CORPORATE MEMBER: BENEFIT OPTION CHANGE FORM
KORPORATIEWE LID: VOORDEELOPSIE-VERANDERINGSVORM

bestMed

1. APPLICANT (PRINCIPAL MEMBER) / AANSOEKER (HOOFLID)

Membership number / Lidmaatskapnommer

Date / Datum: D D M M Y Y Y Y

Surname / Van

Initials / Voorletters

ID number / ID-nommer

Postal address / Posadres

Code / Kode

3. CONTACT DETAILS / KONTAKBESONDERHEDE

Tel (W)

Tel (H)

Cell / Sel

E-mail / E-pos

4. BENEFIT OPTION / VOORDEELOPSIE

Benefit option (Indicate with 'X') / Voordeelopsie (Dui aan met 'X')							
Beat1		Beat1N (Network) †		Pace1		Pulse1 * ‡	
Beat2		Beat2N (Network) †		Pace2		Pulse2 ‡	
Beat3		Beat3N (Network) †		Pace3 *			
Beat4		Beat4N (Network) †		Pace4			

* Basic salary per annum

R .

† Take note: If any BeatN option 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:
Let wel: Indien enige van die BeatN opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die doeltreffendheidsafslag wat op die BeatN opsies van toepassing is, neem ek kennis en stem toe tot die volgende:

1. I am limited to a hospital network as determined by the Scheme. 1. Ek is beperk tot 'n hospitaalnetwerk soos deur die Skema bepaal.	
2. I am aware of the location of the nearest above-mentioned network providers. 2. Ek is bewus van die naaste bovermelde netwerkverskaffers se ligging.	
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). 3. As ek uit vrye keuse nie van die voormelde netwerkverskaffer gebruik maak nie, is ek bewus daarvan en stem ek toe dat ek verantwoordelik gehou sal word vir 'n bybetaling in gevolge die Skemareëls (soos in die brosjure bepaal).	
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. 4. Ek is bewus dat hierdie 'n unieke voordeelopsie is en dat ek nie gedurende die jaar van 'n BeatN-opsie na 'n standaard Beat-opsie, ingevolge die Skemareëls, mag skuif nie.	

‡ 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:
Let wel: Indien enige Pulse opsies gekies word, parafeer asseblief langs die onderstaande. Vanweë die gekontrakteerde aangewese diensverskaffersnetwerk wat betrekking het tot die Pulse opsies, neem ek kennis en stem toe dat my gekose unieke voordeelopsie onderhewig is aan die volgende:

1. Primary care service provider network 1. Primêresorg diensverskaffersnetwerk	
2. Specialist network 2. Spesialisnetwerk	
3. Hospital network 3. Hospitaalnetwerk	

HR practitioner details:

Name & Surname:
Naam & Van:

Telephone number/Telefoonnommer:

Signature of principal member/Handtekening van hooflid

Signature of Payroll officer/Handtekening van Betaalstaatbeampte

Signature of HR practitioner/Handtekening van Menslike Hulpbronne beampte

• 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

© Bestmed Medical Scheme 2014
Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP no. 44058)
Corporate Member Benefit Option Change Form 2014-10-16 BMF-3002 V0.02