

OPTION SELECTION FORM 2026



Sanlam healthcare partner

It is important to remember that option changes are only effective on 1 January each year.

E-MAIL TO:
renewal@fedhealth.co.za

OR MAIL COMPLETED FORM TO:
Fedhealth Product Renewal 2026
Private Bag X3045
Randburg
2125

Broker House: Aon South Africa (Pty) Ltd

Tel No: 0860 100 404

Broker Code: AON001M17

SECTION 1 MEMBER DETAILS AND OPTION SELECTION FORM

Option Selection Form to be received by no later than 30 November 2025.

Membership number:	<input type="text"/>	ID Number:	<input type="text"/>
Surname:	<input type="text"/>	First name/s:	<input type="text"/>
Title:	<input type="text"/>	Initials:	<input type="text"/>
		Preferred name:	<input type="text"/>
Nationality:	<input type="text"/>	Passport number, if no ID:	<input type="text"/>
Country of issue of passport:	<input type="text"/>		
Income Tax Number	<input type="text"/>		
Postal address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		Postal Code: <input type="text"/>
Work:	<input type="text"/>	Home:	<input type="text"/>
Fax:	<input type="text"/>	Cell:	<input type="text"/>
E-mail:	<input type="text"/>		
I, <input type="text"/>	wish to change my option to: (Please select one option by marking "x" in the appropriate selection box.)		
(Name of principal member)			

OPTION SELECTION

maxiFED

☐ maxima EXEC ☐ maxima PLUS

myFED

☐ myFED*
• If your contribution is paid by your employer, please also complete section 5.
• If your contribution is not paid by your employer, please also complete section 3.

* Please also complete Section 2 for nomination of a Fedhealth network GP (General Practitioner).

flexiFED

<input type="checkbox"/> flexiFED 1*	<input type="checkbox"/> flexiFED 2*	<input type="checkbox"/> flexiFED 3*	<input type="checkbox"/> flexiFED 4
<input type="checkbox"/> flexiFED 1 ^{Elect} *	<input type="checkbox"/> flexiFED 2 ^{Elect} *	<input type="checkbox"/> flexiFED 3 ^{Elect} *	<input type="checkbox"/> flexiFED 4 ^{Elect} *
	<input type="checkbox"/> flexiFED 2 ^{GRID} *	<input type="checkbox"/> flexiFED 3 ^{GRID} *	<input type="checkbox"/> flexiFED 4 ^{GRID} *

* Please also complete Section 2 for nomination of a Fedhealth network GP (General Practitioner).

flexiFED CHOICE OF DAY-TO-DAY

☐ HOSPITAL PLAN

☐ FEDHEALTH SAVINGS PLAN

I choose to select this option according to the recommended activation as per the flexiFED brochure and understand that this may be pro-rated as per my membership join date.

☐ FEDHEALTH BACKUP SAVINGS PLAN

Fedhealth Savings refers to the innovative MediVault and Wallet facility for day-to-day expenses

• I do not want to activate an amount now ☐
• I would like to activate the following amount to my wallet:
(Minimum R600) R
• I would like to activate my full Fedhealth Savings benefit ☐

Repayments are calculated at a maximum of 12 equal instalments based on the amount activated. I understand that the chosen amount may be pro-rated as per my membership join date:

• I wish to repay my Fedhealth Savings over 12 months ☐
• I wish to repay my Fedhealth Savings over number of months*

*This can be anything from 1 - 11 months

SECTION 2 NOMINATED GP DETAILS

If you have selected flexiFED 1, flexiFED 1^{Elect}, flexiFED 2, flexiFED 2^{GRID}, flexiFED 2^{Elect}, flexiFED 3, flexiFED 3^{GRID}, flexiFED 3^{Elect}, flexiFED 4^{GRID}, flexiFED 4^{Elect} or myFED, you are required to nominate a GP (General Practitioner) from the Fedhealth network for yourself and your dependants. Please note that only visits to a nominated GP will be covered on these options. For a list of GP's on the Fedhealth network visit www.fedhealth.co.za, click on member tools and you will find the GP locator button on the right hand side of the page. Alternatively you can phone the Customer Contact Centre on 0860 002 153 for more information.

	MEMBER / DEPENDANT NAME	NOMINATED GP DETAILS		
		NAME	PRACTICE NUMBER	CONTACT DETAILS
Principal member		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.
Dependant		1.	1.	1.
		2.	2.	2.

SECTION 3 INCOME VERIFICATION FOR THE MYFED OPTION

NB: Please tick appropriate box if an employer does not pay your contribution

Highest household income per month

- ☐ R1 – R11 063
☐ R11 064 – R15 617
☐ R15 618 – R21 651
☐ R21 652 – >

Income is considered as the income of the highest earner per household. Income to declare includes, but is not limited to, average monthly earnings over the last 12 months from guaranteed earnings, guaranteed allowances, company contributions and variable pay or commissions from employment (this includes self-employment and informal employment), pension and annuity proceeds, interest earned on active and passive investments, rental income from leasing properties and distributions received from a trust. Members will be required to declare income on an annual basis at the beginning of the new year.

IMPORTANT NOTICE:
 Declaring income lower than your actual income is fraud.
 This may lead to the termination of your membership.

By signing this form, you give your permission for us to verify your declared income using all relevant internal and external sources.

Please provide the following supporting documentation as proof of income, if not joining through your employer:

- Last 3 months' (90 consecutive days) bank statements; and
- If employed, your last 3 months' payslips and commission schedules, or most recent tax year's IRP5 certificate
- If student, proof of enrolment at an academic institution
- If self-employed, most current financial statements
- If pensioner, proof of annuity and/or employer pension and/or State Older Person's Grant
- If unemployed, UIF certificate

SECTION 4 DECLARATION BY MEMBER

I understand that this option selection will apply to my 2026 option choice.

Member signature: _____

Date: _____

SECTION 5 DECLARATION BY EMPLOYER, IF APPLICABLE

To be completed if employer is responsible for all or part of contribution

myFED monthly salary of applicant

Name of employer:

The above details have been noted and approved. Contributions will be adjusted in terms of the scheme rules effective 1 January 2026.

Paypoint code

Date

Designation

Company stamp

Broker House: Aon South Africa (Pty) Ltd

Tel No: 0860 100 404

Broker Code: AON001M17



Benefits of appointing Aon South Africa Healthcare as your intermediary

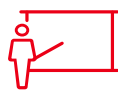
Across Aon, we are united in our passion to provide you with the insights and support to make Better Decisions around all aspects of your holistic wellbeing, medical scheme, gap cover and primary care insurance. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to the following:
 - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
 - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
 - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Client Assistance Programme**
 - We are delighted to offer you access to a range of essential services at absolutely no charge. The Aon Client Wellbeing Programme is a telephonic, online, and structured e-mail support program (excluding in-person or video sessions). The following services are available through our third- party service provider, LifeAssist:
 - Structured Telephonic Counselling
 - Telephonic Trauma Support
 - Financial Wellbeing Coaching
 - Legal Advisory Services
 - Health and Wellness Services (professional advice from a dietician and a biokineticist)
- **General Updates:**
 - Ad-hoc updates pertaining to Medical schemes industry and providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is no additional fee charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products, we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

For more information, contact Aon South Africa:

0860 100 404 | arc@aon.co.za | www.aon.co.za

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

<http://www.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at <http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

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Disclaimer:

The Benefits and contributions are subject to approval by the council for medical schemes. Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.



Contact us on: 0860 100 404, P.O. Box 78367, Sandton, 2146, www.aon.co.za
FSP number: 20555; CMS number: ORG895
Follow our [website link](#) for further information on Aon's processing of your personal information

Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my medical scheme membership.

My ID: _____ and membership number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme. This monthly commission is 3% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus Value Added Tax (VAT).

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Membership number: _____ ID or passport number: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed financial advisor as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
<ul style="list-style-type: none">* Name and Surname* Membership number* Date of birth* ID number* Postal Address* Physical address* E-mail Address* Telephone numbers* Cellular Number* Number of dependents	<ul style="list-style-type: none">* Plan type* Medical Savings Account (MSA)* Balance Medical Scheme benefits* Spent for the year Accumulated* Medical scheme Savings Account* Medical Savings Carry over from previous year* MSA reimbursement, Scheme Rate or cost* Self-payment Gap* Above Threshold Benefit* Waiting period details* Late joiner penalty indicator* Wellness benefits	<ul style="list-style-type: none">* Total Contribution* Contribution breakdown	<ul style="list-style-type: none">* Chronic Indicator/confirmation (Yes/No)* In Hospital Indicator/confirmation (Yes/No)* Confirmation of claims paid and from what benefit* Claims transaction history* Procedures done in doctor's rooms paid from Hospital Benefit



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____ on yy/mm/dd: _____

Signature: _____

Broker House Name: Aon South Africa (Pty) Ltd
Broker House Code:1004785125
Broker Code:1020031108