

# BENEFIT OPTION SELECTION FORM

THIS FORM MUST BE RETURNED TO MEDIPOS MEDICAL SCHEME BY **09 JANUARY 2024** IN ANY ONE OF THE FOLLOWING WAYS:

Post: PO Box 921, Westville, 3629  
Email: [membership@medipos.co.za](mailto:membership@medipos.co.za)  
Fax: 086 763 1368

## 1. PERSONAL MEMBERSHIP DETAILS

Name	<input type="text"/>																										
Surname	<input type="text"/>																										
Membership number	<input type="text"/>								Employee/Pension number	<input type="text"/>																	
Address	<input type="text"/>																										
	<input type="text"/>																										
	<input type="text"/>																								Code	<input type="text"/>	
Telephone Number	<input type="text"/>																										

## 2. SELECT YOUR OPTION FOR THE PERIOD 1 JANUARY TO 31 DECEMBER 2024

Please indicate your choice with an 'x'

<input type="checkbox"/>	<b>OPTION A</b>	<input type="checkbox"/>	<b>OPTION B</b>	<input type="checkbox"/>	<b>OPTION C</b>
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**PLEASE NOTE:** If you are a pensioner/continuation member and you wish to move from Option A to either Option B or C, you will be required to submit your proof of income. Download the Declaration of Income Form from our website [www.medipos.co.za](http://www.medipos.co.za) or contact the Client Services Department on 0860 100 078.

### Savings payment method (applicable to Option B members only)

If you are moving to Option B for 2024, please indicate which method you would like claims paid from your Savings Account

Automatically pay my claims at Cost (paid in full)	<input type="checkbox"/>
Do not pay any of my claims from savings without my permission	<input type="checkbox"/>

## 3. DECLARATION

I declare that I have read the 2024 MEDIPOS Medical Scheme benefit guide and fully understand the structure of the option I have chosen. I accept that from 1 January 2024 I will be eligible for benefits on the option that I have selected.

Member's signature	<input type="text"/>								
Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

**Please note that this form should only be completed and returned if you wish to change your current benefit option with effect from 1 January 2024.**