

Broker House: Aon South Africa (Pty) Ltd Tel No: 0860 100 404 Broker Code: 1009

\$ 0860 100 871 ➡ 086 608 0771

membership@sizwehosmed.co.za

• 7 West Street,

Houghton Estate,

Johannesburg, 2198

OPTION SELECTION FORM	
PLEASE NOTE: OPTION CHANGES CAN ONLY BE EFFECTIVE FROM 1 JANUARY EACH YEAR. ENSURE THAT FORM REACHES SIZWE HOMED MEDICAL SHCEME BY 11 DECEMBER. PLEASE PRINT IN CAPITAL LETTERS. USE A BLACK PEN ONLY, PLEASE MARK APPROPRIATE CHOICE U	Broker Stamp
NOTE : KINDLY CONSIDER THE ENCLOSED BROCHURE, SELECT YOUR OPTION AND ADVISE YOUR E	
Broker Code	
PLEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULL	Broker No.
SECTION A: MEMBER DETAILS	
Membership number	
Name	
Surname	
Postal address	
	Postal code
Tel. no. (h) (w)	(Cell)
Identity no. Email	
Employer name	
Employee number	
Race (please tick) African Coloured Indian/Asian White	
SECTION B: OPTION CHANGE Kindly consider the enclosed brochure. Make your option selection and advise your employer as soon as possible. This form must be submitted to your payroll department, where applicable for onward submission to the Scheme. CURRENT OPTION	
	lue Value Access Access Saver (25%) Saver (15%) Silver Core Option Option Option Option Option Option Option
PREFERRED OPTION Platinum Platinum Gold Gold Ascend Titanium Plus Platinum Platinum Ascend EDO	Value Access Saver (25%) Access Core Essential Copper
Reason for change (please tick appropriate) Financial Benefits Other	
SECTION C: MEMBER DECLARATION	
 I confirm that I have chosen to change options on the Scheme, and that this declaration is based on advice received from I confirm that I have made the choice of option after considering my personal requirements and those of my dependants and have not been influenced in any way by Sizwe Hosmed Medical Scheme. I confirm that to prevent the risk of concluding a transaction that is not appropriate to my needs, objectives and circumstances, I should obtain a full healthcare needs analysis. To ensure that my application form is submitted to my employer for processing. I agree to access www.hosmed.co.za to access full conditions and undertakings of the Scheme as a member of Hosmed Medical Scheme Where applicable: Member Savings Account allocations will be pro-rated depending on the activation date. The Scheme has the sole right to collect negative balances owed to the Scheme by the member even when member has terminated from the Scheme. To ensure that my application form is submitted to my employer for processing. 	
Employer sign-off Date	Effective date of new option
Signature of member Employer Name Employer Signature	Employer Stamp Date
are required by POPIA to explain why and how we collect, use, and disclose your personal informa- tion, which may include health and financial information. Sizwe Hosmed Medical Scheme and its administrator (3Sixty Health (Pty) Ltd) will keep your information supplied to us in this application confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for the following purposes:	c. Providing relevant information to a contracted third party; d. To profile and analyse risk; e. For research purposes and; f. To comply with legislation. Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relation ship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time a lease check our website to inform yourself of an

b. Provision of managed care services to you;

form yourself of any changes.