

Option selection form

2026

Important notes:

- You only need to complete this form if you want to change your current option and/or choice of provider. Please make sure that all the selections for your chosen option are completed. Incomplete information will cause a delay in the processing of your option change.
- If your employer pays your contributions, please submit the fully completed form to your HR or Payroll department.
- If you are an individual member, please send the fully completed form to the Momentum Medical Scheme membership department via email at mhmembership@momentum.co.za.
- Please make sure that this form reaches Momentum Medical Scheme by **no later than 28 November 2025**. The requested changes will be effective from 1 January 2026.
- Momentum Medical Scheme's 2026 benefit and contribution amendments have been submitted to the Council for Medical Schemes and are subject to approval by the Regulator.

Member details

Member number	<input type="text"/>	Employee number	<input type="text"/>
Title	<input type="text"/>	Initial/s	<input type="text"/>
ID number	<input type="text"/>	Surname	<input type="text"/>
Email	<input type="text"/>	Cellphone number	<input type="text"/>

Option choice

Ingwe Option	<input type="checkbox"/>	Hospital provider	Chronic and Day-to-day provider
		Connect hospitals	State facilities
		Ingwe Network hospitals	Ingwe Primary Care Network provider
		Any hospital	Ingwe Active Network provider
Income		R23 501+	R18 001 - R23 500
		R1 551 - R9 400	≤ R1 550
			R12 501 - R18 000
			R9 401 - R12 500

*If less than R23 501, please complete the **Declaration of Income**

GP's practice number	<input type="text"/>
GP's name	<input type="text"/>

Evolve Option	<input type="checkbox"/>	Hospital provider Evolve Network	Chronic provider State
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Custom Option	<input type="checkbox"/>	Hospital provider	Chronic provider
		Any hospital	Any
		Associated hospitals	State
			Associated GP and Courier Pharmacies

Incentive Option	<input type="checkbox"/>	Hospital provider	Chronic provider	Savings: 10%
		Any hospital	Any	
		Associated hospitals	State	
			Associated GP and Courier Pharmacies	

Extender Option	<input type="checkbox"/>	Hospital provider	Chronic provider	Savings: 25%
		Any hospital	Any	
		Associated hospitals	State	
			Associated GP and Courier Pharmacies	

How would you like us to pay your day-to-day claims?

At the claims accumulation rate	<input type="checkbox"/>	At up to 200% of the Momentum Medical Scheme Rate	<input type="checkbox"/>
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Summit Option	<input type="checkbox"/>	Hospital provider Any	Chronic and Day-to-day provider Freedom-of-choice
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Declaration

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

Signature of principal member	<div></div>	Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
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Employer approval (to be completed if your employer pays your contributions)

Name	<div></div>		
Designation	<div></div>		
Signature of authorised person	<div></div>	Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Employer stamp	<div></div>		