Year-End Option Change form

Contact details
Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

This form allows you to change your benefit option at the end of each year for the following year. If the form is not returned, you will remain on the same benefit option you are currently registered on.

Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This 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).

Return details

Please complete this form and hand it to your Human Resources Department, who will direct the request to the Scheme. Pensioner members must email it to **administration@yourremedi.co.za** or post to Attention: Fund Manager Remedi, PO Box 652509, Benmore, 2010. Deadline date to return this form is **20 December 2024** and changes will take effect 1 January 2025.

1. Main member details

Title	
Surname	
First name/s (as per identity document)	
Date of birth	D D M M Y Y Y Y
ID or passport number (as per identity document)	
Membership number	
Employee number (if applicable)	

2. Selection of Benefit Option

I wish to change my Benefit Option to:

Remedi Standard ☐

(Please complete the "Standard Option GP Selection" section of this form should you select the Remedi Standard benefit option)

Remedi Classic ☐

Remedi Comprehensive ☐

If you have selected Remedi Comprehensive, please note we pay benefits above the Remedi benefits available relating to non-Prescribed Minimum Benefits from your Personal Medical Savings Account at cost, subject to your agreement and available benefit.

Please indicate if your Personal Medical Savings Account should be used to cover non-PMB claims where the service provider has charged in excess of the benefit paid by Remedi.

Yes ☐ No ☐

3. Standard Option GP Selection

Please complete this if you have selected Remedi Standard as your chosen benefit option. Please select a GP on the Scheme GP Network for yourself as well as each of your dependants. You also need to allocate a Second GP as per the Footnote inserted below the table indicated. You may find the list of GPs to choose from by calling our Contact Centre on **0860 116 116**. If you experience any difficulties in making a selection, you may also reach out to your employer office for further assistance and/or guidance.

	Name	GP Name/ Group Practice Name	Practice Number (Required)	Second GP/Group Practice Name*	Practice Number (Required)
Main member					
Spouse or partner					
Dependant 1**					
Dependant 2**					
Dependant 3**					
Dependant 4**					
Dependant 5**					

*If you live far away from where you work or you often need to work in different towns or province, you may need a second GP. Please only choose a second GP if this applies to you.

** Please ensure that the dependant information you give above aligns with your membership and registered details as this form cannot be used to add dependants onto your membership. To add additional dependants or to change your dependants please reach out to your employer office or if you are a pensioner contact us on **0860 116 116**. If you have more than 5 dependants registered with the Scheme we will need you to contact us on **0860 116 116** to receive an additional form to complete.

4. Declaration

I hereby sign and acknowledge that this Year-End Option Change form is taking effect on 1 January 2025. Any authorisations for procedures and treatment will be subject to the benefits available on the new benefit option as per this application submitted to the Scheme. I have read the Scheme's Benefit Brochure(s) and available communications on the Scheme website at www.yourremedi.co.za and familiarised myself with the benefits of my chosen benefit option, 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 option by the Administrator, nor my employer, and I 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 decision to change benefit options is once-off and the next opportunity to change will be at the end of the year.

If you can't physically sign this form, you must sign it digitally. We accept digital signatures from the following digital signature providers:
* SigniFlow
* DocuSign
* Quickly Sign
* Hellosign
* Santamflow
* Smart Advise signatures
* Adobe Sign with certificate

5. Electronic return signature

I acknowledge and confirm the following:

- I have read, understood and agree to the terms and conditions of the Year-End Option Change Form.
- I hereby indemnify Discovery Health (Pty) Ltd, Remedi, its employees and representatives against any loss or damage I may suffer, which may arise directly or indirectly from my decision.

Full name and surname

Member's signature

Date D D M M Y Y Y Y

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