FEDHEALTH

Broker House: AON South Africa (Pty) Ltd
Tel No: 0860 100 404
Broker Code: AON001M16

Sanlam preferred healthcare provider

OPTION SELECTION FORM 2027

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 2027
Private Bag X3045
Randburg
2125

SECTION 1 MEMBER DETAILS AND OPTION SELECTION FORM

Option Selection Form to be received by no later than 30 November 2026.

Membership number: | ID Number:

Surname: | First name/s:

Title: | Initials: | Preferred name:

Nationality: | Passport number, if no ID:

Country of issue of passport:

Income Tax Number:

Postal address:

Postal Code:

Work: ( ) | Home: ( )

Fax: ( ) | Cell: ( )

E-mail:

I, _____ 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).

sureFED

☐ sureFED Plus* ☐ sureFED Essential*

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

flexiFED

☐ flexiFED 1* ☐ flexiFED 2* ☐ flexiFED 3* ☐ flexiFED 4

☐ flexiFED 1 Elect* ☐ flexiFED 2 Elect* ☐ flexiFED 3 Elect* ☐ flexiFED 4 Elect*

☐ flexiFED 2 GRID* ☐ flexiFED 3 GRID* ☐ 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 flexi**FED** 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], sureFED[Plus], sureFED[Essential] 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 Find a Provider, and follow the prompts. Alternatively you can phone the Customer Contact Centre on 0860 002 153 for more information. You can nominate up to 2 GPs per beneficiary.

	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 494
☐ R11 495 - R16 226
☐ R16 227 - R22 495
☐ R22 496 – >

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 2027 option choice.

Member signature: _____ Date: _____

SECTION 5 DECLARATION BY EMPLOYER, IF APPLICABLE

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

my**FED** 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 2027.

Paypoint code _____ Date _____

Designation _____

Company stamp