COVID-19 OPTION DOWNGRADE FORM 2020

it is important to remember that the option change will only be effective for 3 months.
After this period your option will be defaulted back to your original option

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

SECTION 1 MEMBER DETAILS AND OPTION SELECTION FORM

Membership number: _____ ID Number: _____

Surname: _____ First name/s: _____

Title: _____ Initials: _____ Preferred name: _____

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)

PRODUCT OPTION	SELECTION	PRODUCT OPTION	SELECTION	PRODUCT OPTION	SELECTION
maxima **EXEC**		flexi**FED 2**^{GRID*}		flexi**FED 3**^{Elect*}	
maxima **EXEC**^{GRID}		flexi**FED 2**^{Elect*}		flexi**FED 4**	
flexi**FED 1***		flexi**FED 3***		flexi**FED 4**^{GRID*}	
flexi**FED 1**^{Elect*}		flexi**FED 3**^{GRID**}		flexi**FED 4**^{Elect*}	
flexi**FED 2***					

* If you have selected flexi**FED 1**, flexi**FED 1**^{Elect}, flexi**FED 2**, flexi**FED 2**^{GRID}, flexi**FED 2**^{Elect}, flexi**FED 3**, flexi**FED 3**^{GRID}, flexi**FED 3**^{Elect}, flexi**FED 4**^{GRID} **or** flexi**FED 4**^{Elect}, please complete Section 2 below.
All option changes within the option will be automatically approved. Option downgrades will be considered on a case-by-case basis.

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}, 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 DECLARATION BY MEMBER

I understand that this option selection will only be applied for 3 months. I acknowledge that this downgrade may include a hospital Network, and agree to making use of these network/s or to pay the required co-payment when I don't make use of the Applicable hospital Networks

Member signature: _____ Date: _____