

# Option Change Form: 2023

MEMBER INITIALS  MEMBER SURNAME

MEMBER NAME/S

IDENTITY NO.

MEMBERSHIP NO.

EMPLOYEE NO.

TELEPHONE/CONTACT NO.

EMPLOYER NAME

BRANCH/SITE

## OPTION CHANGE REQUEST

I hereby request to change my Medical Aid Benefit Option to the Option as indicated below, with effect from **1 January 2023**.

I have considered the contribution rate of the Option which I am hereby choosing and I understand that I may only change my Option within the Makoti Medical Scheme once a year from 1 January.

(Tick relevant box)

PRIMARY OPTION

COMPREHENSIVE OPTION

MEMBER SIGNATURE \_\_\_\_\_ DATE

AUTHORISED SIGNATORY: OF EMPLOYER	ENDORSEMENT BY PAYROLL ADMINISTRATOR
NAME _____	EFFECTIVE DATE OF CHANGE
SIGNATURE _____	<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"/>
COMPANY STAMP <input type="text"/>	SIGNED _____
	DATE <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"/>

Please submit this option change form to membership@universal.co.za on or before Thursday, 15 December 2022. The new option and revised contributions will come into effect on 1 January 2023.