



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

In the event that you choose to change to the TFG Health benefit plan, call the contact centre on **0860 123 077** to allocate a GP that forms part of the KeyCare GP Network.

Please submit your Benefit Plan Change Form in the event of deciding to change your benefit plan by logging a ticket through <https://synergy.tfg.co.za> before **20 December 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 2025 and that I will be required to remain on the current benefit plan or newly selected benefit plan for the remainder of 2025, 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 through <https://synergy.tfg.co.za> before **20 December 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.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 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.

4. Electronic return signature

| | | | |
|--------------------|----------------------|----------------------|----------------------|
| Title | <input type="text"/> | Initials | <input type="text"/> |
| Surname | <input type="text"/> | | |
| Full name(s) | <input type="text"/> | | |
| Contact number | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | | |
| Member's signature | <input type="text"/> | Date | <input type="text"/> |

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

In the event that you are unable to print, sign and scan the Benefit Plan Change Form and/or unable to use the editable document to complete and return it, you may send us your benefit plan change instructions via electronic mail by sending us an email to service@tfgmedicalaidsscheme.co.za. 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 hereby choose to change to TFG Health/TFG Health Plus with effect from 1 January 2025 and the information required in sections 1 and 2 of the Benefit Plan Change Form is confirmed via electronic mail instead.

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.