Broker House: Aon South Africa (Pty) Ltd
Broker Code: Aon
Tel No: 0860 100 404

UMVUZO HEALTH

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CHANGE OF OPTION

Membership number		Date	Y	Y	Y	Y	M	M	D	D

DETAILS OF THE PRINCIPAL MEMBER **Race** - **A** = African/Black, **I** = Indian/Asian **W** = White **C** = Coloured

Dr		Ref		Mr		Mrs		Miss	

Surname	
Full Names	
Member's date of birth	Y Y Y Y M M D D — Race: African/Black
ID number	
Residential address	
	Code
Postal address	
	Code
Telephone number (H)	
Telephone number (W)	
Cellphone number	
Email address	
Name of employer	Employee number
HR Department contact person	Telephone number

CHANGE MY OPTION TO (Please tick next to box) If Activator/Ultra Affordable Value is selected, kindly complete the GP Nomination form.

Activator		Ultra Affordable Value		Ultra Affordable		Standard		Supreme		Extreme	

MEMBER DECLARATION

I _____understand that this written notice to change my option will apply for the whole year.

_____
Member Signature

Date Y Y Y Y M M D D

_____
Namestamp of employer

_____
Human Resource Manager / Practitioner Signature

Date Y Y Y Y M M D D