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membership@sizwehosmed.co.za

♥ 7 West Street, Houghton Estate, Johannesburg, 2198

2198		
OPTION SELECTION FORM		
LEASE NOTE: OPTION CHANGES CAN ONLY BE EFFECTIVE FROM 1 JANUARY EACH YEAR. NSURE THAT FORM REACHES SIZWE HOMED MEDICAL SHCEME BY 11 DECEMBER. LEASE PRINT IN CAPITAL LETTERS. USE A BLACK PEN ONLY, PLEASE MARK APPROPRIATE CHOICE USING A CROSS (X) IOTE: KINDLY CONSIDER THE ENCLOSED BROCHURE, SELECT YOUR OPTION AND ADVISE YOUR EMPLOYER AS SOON AS POSSIBLE		
Broker Code		
	4	
LEASE COMPLETE APPROPRIATELY ALL THE SECTIONS BELOW IN FULL Broker No.		
SECTION A: MEMBER DETAILS		
Membership number		
Name		
Surname		
Postal address		
Postal code		
Tel. no. (h) (Cell)		
Identity no. Email Email	_	
Employer name	_	
Employee number		
Race (please tick) African Coloured Indian/Asian White		
SECTION B: OPTION CHANGE indly consider the enclosed brochure. Make your option selection and advise your employer as soon as possible. This form must be submitted to your payroll department, where applicable for onwar ubmission to the Scheme.	d	
CURRENT OPTION Titanium Plus Platinum Enhanced EDO Ascend Doption Plots Option Option Option Option Option Option Option Plus Option O	_	
PREFERRED OPTION Titanium Plus Platinum Enhanced EDO Ascend DOPTION Sold Ascend Value Value Saver (25%) Option Core Core Core Core Core Core Core Core]	
Reason for change (please tick appropriate) Financial Benefits Other		
SECTION C: MEMBER DECLARATION		
I confirm that I have chosen to change options on the Scheme, and that this declaration is based on advice received from		
I confirm that I have made the choice of option after considering my personal requirements and those of my dependants and have not been influenced in any way by Sizwe Hosmed Medical Scheme. I confirm that to prevent the risk of concluding a transaction that is not appropriate to my needs, objectives and circumstances, I should obtain a full healthcare needs analysis. o ensure that my application form is submitted to my employer for processing. I agree to access www.hosmed.co.za to access full conditions and undertakings of the Scheme as a member of Hosmed Medical Scheme Where applicable: Member Savings Account allocations will be pro-rated depending on the activation date. The Scheme has the sole right to collect negative balances owed to the Scheme by the member even when member has terminated from the Scheme. o ensure that my application form is submitted to my employer for processing.		
mployer sign-off Date Effective date of new option		

Signature of member

As Sizwe Hosmed Medical Scheme we are strongly committed to protecting your personal data. We are required by POPIA to explain why and how we collect, use, and disclose your personal information, which may include health and financial information. Sizwe Hosmed Medical Scheme and its administrator (3Sixty Health (Pty) Ltd) will keep your information supplied to us in this application confidential. Acceptance of these terms and conditions is a requirement for activation and servicing of your medical scheme membership. You give us consent to process your personal information for the following purposes:

Employer Name

- a. Administration of your health care option;
- b. Provision of managed care services to you;

- e Employer Stamp

 c. Providing relevant information to a contracted third party;
- d. To profile and analyse risk;

Employer Signature

- d. To profile and analyse risk;e. For research purposes and;
- f. To comply with legislation.

Please note that we will only share your information with a third party if you have granted us your consent for the disclosure of the information to such third party or if a contractual relationship exists in terms of which we are obliged to provide your information to such third-party. We may amend this notice from time to time, please check our website to inform yourself of any changes.