



Real value speaks for itself

KeyHealth
MEDICAL SCHEME

PO Box 14145, Lyttelton, 0140 | Client Service Centre: 0860 671 050 | E-mail: info@keyhealthmedical.co.za

OPTION CHANGE

Please examine the new benefit options carefully, and should you decide to change your current option, complete the required information below and e-mail to membership@keyhealthmedical.co.za, attention: Membership, before **15 December**.

The option change will take effect from 1 January the following year.

If you qualify for a medical subsidy from your employer, please ensure the completion of the section at the bottom.

Please change my KeyHealth option from _____ to _____
as from 1 January 20____.

Membership number: _____

I, _____ (initials and surname) hereby acknowledge that I am familiar with the conditions and benefits of the option selected, notwithstanding representation by another party.

Signature of principal member: _____

Date: _____

TO BE COMPLETED BY EMPLOYERS PROVIDING A MEDICAL SCHEME SUBSIDY TO EMPLOYEES

Signature: _____

Designation: _____

Date: _____

OFFICIAL EMPLOYER STAMP