

CHANGE OF OPTION

Membership number		Date	Y	Y	Y	Y	M	M	D	D
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DETAILS OF THE PRINCIPAL MEMBER Race - A = African/Black, I = Indian/Asian, W = White, C = Coloured

Dr		Ref		Mr		Mrs		Miss		
Surname										
Full Names										
Member's date of birth	Y	Y	Y	Y	M	M	D	D	Race	
ID number										
Residential address										
									Code	
Postal address										
									Code	
Telephone number (H)										
Telephone number (W)										
Cellphone number										
Email address										
Name of employer					Employee number					
HR Department contact person					Telephone number					

CHANGE MY OPTION TO

Ultra Affordable Value*		Ultra Affordable*		Standard		Activator**		Supreme		Extreme	
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*If **Ultra Affordable / Ultra Affordable Value** is selected **AND** income is below threshold, kindly attach payslip to this application form.

If **Activator is selected, the HealthyMe programme form is required to be completed and submitted to the on-site Umvuzo Health representative.

MEMBER DECLARATION

I, _____, understand that this written notice to change my option will apply for the whole calendar year.

Member Signature

Date	Y	Y	Y	Y	M	M	D	D
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Employer stamp as verification

Signature of authorised employer representative

Date	Y	Y	Y	Y	M	M	D	D
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