

# TOPMED OPTION CHANGE FORM

Only to be completed if you wish to change your option for 2016.

Membership Number

Employee Number

Identity Number

I, \_\_\_\_\_ (full name) hereby request to change to the option indicated below, with effect from 1 January 2016:

### OPTION SELECTION

Please mark your option choice with an X

<b>TopMed Rainbow Comprehensive</b>	<input type="checkbox"/>	
<b>TopMed Professional</b>	<input type="checkbox"/>	
<b>TopMed Paladin Comprehensive</b>	<input type="checkbox"/>	
<b>TopMed Savings</b>	<input type="checkbox"/>	
<b>TopMed Active Saver</b>	<input type="checkbox"/>	
<b>TopMed Hospital</b>	<input type="checkbox"/>	
<b>TopMed Limited</b>	<input type="checkbox"/>	
<b>TopMed Network</b> (please tick your salary band below)	<input type="checkbox"/>	
<b>Salary Band</b>	< R1 000	<input type="checkbox"/>
<b>(Network Option only)</b>	R1 001 - R4 000	<input type="checkbox"/>
	R4 001 - R7 000	<input type="checkbox"/>
	R7 001 - R13 000	<input type="checkbox"/>
	> R13 000	<input type="checkbox"/>

**Please note that proof of income will be required (either current payslip or latest IRP5) of both the principal member and the spouse/partner for the TopMed Network option.**

Please provide your latest 3 months' bank statements or the following supporting documents as proof of income for you and your spouse/partner:

- If employed - payslip or most recent tax year's IRP5 certificate
- If student, formal proof of enrolment at academic institution (student cards are not considered as proof).
- If pensioner - proof of annuity and employer pension or State Older Person's Grant
- If you do not have the above mention documents then please provide last three months bank statements.

Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Company Stamp	<input style="width: 95%;" type="text"/>														

Please submit your completed option change form to your Human Resources department.  
 If you are an individual member paying by debit order, please call us on 0860 00 21 58 to change your option OR fax the completed form to 086 762 4050 or email to info@topmedms.co.za. All forms must reach us on or before 4 December 2015. **Note: No option changes will be allowed after this date.**

*Disclaimer: 2016 Options Subject to approval from Council for Medical Schemes*