



Benefit Plan Change Form

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.

I, hereby apply for a Benefit Plan change and wish to change to:

TFG Health

TFG Health Plus

Please complete and return your form by logging a ticket using the URL: <https://synergy.tfg.co.za/support/catalog/items/206> before 10 January 2024.

Please call the contact centre on **0860 123 077** to allocate a GP that forms part of the KeyCare GP Network if you change to TFG Health. All requests must be submitted by logging a ticket via <https://synergy.tfg.co.za> before 10 January 2024.

I am aware my request will be implemented in the month following the date my request is sent to the Fuse, but not before 1st January 2024 and that I will be required to remain on the current benefit plan or newly selected benefit plan for the remainder of 2024, until such time as I am able to submit another Benefit Plan change form at the end of the year.

1. Main member details

Membership number

ID or passport number

Member's name

Member's surname

2. Benefit Plan Selection

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.

	Name	GP Name	Practice Number (Required)
Main member			
Spouse or partner			
Dependent 1			
Dependent 2			
Dependent 3			

3. Return details

Please complete and return your form by logging a ticket using the URL: <https://synergy.tfg.co.za/support/catalog/items/206> before 10 January 2024.

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.tfgmedicalaidscheme.co.za and familiarised myself with the benefits of my chosen Benefit Plan, subject to the

TFGBPC001

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 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 any reduction in contributions will only be prospective and will not be backdated. I further understand that this option to change Benefit Plans is once-off and the next opportunity to change will be at the end of the year.

Should you be unable to return this form by printing, signing and scanning it in, you may opt to inform us of your Benefit Plan change and your chosen GP as set out in this document. You will then need to send us an email to service@tfgmedicalaidScheme.co.za with the information set out in this document included in the electronic mail sent through and/or using this editable document to complete all required fields, returning the form to us with an electronic signature inserted below.

4. Electronic return signature

Full name and surname																						
Title													Contact details									
Email address																						
Member's signature													Date	D	D	M	M	Y	Y	Y	Y	

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

In the event that you will be sending a Benefit Plan change to us per electronic mail, you will need to include the following in your email to validate your choice:

I (full name and surname)

ID Number (ID No/Passport No) confirm that I am unable to sign the Benefit

Plan change form.

I acknowledge and confirm the following:

- I have read, understood and agree to the terms and conditions of the Benefit Plan Change Form.
- I authorise Discovery Health (Pty) Ltd to accept this email with this document included and completed electronically as my confirmation, consent and signature for this application.

I hereby indemnify Discovery Health (Pty) Ltd, TFGMAS, its employees and representatives against any loss or damage I may suffer, which may arise directly or indirectly from my decision.