# ESKOM: BENEFIT OPTION CHANGE FORM

bestMed

## 1. APPLICANT (PRINCIPAL MEMBER)

Membership number | Date (D D M M Y Y Y Y)

Surname

Initials | ID number

Postal address | Code

## 3. CONTACT DETAILS / KONTAKBESONDERHEDE

Tel (W) | Tel (H)

Cell

E-mail

## 4. BENEFIT OPTION

| Non-Network benefit options (Indicate with 'X') | | | | | |
|---|---|---|---|---|---|
| Beat1 | | Pace1 | | Pulse1 * ‡ | |
| Beat2 | | Pace2 | | Pulse2 ‡ | |
| Beat3 | | Pace3 * | | | |
| Beat4 | | Pace4 | | | |

| Network benefit options (Indicate with 'X') | |
|---|---|
| Beat1N (Network) † | |
| Beat2N (Network) † | |
| Beat3N (Network) † | |
| Beat4N (Network) † | |

* Basic salary per annum | R . .

† **Take note: If any of the BeatN options is selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following:**

| | Initial |
|---|---|
| 1. I am limited to a hospital network as determined by the Scheme. | |
| 2. I am aware of the location of the nearest above-mentioned network hospital providers. | |
| 3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme rules (as set out in the brochure). | |
| 4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme rules, change from a BeatN option to a standard Beat option during the year. | |

‡ **Take note: If any of the Pulse options is selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following:**

| | Initial |
|---|---|
| 1. Primary care service provider network | |
| 2. Specialist network | |
| 3. Hospital network | |

**HR practitioner details:**

Name & Surname:
Naam & Van:

Telephone number/Telefoonnommer:

Signature of principal member/Handtekening van hooflid

Signature of HR practitioner/Handtekening van Menslike Hulpbronne beampte

Signature of Payroll officer/Handtekening van Betaalstaatbeampte

Shared Services HR Stamp

• Block A, Glenfield Office Park, 361 Oberon Avenue, Faerie Glen, Pretoria, 0081, RSA • PO Box 2297, Pretoria, 0001, RSA
• Client Service 086 000 2378 • Fax +27 (0)12 472 6500 • E-mail service@bestmed.co.za • www.bestmed.co.za • Reg no. 1252

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