

CORPORATE MEMBER: BENEFIT OPTION CHOICE FORM  
KORPORATIEWE LID: VOORDEELOPSIE-KEUSEVORM



Better living. Better life.

1. DETAILS OF PRINCIPAL MEMBER / BESONDERHEDE VAN HOOFLID

|  |   |
|--|---|
| Membership number<br>Lidmaatskapnommer _____ | Date<br>Datum _____                       |
| Surname<br>Van _____                         | Initials<br>Voorletters _____             |
| ID Number<br>ID nommer _____                 | Personnel number<br>Personeelnommer _____ |
| Postal address<br>Posadres _____             |   |
|  | Postal code<br>Poskode _____              |

2. DEPENDANT CONFIRMATION / BEVESTIGING VAN AFHANKLIKES

|   |   |
|---|---|
| Adult dependants<br>Volwasse afhanklikes <input type="text"/> | Child dependants<br>Kinder afhanklikes <input type="text"/> |
|---|---|

3. CONTACT DETAILS / KONTAKBESONDERHEDE

|                   |                       |
|-------------------|-----------------------|
| Tel (w) _____     | Tel (h) _____         |
| Cell<br>Sel _____ | E-mail<br>E-pos _____ |

4. CHANGING OF BENEFIT OPTION / VOORDEELOPSIEWYSIGING

New benefit option  
Nuwe voordeelopsie \_\_\_\_\_

If you choose the Pulse1 option, please provide us with the provider's name and practice number you would prefer to use:  
Indien u die Pulse1 opsie kies, voorsien ons asseblief met die verskaffer wat u verkies om te gebruik se naam en praktyknommer:

|  |  |
|--|--|
| Provider's name<br>Naam van verskaffer _____ | Practice number<br>Praktyknommer _____ |
|--|--|

Annual income  
Jaarlikse inkomste R \_\_\_\_\_

Telephone number of HR Practitioner  
Telefoonnommer van Personeelbeampte \_\_\_\_\_

Commencement date  
Aanvangsdatum

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of principal member/Handtekening van hooflid  
\_\_\_\_\_

Signature of HR Practitioner/Handtekening van Personeelbeampte  
\_\_\_\_\_

Signature of Payroll Officer/Handtekening van Betaalstaatbeampte  
\_\_\_\_\_