Benefit option change and change of personal details

Please return this form by e-mail or fax to: E-mail contributions@profmed.co.za | **Fax** 012 679 4411

The completed form must reach us by no later than **30 November 2011**. Alternatively, you may make your option change online at **www.profmed.co.za**. This option change is effective 1 January 2012.

PROFMED

Please indicate with a cross your preferred selection, where applicable.

☐ *Benefit option change* *(complete 1, 2 and 4)*

☐ *Change of personal details* *(complete 1, 3 and 4)*

☐ *Benefit option change and change of personal details* *(complete all)*

1 Personal details

Title

Profmed membership number

Initials

Surname

First names

ID number

Postal address

Postal code

Home telephone

Cell

Work telephone

Fax

E-mail address

Name of employer group (if applicable)

2 Benefit option change

Please tick the benefit option of your choice.

ProPinnacle	☐	ProSecure Plus	☐	ProSecure	☐	ProActive Plus	☐	ProActive	☐

Please note:

- The benefits, limits and exclusions on each option are set out in the Schedule of Benefits, which is available at www.profmed.co.za or on 0860 679 200.
- Refer to the Contribution Table in the 2012 Schedule of Benefits for the contributions.
- Proof of full-time study must be supplied to Profmed in the case of student dependants. If not received, adult dependant rates will apply.
- Child dependant rates apply from birth to the date on which the dependant turns 21 years (or 26 years if dependant is a full-time student), after which adult dependant rates apply.

3 Details of your dependant/s*

	First name	Date of birth	ID number
Spouse/partner			
Dependant 1			
Dependant 2			
Dependant 3			
Dependant 4			

If you have more than 5 dependants, please attach their details on a separate sheet of paper.

**Omitting a dependant from this form does not constitute an official resignation. Resignations must be submitted under separate cover, giving one calendar month's notice.*

4 Declaration

I am aware of the benefit limits and exclusions applicable to the benefit option I have chosen. I hereby authorise Profmed to change my option to that which I have selected above and to debit my bank account with the total monthly contribution due for that option.

☐ I have chosen my benefit option based on the advice received from a Profmed consultant, ... [name], or my independent broker, ... [name].

OR

☐ I have chosen my benefit option after considering my personal requirements and those of my dependants. I have not received advice from or been influenced in any way by a Profmed consultant or independent broker. I acknowledge the risk that my decision could be inappropriate to my circumstances, needs or objectives without having obtained a full healthcare needs analysis.

Date D D M M Y Y Y Y

Member's signature

E1 16397