

It is important to remember that option changes are only effective on 1 January each year.

PLEASE FAX TO:

Fedhealth Product Renewal 2016
Fax No: 011 671 3647

OR E-MAIL TO:

update@fedhealth.co.za

OR MAIL COMPLETED FORM TO:

Fedhealth Product Renewal 2016
Private Bag X3045
Randburg
2125

SECTION 1 : MEMBER DETAILS AND OPTION SELECTION FORM

Option Selection Form to be received by no later than 30 November 2015.

Membership number: ID Number:

Surname: First name/s:

Title: Initials: Preferred name:

Postal address:

 Postal Code:

Work: () Home: ()

Fax: () Cell: ()

E-mail:

I, wish to change my option to: (Please select **one option** by marking "x" in the appropriate selection box.)
(Name of principal member)

PRODUCT OPTION	SELECTION	PRODUCT OPTION	SELECTION	PRODUCT OPTION	SELECTION
PL800 Maxima Plus		PL819 Maxima Standard ^{Elect}		PL824 Maxima EntrySaver*	
PL806 Maxima Exec		PL803 Maxima Basis		PL801 Maxima Core	
PL802 Maxima Standard		PL825 Maxima Saver*		PL818 Maxima EntryZone	

*If you have selected Maxima Saver or Maxima EntrySaver please complete section 2 below.

SECTION 2 : NOMINATED FP DETAILS FOR MAXIMA SAVER AND MAXIMA ENTRYSAVER OPTIONS ONLY

If you have selected Maxima Saver or Maxima EntrySaver you are required to nominate a FP from the Fedhealth network for yourself and your dependants. Please note that only visits to a nominated FP will be covered on these options. For a list of FP's on the Fedhealth network visit www.fedhealth.co.za, click on member tools and you will find the FP locator button on the right hand side of the page. Alternatively you can phone the Customer Contact Centre on 0860 002 153 for more information.

	MEMBER / DEPENDANT NAME	NOMINATED FP DETAILS		
		NAME	PRACTICE NUMBER	CONTACT DETAILS
Principal member				
Dependant				
Dependant				
Dependant				
Dependant				
Dependant				
Dependant				

SECTION 3 : DECLARATION BY MEMBER

I understand that this option selection will apply to my 2016 option choice.

Member signature: _____

Date:

SECTION 4 : DECLARATION BY EMPLOYER, IF APPLICABLE *To be completed if employer is responsible for all or part of contribution*

Name of employer:

The above details have been noted and approved. Contributions will be adjusted in terms of the scheme rules effective 1 January 2016.

Signature / Company Stamp

Paypoint code

Date

Designation