



Contact details

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidScheme.co.za

Benefit Plan Change Form

This form allows for choices relating to your Benefit Plan selection with effect from (insert date) _____ following your employment conditions which changed with effect from (insert date) _____

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578. This is a non-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 Y Y Y Y M M D D

ID number Marital status

Membership Number Cellphone

Telephone (H) (W)

Email Is this a home or work email address? (Please tick) Home Work

Physical address Postal address

Code Code

Employee number (if applicable)

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					
Spouse or partner					
Dependant 1					
Dependant 2					
Dependant 3					

3. Return details

Please complete this form and hand it to the Principal Officer by emailing caronh@tfg.co.za

I hereby sign and acknowledge that this benefit plan change is taking effect on the date as set out in this form and that benefit plan changes will not be applied backdated. Any authorisations for procedures and treatment will be subject to the benefits available on the new benefit plan as per this application submitted to the Scheme. I have read the Scheme's benefit plan brochures and available communications on the Scheme website at www.tfgmedicalaidsscheme.co.za and familiarised myself with the benefits of my chosen benefit plan, subject to the registered Rules of the Scheme which is also available on the Scheme website, and accept and acknowledge that I was not influenced or given advice in changing my benefit plan by the Administrator, nor my employer, but received sound advice from my personal broker and/or am exercising this change by my own informed choice. I understand that the reduction in contributions will only be prospective and will not be backdated. I further understand that this option to change plans is once-off and the next opportunity to change will be at the end of the year.

Member's signature

Date

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