Broker House: Aon South Africa (Pty) Ltd Tel No: 0860 100 404
Broker Code: 4160

INDIVIDUAL MEMBER BENEFIT OPTION CHANGE FORM

1. APPLICANT (PRINCIPAL MEMBER)

Membership number

Surname

Initials

ID number

2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER)

Email address

Telephone number (w)

Cell phone number

Physical address

Postal code

3. BENEFIT OPTION

Benefit option (indicate with 'X')

Beat1	Beat1N (Network) †	Pace1
Beat2	Beat2N (Network) †	Pace2
Beat3	Beat3N (Network) †	Pace3
Beat3 Plus		Pace4
Beat4		

Rhythm1 * ‡	Rhythm2 * ‡

Income bracket if you are joining on the Rhythm1 Option

R 0 - R 9 000 monthly	R 9 001 - R 14 000 monthly	R 14 001 and above monthly

Income bracket if you are joining on the Rhythm2 Option

R 0 - R 5 500 monthly	> R 5 501 monthly

* Provide **proof of income** (3 months' payslips or bank statements - not older than 3 months).
Please note that you will be registered on the highest bracket, pending proof of income.

†

Members on any of the BeatN options enjoy an efficiency discount. By selecting one of the BeatN options you acknowledge and agree to the following conditions:
1. I am limited to a hospital network and designated service providers as determined by the Scheme.
2. I am aware of the location of the nearest above-mentioned network hospital providers.
3. If I willingly do not make use of the aforesaid network providers, I am aware and agree that I will be held liable for a co-payment in terms of the Scheme Rules.
4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year.

‡

Members on a Rhythm option are restricted to the contracted Rhythm designated service provider network. By selecting a Rhythm option you acknowledge and agree that your option is subject to the following:
1. GP network
2. Specialist network (Referral required from network GP)
3. Hospital network

© Bestmed Medical Scheme
Bestmed Medical Scheme is an Authorised Financial Services Provider (FSP no. 44058)

4. POPIA PROVISIONS FOR APPLICANT

Personal Information Processing Notice and Member Acknowledgement

1. Bestmed Medical Scheme processes personal information to verify, assess and action this benefit option change request; maintain accurate membership records; administer contributions, claims and benefits; communicate with you about your membership; comply with applicable legal, regulatory and Scheme requirements; and prevent unauthorised changes, fraud, abuse or irregular activity.
2. The information processed may include your membership number, identity and contact details, selected benefit option, income or supporting information where required, contribution and benefit information, and records of instructions or communications received from you.
3. Bestmed does not rely on consent as the sole basis for processing personal information required to process and administer this request. Depending on the purpose, processing may be necessary to action your instruction, administer the membership relationship, comply with legal obligations, protect your or your dependants' legitimate interests, and support Bestmed's legitimate interests in proper Scheme administration, verification, fraud prevention and regulatory compliance.
4. The information requested in this form is generally required. Failure to provide complete and accurate information may result in Bestmed being unable to process the request, update your membership profile, apply the correct benefit option, or administer contributions, claims and benefits correctly.
5. Bestmed may verify the information provided and may share personal information with administrators, managed care providers, brokers where applicable, banks or payment service providers, IT and data service providers, auditors, regulators, statutory bodies, fraud-prevention bodies and other contracted service providers where necessary for the purposes described above.
6. Further information about how Bestmed processes and protects personal information, including retention, cross-border processing and data subject rights, is available in Bestmed's Data Protection and Privacy Policy, available on Bestmed's website or on request.
7. By signing this form, I acknowledge that I have been notified of the processing of personal information for the purposes described above and in Bestmed's Data Protection and Privacy Policy.

Signature of applicant

D	D	M	M	Y	Y	Y	Y

5. APPLICATION AND DECLARATION

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December.
I understand the benefits of my new option choice and accept the option change on my membership profile.

Signed by me _____ on this ____ day of month YYYY

Signature of principal member

* The Scheme Rules will determine admission and the applicable rates.