

# Option change form 2021

## Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

## Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is the medical scheme that you are applying to become a member of. This 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.

Please return the completed form to your employer, pension fund or broker to make sure your request is captured by 15 December 2020.

## 1. Member's details

Member name																				
Telephone											Work number									
Cellphone											Fax									
Email																				
Member number						Payroll number														
I want to change my Benefit option to:	<input checked="" type="checkbox"/> LA KeyPlus		<input type="checkbox"/> LA Active		<input type="checkbox"/> LA Focus		<input type="checkbox"/> LA Core		<input type="checkbox"/> LA Comprehensive											
with effect																				

Please complete if you have selected the LA KeyPlus Benefit Option.

	Name	GP name	Practice number	Second GP name*	Practice number
Main Applicant					
Spouse or partner					
Dependent One					
Dependent Two					
Dependent Three					

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. Please only choose a second GP if this applies to you.

## Reason for change


Member signature

Date

**Please do not sign an incomplete application form.**

Please note: If you are not paying the full contribution to the Scheme via debit order from your own bank account, LA Health Medical Scheme will not accept any changes to your membership without approval from your Municipal Salary Office, and / or your pension fund.

## 2. Employer's or pension fund approval

Name	<input type="text"/>		
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature	<input type="text"/>		

Employer stamp

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For further details fax 011 539 7235 or email [lahealthadmin@discovery.co.za](mailto:lahealthadmin@discovery.co.za)