

Annual Option Change: Online Tool
Fedhealth and Medshield online application tile

FAQ

- Annual option change process
- Change of dependants on Fedhealth/Bestmed/SPHI
- Move from Bestmed to Fedhealth/Medshield/SPHI
- Non-principal members of Fedhealth, Bestmed and SPHI that want to apply for Fedhealth, Medshield or SPHI
- Fedhealth and Medshield online application tile
- Troubleshooting
- Support


IMPORTANT INFORMATION: NEW MEMBERS OF FEDHEALTH OR MEDSHIELD

- If you join Fedhealth or Medshield for the first time, you have to complete the online application that will be available on the Healthcare Portlet on Share Point.
- Ensure that you have the relevant documentation (ID numbers) of any dependants that you will be adding to your Fedhealth or Medshield application.

ANNUAL OPTION CHANGE

1. How do I change my option if I am the principal member of Fedhealth/Bestmed/SPHI?

Go to mWS, SAP Employee Self Service, Medical Aid Options, Medical Aid Tool



SAP
Employee Self Service

Remuneration

[Statements](#)

Performance Bonus

Payslip

IRP5 Tax Certificate

SUF Benefit

Remuneration and Benefit Statement

Medical Aid Options

Medical Aid Tool

2. Which option do I select:

After consultation with your medical broker, you can select your option under New Option. Click on Calculate to view the 2026 premium. Once you are satisfied with your option, click on Submit. You are now done with your option change.

To ensure you receive an email notification confirming your new premium for 2026 it is imperative that you submit your option even though you require no option changes.

Medical Aid Details

Effective Date: 1 January 2026

Current Option		New Option	
Member Number:	84000113377	84000113377	
Medical Aid Scheme:	Fedhealth	Fedhealth	
Medical Aid Option:	flexiFED Savvy	flexiFED 1 (Fixed Savings)	
Adult Dependents:	00	00	
Child Dependents:	00	00	

Monthly Medical Aid Contribution - click calculate for new contribution

	Current	New
Savings Premium:		459.00
Risk Premium (Hospital Cover):		2,603.00
Total Medical Scheme Contribution:	0.00	3,062.00

Calculate

Submit **Refresh**

3. How will my scheme be notified of my option change?

Once you select your option, click on Submit. You will receive an email notification of the change you have made and confirmation of your 2026 premium. HCSS will inform the relevant fund of your option change.

4. Until when will the tool be available for option changes?

The tool will be closed on Friday, 28 November at 17h00. Thereafter no further changes will be allowed.

5. What do I do if I made a mistake with my option change and I want to change my option again?

You can send an email to HCSS to reset your option on the mWS tool. You will be notified via email when you are open to access the mWS tool again.

Email address: ResetMedical@sanlam.co.za

6. What do I do if I want to change my Fedhealth or Medshield option after I have submitted my online application.

You can send an email to HCSS to reset your Fedhealth or Medshield application. HCSS will request AfroCentric to open the online application for you again. You will be notified via email when you are open to access the mWS tool again.

Email address: ResetMedical@sanlam.co.za

7. How will my Fedhealth premium with my savings selection be displayed from January 2026?

Your Risk premium will be deducted as Fedhealth premium and your **Fixed Savings or Max Savings** will be deducted as a **MediWallet** deduction.

CHANGE OF DEPENDANTS ON FEDHEALTH/BESTMED/SPHI

8. Can I change/add/take off my dependants on the MWS tool when I do my option change?

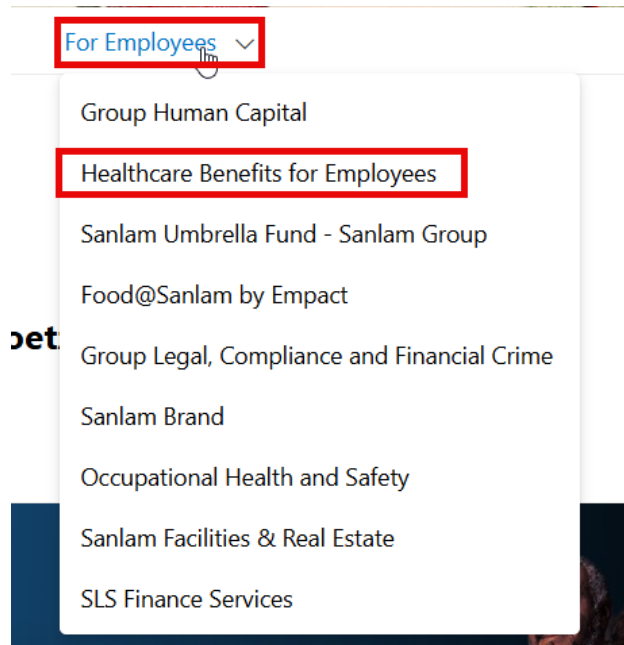
The tool is **only to change your option** or apply for membership with Fedhealth or Medshield via the online application tile.

If you want to add or take dependants off your existing option, please follow the normal process, by completing the necessary documentation and send the instruction to HCSS.

http://kta.sanlam.co.za/TotalAgility/forms/hrss_eform_input/

9. I am an existing Sanlam employee and registered as an adult dependant on my spouse/partner medical aid. I want to move to Fedhealth, Medshield or SPHI (qualifying employees only).

Access the Health Care Portal on Share Point site, Healthcare Benefits for employees/Annual Option changes for your Medical Scheme



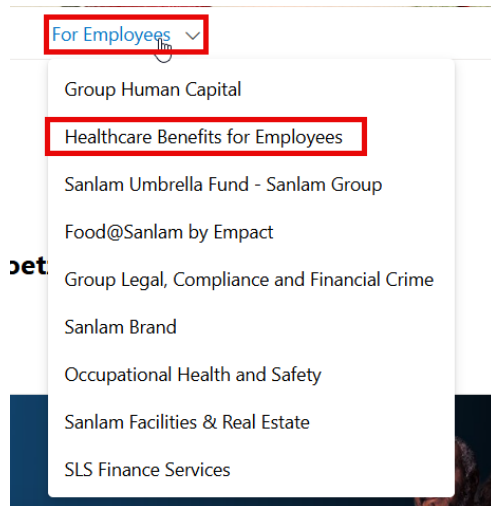
Click on the link and follow the steps to apply for membership with Fedhealth or Medshield. (Below information on the Fedhealth and Medshield online application tile.

FEDHEALTH AND MEDSHIELD ONLINE APPLICATION TILE

Only Bestmed/SPHI or existing Sanlam employees or members that want to move to Fedhealth or Medshield should complete the online application tile.

INFORMATION TO HAVE READY BEFORE YOU START WITH THE APPLICATION PROCESS: Specifically applicable to special dependants

Access the Health Care Portal on Share Point site, Healthcare Benefits for employees/Annual Option changes for your Medical Scheme



Click on the link and follow the steps to apply for membership with Fedhealth or Medshield. (Below information on the Fedhealth and Medshield online application tile.

It is important to load your dependants, if you want to add dependants on the online application tile.

Disclaimer

- In order to complete the application process you will require the following information at hand for the main member and any additional dependants:

✓Previous medical aid certificate (only for special dependants)

✓Legal proof of adoption (if applicable)

✓Proof of studentship (if applicable)

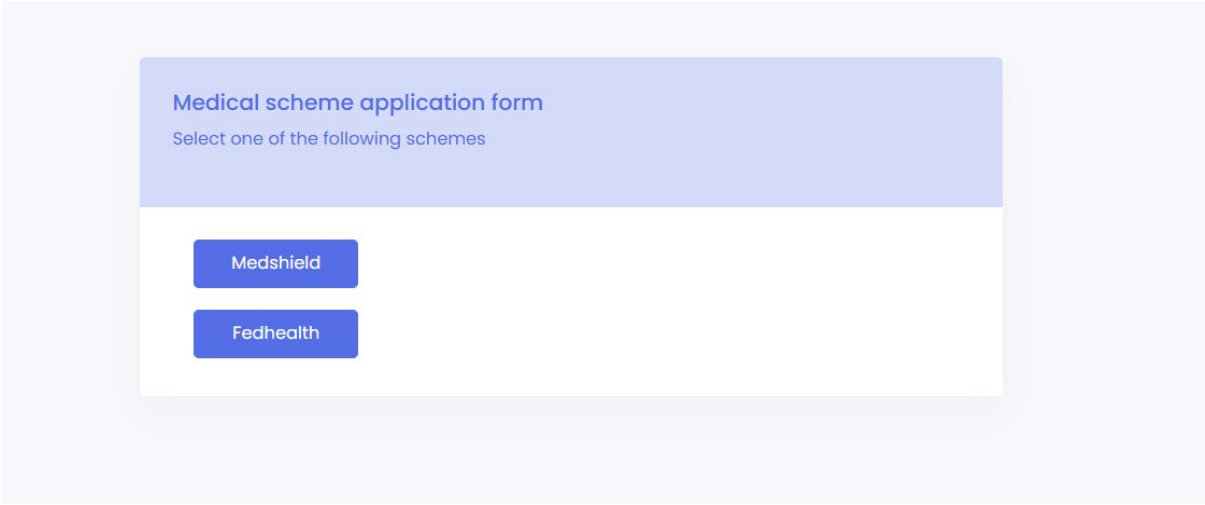
✓Divorce decree (if applicable)

✓Affidavit for child dependant over 21 if not student

✓An affidavit confirming residency, employment, income and marital status of dependant child and both their parents, for sibling, grandchild, nephew or niece under the age of 18 (only for special dependants).

✓Some fields are compulsory and you will not be able to submit the application without these fields being completed

Click on Year End Option Change (Existing employees only)



The image shows a 'Medical scheme application form' with a light blue header. Below the header, it says 'Select one of the following schemes'. There are two blue buttons: 'Medshield' and 'Fedhealth'.

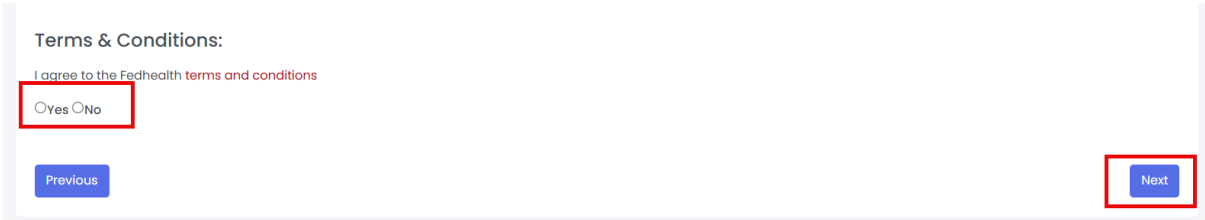
You can select between Fedhealth or Medshield

There will be a ribbon with 9 different pages that you need to complete



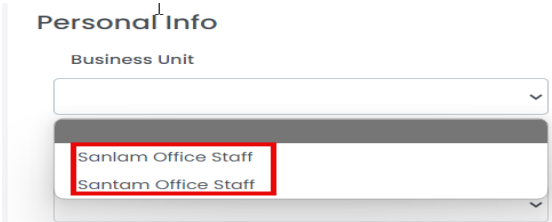
The image shows a ribbon with 9 steps: 1 Disclaimer, 2 Main Member, 3 Dependants, 4 Select a Plan, 5 Previous Medical Cover, 6 Medical Conditions, 7 Banking Details, 8 File Uploads, and 9 Summary. A hand icon is pointing to step 3.

View the Terms and Conditions and click on Next. You will not be able to move to the next page without accepting both Terms & Conditions.



The image shows a 'Terms & Conditions' form. It has a checkbox for 'I agree to the Fedhealth terms and conditions' with 'Yes' selected. There are 'Previous' and 'Next' buttons. The 'Next' button is highlighted with a red box.

Sanlam employees should choose Sanlam Office Staff/Santam employees should choose Santam Office Staff



The image shows a 'Personal Info' form. It has a 'Business Unit' dropdown menu. The dropdown is open, showing 'Sanlam Office Staff' and 'Santam Office Staff'. The 'Sanlam Office Staff' option is highlighted with a red box.

Please enter your employee number without any prefix (letter) in front of the number.

Employee
Number

123456

Click on “Add” when you want to add your dependants. Have their ID numbers at hand when you add them.

Application

1

Disclaimer

2

Main Member

3

Dependants

4

Select a Plan

5

Previous Medical Cover

6

Medical Conditions

7

Banking Details

8

File Uploads

9

Summary

Please note:

Any dependant turning 21, and dependants over the age of 21, must furnish either proof of registration from a full-time tertiary institution for the current year or an affidavit.

For any dependant, other than your biological children, please supply supporting legal documentation of adoption or foster arrangement, as well as an affidavit confirming residency, income, employment, and marital status of both the child and natural parents.

For adult dependants, please supply an affidavit confirming residency, marital status, employment status, and income.

Do you want to add a dependant?

Previous

Add

Next

The start date defaults to 1 January 2026. Select your plan and choose your specific Savings Selection if applicable to your option.

Please read through the GAP cover information and select your option. This will not automatically provide you with GAP cover membership. You need to apply for GAP cover separately from this tile.

The medical scheme contribution, based on your option and dependants will be displayed at the bottom of the page.

e

maxima Plus

flexiFed 4 Grid

flexiFed 2 Elect

flexiFed 2

flexiFed 3 Grid

savvy

flexiFed 4

flexiFed 3

flexiFed 4 Elect

maxima Exec

flexiFed 1

flexiFed 1 Elect

flexiFed 3 Elect

flexiFed 2 Grid

myFed

(2)

MediPhila

PremiumPlus

MediCurve

MediCore

MediBonus

MediPlus Compact

MediPlus Prime

MediSaver

MediValue Compact

MediValue Prime

If you have information of your previous medical cover, you can add the information.

Application

1

Disclaimer

2

Main Member

3

Dependants

4

Select a Plan

5

Previous Medical Cover

6

Medical Conditions

7

Banking Details

8

File Uploads

9

Summary

Add

Previous

Next

You can add medical conditions here. This is applicable to yourself and your dependants.

Application

1

Disclaimer

2

Main Member

3

Dependants

4

Select a Plan

5

Previous Medical Cover

6

Medical Conditions

7

Banking Details

8

File Uploads

9

Summary

Please note:

Have you or any of your dependants been diagnosed or been treated for with any conditions in the last 12 months? If yes, please click add, alternatively press next.

Add

Application

1 Disclaimer 2 Main Member 3 Dependants 4 Select a Plan 5 Previous Medical Cover 6 **Medical Conditions** 7 Banking Details 8 File Uploads 9 Summary

Medical Conditions – 1

Related To

Medical Questions

Please specify the condition as per the above selection

Have you been hospitalised?
☐ Yes
☐ No

Are you currently receiving treatment?
☐ Yes
☐ No

Name of medication and dosage

Please add your banking information on this page. The banking information will be used for any refunds that might be due to you. Your medical aid premium will be deducted from your salary every month.

Application

1 Disclaimer 2 Main Member 3 Dependants 4 Select a Plan 5 Previous Medical Cover 6 Medical Conditions 7 **Banking Details** 8 File Uploads 9 Summary

Refund Bank Details

I hereby instruct Fedhealth to electronically deposit claims refunds, using the information provided below. I understand that transfers cannot be done to and from credit card accounts.

Bank

Account Type

Account Number

Account Holder

Is a 3rd Party paying for the contributions?
☐ Yes
☐ No

[Previous](#) [Next](#)

Upload documentation if requested. This might be applicable to special dependants (parents, etc).

Request for the uploading of documents for special dependants

Application

1

2

3

4

5

6

7

8

9

Disclaimer
Main Member
Dependants
Select a Plan
Previous Medical Cover
Medical Conditions
Banking Details
File Uploads
Summary

Special Dependants Upload
4109110044083.pdf
6801160084088.pdf

Drop files here to upload

Previous

Next

The last page will display a summary of the information you have completed on the previous pages. You can check the information on this page. Should you need to change anything, you can navigate any of the previous pages and make a change.

Application

1

2

3

4

5

6

7

8

9

Disclaimer
Main Member
Dependants
Select a Plan
Previous Medical Cover
Medical Conditions
Banking Details
File Uploads
Summary

Application Summary

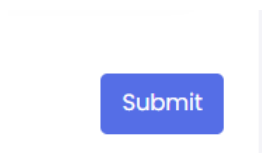
Please check the information you have entered to verify if this has been captured correctly. Should you need to change any information please navigate to the section using the progress bar to your left. Once you are happy that all the information you would like to declare is correct, you can submit your application.

Note: A pdf version of your completed application view will be emailed to you upon submission for record keeping.

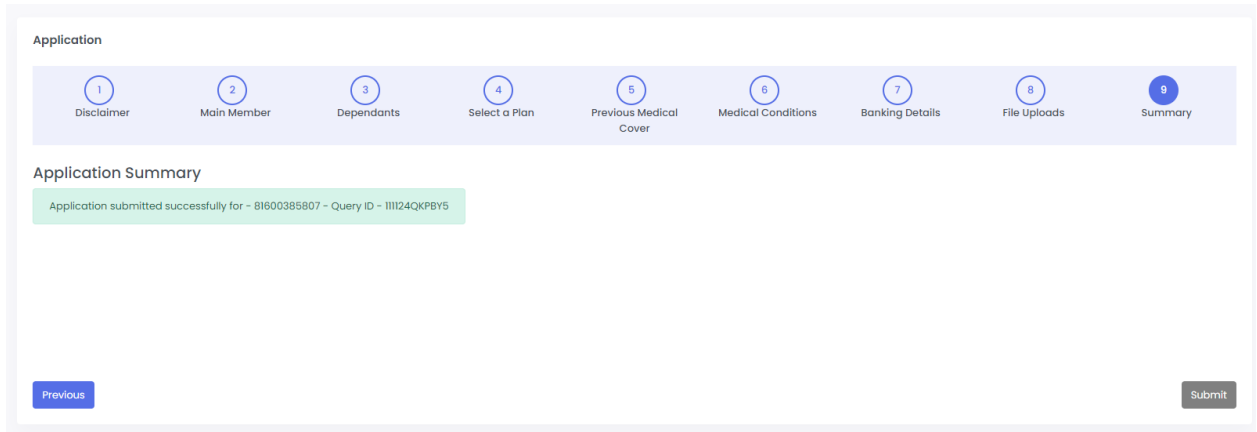
Medical Plan Details	
Start Date	2025-01-01
Plan	PL802 - flexiFed 4

Main Member	
I agree to the terms and conditions	Yes
I agree to the Fedhealth Savings terms and conditions	
I hereby consent to my data held by my previous medical scheme, or their administrator being shared directly with Fedhealth Medical to assist with the onboarding process.	Yes

Once you are comfortable with the information, you can click on "Submit"



When your submission has been loaded successfully, the message below will appear.



You will receive a summary of your application via email. The summary will also confirm your membership number and confirmation that your application was loaded on the Fedhealth or Medshield system.

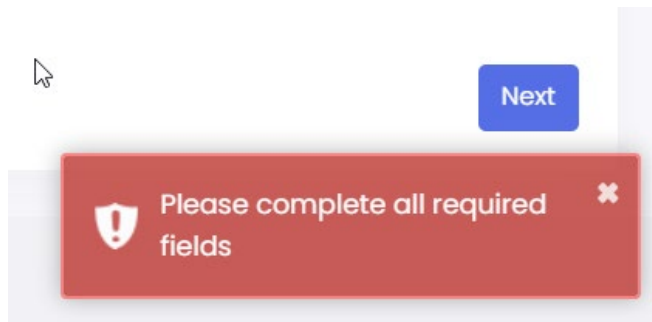
If you are a principal member of Bestmed or SPHI, remember to go back to the mWS tool to also submit your change on the tool. You will then receive an email to confirm your change to Fedhealth or Medshield.

You are now done with your Fedhealth or Medshield application and online submission on mWS.

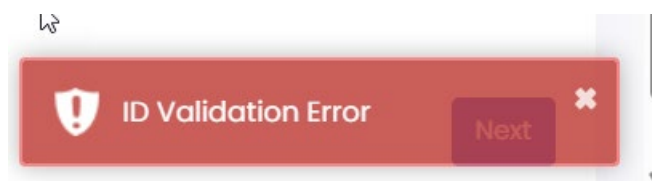
TROUBLESHOOTING:

10. Why do I get these messages?

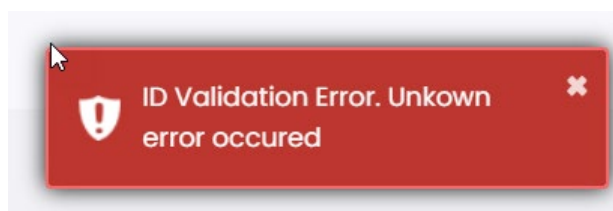
You have not completed all the fields required on the page. The missing information will be highlighted in red. Once completed, click on Next to move on.



The ID number you have filled in is not correct. Home Affairs could not validate your ID number. Please enter the correct ID number



You have not entered the Full Names as on your or your dependants ID. Please enter all the names



The contact detail that you have added has too many numbers.

Only add your cell phone number, you do not have to add Home or Work numbers

Application

1 Disclaimer 2 Main Member 3 Dependants 4 Select a Plan 5 Previous Medical Cover 6 Medical Conditions 7 Banking Details 8 File Uploads 9 Summary

Application Summary

Application submitted with errors - ApplicationLoader Error. LOAD MAIN MEM DEPENDANT FAILED - ERROR: ORA-12899: value too large for column "MBSUPER"."MDS_DT_DEP_LOADER"."TELEPHONE_NUMBER2" (actual: 22, maximum: 20)

Previous Submit

Contact Info

Email
ursula.coetzee2@sanlam.co.za

Home

Mobile
0794522355

Work

Home Address Details

Complex Number

Complex Name

Street Number
20

Street Name
Falcon

Suburb
BELLVILLE EXT 24

City
BELLVILLE

Province
WESTERN CAPE

Postal Code
7530

To ensure the correct suburb and postal is captured please click here

SUPPORT:

11. Who do I call if I need advice on my medical aid choice or option?

Sanlam and MiWay Office staff: Simeka Health

info@simekahealth.co.za / 0860 122 340

12. Who do I inform if I want to reset my option change or change my Fedhealth or Medshield application?

You send an email to Resetmedical@sanlam.co.za with your employee number and request a reset of your change. You will be informed once done and then you can continue with your changes on the mWS tool and Fedhealth online application if necessary.