie onderhewig is aan die volgende:	Initial Parafeer
	1. Primary care service provider network 1. Primêresorg diensverskaffersnetwerk	
	2. Specialist network 2. Spesialisnetwerk	
	3. Hospital network 3. Hospitaalnetwerk	

4. APPLICATION AND DECLARATION / AANSOEK EN VERKLARING

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December.

Let daarop dat opsieveranderinge slegs effektief 1 Januarie van 'n finansiële jaar gemaak mag word, mits die versoek ontvang word voor 31 Desember.

I understand the benefits of my new option choice and accept the option change on my membership profile.

Ek verstaan die voordele van my nuwe opsie keuse en aanvaar die opsieverandering op my lidmaatskapsprofiel.

Signed by me/
Onderteken
deur my

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on this/
op die

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day of/
dag van

month/ maand	Y	Y	Y	Y
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Signature of principal member/
Handtekening van hooflid

* The rules of the Scheme will determine admission and the applicable rates.

* Die Skemareëls sal die toelating en die toepaslike tariewe bepaal.

5. STATEMENT BY EMPLOYER / VERKLARING DEUR WERKGEWER

To be completed by Employer **(ALL FIELDS COMPULSORY)** / Moet deur werkgever voltooi word **(ALLE VELDE VERPLIGTEND)**

Employer name
Naam van werkgever

[illegible]Employee number
Werknemernommer[illegible]

HR practitioner details

Menslikehulpbronne-praktisyn besonderhede

Surname
Van

[illegible]

Full names
Volle name

[illegible]

E-mail
E-pos

[illegible]

Telephone number
Telefoonnummer

[illegible]

Remarks/ Kommentaar

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Signature of HR practitioner/ Handtekening van MH-praktisyn

Date
Datum

D	D	M	M	Y	Y	Y	Y
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Circumstance	All respondents (%)	Non-Indigenous respondents (%)	Indigenous respondents (%)
To protect oneself or others from harm	~85	~85	~85
To protect property	~75	~75	~75
To protect the environment	~65	~65	~65
To protect the community	~55	~55	~55
To protect the country	~45	~45	~45

Name stamp of employer/ Naamstempel van werkgever