

## 2011 OPTION CHANGE REQUEST FOR 2012

<b>Member Number:</b>	
<b>Surname:</b>	
<b>First Name/s:</b>	
<b>I D Number:</b>	
<b>E-mail address:</b>	
<b>Cellphone number:</b>	
<b>Postal Address:</b>	

<b>Medical Scheme:</b>	
<b>2011 Option:</b>	

<b>2012 Choice of Option:</b>	
<b>2012 Contribution:</b>	

**Declaration:**

I confirm that I understand the benefits offered under the option I have selected and agree to be bound by the rules applicable thereto. I agree to pay the relevant contribution according to the option.

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<b>Signature of Principal Member</b>	<b>Date</b>
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The completed and signed form must be returned to: Karen Botha **FAX: 086 607 7674** E-  
**MAIL: karen@manageall.net** before **28 November 2011**