



**Contact details**  
Tel: 0860 123 007 • PO Box 652509, Benmore 2010 • [www.tfqmedicalaidscheme.co.za](http://www.tfqmedicalaidscheme.co.za)

# Benefit Plan Change Form

This form allows for choices relating to your Benefit Plan selection.

## Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

## 1 . Member details

Title					Surname																			
First name/s											Sex	M	F	Date of birth	D	D	M	M	Y	Y	Y	Y		
ID Number												Marital Status												
Membership number											Cellphone													
Telephone (H)										(W)														
Email																					Home		Work	

Physical Address			
		Code:	

Postal Address			
		Code:	

[illegible]

## 2 . Benefit Plan Selection

TFG Health ☐ TFG Health Plus ☐

**Please complete this if you have selected TFG Health as your chosen Benefit Plan. Please select a GP on the Scheme GP Network for yourself as well as each of your dependants.**

\* If you live far away from where you work or you often need to work in different towns or provinces, you may need a second GP.

	Name	GP Name	Practice Number (Required)	Second GP Name*	Practice Number (Required)
Main member			<input type="text"/>		<input type="text"/>
Spouse or partner			<input type="text"/>		<input type="text"/>
Dependant 1			<input type="text"/>		<input type="text"/>

Dependant 2																				
Dependant 3																				

**3 . Return details**

Please complete this form and hand it to your Payroll Department by emailing [tfgmedicalaid@tfg.co.za](mailto:tfgmedicalaid@tfg.co.za) before or on 13 December 2019

Member's signature

Date

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

**Please do not sign an incomplete application form  
I confirm the information is accurate and complete**