

OPTION CHANGE FORM (MEM 06)

SECTION 1: TO BE COMPLETED BY THE MEMBER							
(Please note that changes can only be done once a year, effective from 1st of January.)							
I, (Name of Member)							
Membership no.							
Wish to change to	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">Value Option</td> <td style="width: 33%;">Comprehensive Option</td> <td style="width: 33%;">Comprehensive Select Option</td> </tr> <tr> <td colspan="3" style="font-size: x-small;">(Please select your Plan of choice by indicating with an X in the appropriate block above)</td> </tr> </table>	Value Option	Comprehensive Option	Comprehensive Select Option	(Please select your Plan of choice by indicating with an X in the appropriate block above)		
	Value Option	Comprehensive Option	Comprehensive Select Option				
(Please select your Plan of choice by indicating with an X in the appropriate block above)							

Member Signature _____

Date _____

<p>IMPORTANT: Please complete and forward this form by no later than the end of November.</p> <p>Employee members to send to your local Human Resources Department Direct Paying members directly to Medscheme at the following address: AECI Membership, P O Box 1101, Florida Glen 1708</p> <p>E-mail: aecisocietymembership@medscheme.co.za</p>

SECTION 2: TO BE COMPLETED BY YOUR EMPLOYER	
Name of Employer	
The above details have been noted and approved. Contributions will be adjusted in terms of the Rules as from the 1st of January	
Monthly Income of member	R
Number of adult dependants	
Number of child dependants	

Signature _____

Designation _____

Date _____

SECTION 3: MEDSCHEME USE ONLY	
Approved by	Date
Processed by	Date
New membership no	