

Option change form

Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

This is a legal document. Please read your membership guide before you make a Benefit Option change. Keep a copy for your records and return the original form to your HR department. Members that do not have a HR department to please submit your form via email to membership@totalmed.co.za or fax to 011 372 1578. If we do not receive your form, you will remain on your current Benefit Option. Should you decide to remain on your current Benefit Option, you do not need to complete this form.

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547. This is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Return details

You have until 6 December 2023 to complete this form and hand it over to your Human Resources Department.

About yourself (main applicant)

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name/s	<input type="text"/>		
Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	ID or passport number	<input type="text"/>
Membership number	<input type="text"/>	Employee number (if applicable)	<input type="text"/>

I wish to change my Benefit Option to:

I choose the following option as from 1 January 2024 and acknowledge that I cannot change this until the next annual option change period .

1. Plan A-traditional 100% cover with limits
2. Plan B-traditional 100% cover with lower limits
3. Plan C-traditional plan covering basic cover
4. Plan D-capitated plan managed by Enabledmed

Total monthly earnings of the main applicant R (Only applicable to Plan D)

I acknowledge

- I understand that the Benefit Option I have chosen will apply until I make any changes during the next annual option change period if I choose to do so.
- I indemnify the Scheme's trustees, consultants and my employer against any liability for the loss or potential loss incurred now or in the future resulting from my choice of Benefit Option.

Telephone (H)	<input type="text"/>	<input type="text"/>	(W)	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>			
Email	<input type="text"/>				
Member's signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please do not sign an incomplete application form
I confirm the information is accurate and complete**

You will only receive a new membership card if you change your Benefit Option to Plan D, or if you change your Benefit Option from Plan D to plans A, B or C. You will, however receive a certificate of membership confirming your new Benefit Option, if you made a Benefit Option change. If you have not received your updated membership certificate, please contact the Scheme on 0860 100 698.

The administrator reserves the right to reject any unclear or incomplete instruction and do not accept any liability in doing so.