INDIVIDUAL MEMBER: BENEFIT OPTION CHOICE FORM
INDIVIDUELE LID: VOORDEELOPSIE-KEUSEVORM

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

2. DEPENDANT CONFIRMATION / BEVESTIGING VAN AFHANKLIKES

Adult dependants
Volwasse afhanklikes

Child dependants
Kinderafhanklikes

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			

* Provide **proof of income** (3 months' payslips or bank statements – not older than 3 months) for the Pace3 and Pulse1 options.
* Voorsien **bewys van inkomste** (3 maande se betaalstrokies of bankstate – nie ouer as 3 maande nie) vir die Pace3 en Pulse1 opsies.

† 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. Owing to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree 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 oor die volgende:

1. My chosen unique benefit option is subject to the following: 1. My gekose unieke voordeelopsie is onderhewig aan die volgende:	
a. Primary care service provider network a. Primêresorg diensverskaffersnetwerk	
b. Specialist network b. Spesialisnetwerk	
c. Hospital network c. Hospitaalnetwerk	

Commencement date
Aanvangsdatum D D M M Y Y Y Y

Annual income
Jaarlikse inkomste R . .

Signature of principal member/Handtekening van hooflid

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