

CHANGE OF OPTION

Membership number		Date	Y	Y	Y	Y	M	M	D	D
-------------------	--	------	---	---	---	---	---	---	---	---

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		Ultra Affordable Value		Standard		Supreme		Extreme	
------------------	--	------------------------	--	----------	--	---------	--	---------	--

Activator	
-----------	--

MEMBER DECLARATION

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

Member Signature

Date	Y	Y	Y	Y	M	M	D	D
------	---	---	---	---	---	---	---	---

Namestamp of employer

Human Resource Manager / Practitioner Signature

Date	Y	Y	Y	Y	M	M	D	D
------	---	---	---	---	---	---	---	---