

## Plan Selection Form

Members have the opportunity to change their current benefit plans at the end of each year. No plan changes will be allowed after 31 December.

DID YOU KNOW? You may change your plan online at www.polmed.co.za. You simply need to log in to the Member zone to access this facility.

## PLEASE NOTE:

Should you not return your plan selection form or complete your plan selection online by **31 December**, you will remain on the same plan. Should you decide to remain on the same plan, it is **STILL COMPULSORY FOR YOU TO COMPLETE** this form and return it via one of the submission methods indicated on this form.

Please complete all sections on this form and complete your details using block letters.

Principal Membe	's Contact Details
Membership Number	Persal Number
Rank/Title	
Surname & Initials	
ID Number	
Postal Address	
	Code
Physical Address	
	Code
Telephone (Work)	Telephone (Home)
Cellphone	Fax
Email Address	
Details of Depen	ant(s)
Details of Depen	ant(s)  Full First Name ID Number Cellphone Number Email Address
Surname  Choice of Plan	Full First Name ID Number Cellphone Number Email Address  Maring Associates
Surname  Choice of Plan	Full First Name ID Number Cellphone Number Email Address  Jan and mark the relevant box with an "X"  Marine Aquarium
Choice of Plan Please choose one Member's signature	Full First Name  ID Number  Cellphone Number  Email Address  Jan and mark the relevant box with an "X"  Marine  Date  Date  DM M Y Y Y Y
Choice of Plan Please choose one Member's signature Please return your c	Full First Name ID Number Cellphone Number Email Address  Jan and mark the relevant box with an "X"  Marine Aquarium
Choice of Plan Please choose one Member's signature Please return your c • Email: polmedop • Fax: 08617287	Full First Name  ID Number  Cellphone Number  Email Address  Jan and mark the relevant box with an "X"  Marine  Date  Date  DMMYYYYY  Impleted form to reach us by 31 December via one of the following methods:  Jan and mark the relevant box with an "X"  Aquarium  Date  Date  Date  December via one of the following methods:
Choice of Plan Please choose one Member's signature Please return your c • Email: polmedop • Fax: 08617287: • POLMED Chat:	Full First Name  ID Number  Cellphone Number  Email Address  Idan and mark the relevant box with an "X"  Marine  Aquarium  Date  Date  Date  Date  Appleted form to reach us by 31 December via one of the following methods:  Cons@medscheme.co.za  A your mobile device (download this free app at http://bit.ly/1YHAtwu) or via the POLMED website (log in to be Member zone via your computer and select the POLMED Chat widget/icon).
Choice of Plan Please choose one Member's signature Please return your cool Email: polmedon Fax: 086172873 POLMED Chat: Post: Plan Select	Full First Name  ID Number  Cellphone Number  Email Address  Jan and mark the relevant box with an "X"  Marine  Date  Date  DMMYYYYY  Impleted form to reach us by 31 December via one of the following methods:  Jan and mark the relevant box with an "X"  Aquarium  Date  Date  Date  December via one of the following methods:

zone to select your plan for 2019. Should you wish to contact us telephonically, please phone our Client Service Call Centre on 0860 765 633.