Broker House: Aon South Africa (Pty)Ltd

House: A0276

Tel No: 0860 100 404 Broker Code: 0075



Plan choice 2025

For prompt service, please complete the online interchange form on the Member Zone >Membership >Plan/option interchange or email this completed form to membership@medihelp.co.za.

- You should complete this form only if you want to change to another plan with effect from 1 January 2025.
- The cut-off date to inform us of your new plan is 30 November 2024 for civil servants (PERSAL) and 13 December 2024 for other members.
- Late requests will NOT be considered.

1	Vaur	inform	ation
	YOUR	Intorm	ation

ı.	tour information							
	Please complete your details in full.							
	Please note: We communicate with our	members exclusively through e	lectronic means.					
	Initials and surname		Telephone number (W)					
	Email address*		Telephone number (H)					
	Member number							
	ID/passport number		Cell phone number*					
	*All contact information is compulsory, as we	need it to communicate important i						
	All contact illionnation to comparison y, as we	need it to dominamoute important i	information about your memberomp to you.					
	Residential address							
	House/unit number		Complex/building name					
	Street name							
	Suburb		City					
	Province		Postal code					
_								
2.	Your plan for 2025 NB: Please select only one plan.	Your plan for 2025						
	Basic plans	Saving plans	Comprehensive plans					
	MedVital	MedAdd	MedPrime	MedElite				
	MedVital Elect	MedAdd Elect	MedPrime Elect	MedPlus				
		MedSaver	MedElect					
3.	Utilisation of savings account fund	ds						
	3.1 MedAdd, MedAdd Elect, and MedS							
	Please indicate your preference. I	f you do not select an option, M	edihelp will pay all qualifying medical exp	enses from your savings	account	í.		
	Do you want Medihelp to pay all in-hospital co-payments from your savings account? Yes				No			
	3.2 MedPrime, MedPrime Elect, and M	1edElite						
			ng day-to-day medical services will first l		account	t. Any		
			be available for the payment of medical e MedPrime Elect, MedPrime, or MedElite, a	'	ccount f	unds		
	will be transferred to your cumula	tive medical savings account o	n MedPrime Elect, MedPrime, or MedElite					
	will be available annually from Jar 3.2.3 Should you have accumulated say		the future, please indicate your choice.	f you do not select an opt	ion, Med	dihelp		
	will pay all qualifying medical expenses from your cumulative savings account:							
	 Pay all qualifying day-to-day ar 	nd hospital-related medical exp	enses from my cumulative savings acco	ınt.				
	Pay only select qualifying day-	to-day medical expenses from	my cumulative savings account (excludin	g certain in-hospital	\top			
	expenses such as co-payment	s).	-					

4. Declaration if you apply for enrolment on MedVital Elect, MedAdd Elect, MedPrime Elect, or MedElect

I confirm that I am aware of the following:

1. Co-payments: I will be liable for co-payments if I do not use Medihelp's network facilities, designated service providers (DSPs), and formulary medicine.

- 2. Chronic medicine: I must register my prescribed minimum benefit (PMB) conditions with Medihelp and my PMB chronic medicine must be pre-authorised by Medihelp. Medihelp uses a DSP for PMB chronic medicine and a formulary (medicine list) applies. If I do not get my PMB chronic medicine from the DSP or if I deviate from the formulary for my plan, I will be responsible for a co-payment* on my PMB chronic medicine.
- 3. Network doctors: To avoid co-payments on PMB treatments, any specialists consulted must form part of Medihelp's DSP specialist network.
- 4. Network facilities: I must use Medihelp's network facilities for all planned hospital admissions. If there is no network facility available near my place of residence, I will have to travel to the nearest network facility for medical services. If I use a non-network facility instead, I will be liable for a co-payment*, unless the treatment required is for a medical emergency* that warrants the involuntary use of a non-network facility. I further note that in a medical emergency, authorisation for admission to the network facility should be obtained on the first workday after the admission if I am unable to get the authorisation on the day of admission.

* Please refer to the Member guide 2025 for all applicable co-payments and the definition of a medical emergency. Visit the Medihelp website
www.medihelp.co.za, click on Plans, then Compare plans, and download the 2025 plan comparison.

Signature of member	Date 2 0 y y m m d d
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