

Discovery option change form 2016

Notes

Only complete the change form if you wish to make a change to your health plan.

The cut off for all option changes to be received is : **27 November 2015**

Please can you return this form once completed and signed by HR to: administration@discovery.co.za and copy to lcockcroft.co.za@gtc.co.za

Principal members details (All fields compulsory)	
Membership number	
Member name (Initials & Surname)	
Employer name	
Employer number	
Members e-mail address	

Please clearly indicate if you wish to continue your Vitality or KeyFIT benefit with your new option.

Option Choice for 2016							
Executive Plan		Vitality	Y/N	Keyfit	Y/N		
Comprehensive Series							
Classic		Classic Delta		Classic R0 MSA		Essential	Essential Delta
Priority Series							
Classic		Essential					
Saver Series							
Classic		Classic Delta		Coastal		Essential	Essential Delta
Core Series							
Classic		Classic Delta		Coastal		Essential	Essential Delta
Smart Plan							
KeyCare Series							
Plus		Core		Access			

Please note for the KeyCare Plus plan a Preferred GP must be chosen.

GP Practice name and Practise number: Name: _____ No: _____

Gross Income if any KeyCare option chosen: R _____ per month

Members signature: _____ Date: _____

HR Rep signature: _____ Date: _____

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