PLAN SELECTION FORM



Members can change their current benefit plans at the end of each year. No plan changes will be allowed after 31 December 2023.

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.

PLEASE NOTE: This form should only be completed should you wish to change your plan.

Kindly note that both the main member and their dependants are encouraged to nominate their own Network GP. Urgently complete the accompanying Network GP Nomination Form.

Section 1: Principal Member's Contact Details

Please complete all sections on this form using capital letters.					
Membership Number	Persal Number				
Rank/Title					
Surname & Initials					
ID Number					
Tax Reference number					
Postal Address					
		Code			
Physical Address					
		Code			
Telephone (Work)	Telephone (Home)				
Cellphone	Fax Fax				
Email Address					

Section 2: Choice of Plan

Please choose one plan and mark the relevant box with an "X"	\bigcup	Marine		Aquarium
Important: Should you choose the Aquarium or the Marine plan pla	ease al	so complete th	ne No	etwork GP Nomination Form.

Member's si	gnature
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Section 3: Submission of Plan Choice

Please return your completed form to us by 31 December 2023 via one of the following methods:

- Email: polmedoptions@medscheme.co.za
- Fax: 0861 728 722
- Walk-in branch: Hand deliver it to your nearest branch.
- **Post:** Plan Selection Form, Private Bag X16, Arcadia 0007
- Website: Visit the POLMED website at www.polmed.co.za and log into the Member zone and select POLMED Chat widget/icon.

Date

Should you wish to contact us telephonically, please phone our Client Service Call Centre on 0860 765 633.

