

Request for financial support due to COVID-19

To assist you financially with your monthly contributions during this difficult time, Medihelp will consider either applications to interchange to Prime 1 Non-network or Prime 1 Network, depending on your current benefit option, or applications for a payment holiday of three months or less. Please mark the option which you prefer, sign the form and email it to **membership@medihelp.co.za** if you are requesting an **interchange** to Prime1 Non-network/Prime 1 Network, or to **subscriptions@medihelp.co.za** if you are requesting a **payment holiday**.

Please note: Medihelp reserves the right to consider your request in line with risk management principles.

1. Details of member

Please complete your details in full	
Initial and surname:	
Membership number:	Tel No:
ID/passport No:	
Email:	

2. Options

Option 1 – Interchange to Prime 1 Non-network/Prime 1 Network

If you are currently registered on a non-network option, you may only request an interchange to the Prime 1 benefit option. If you are currently registered on a network option (Prime 2 Network, Prime 3 Network or Necesse Network) you may only request an interchange to the Prime 1 Network option. This change will only apply from the first day of the month following the month in which your request was received and approved.

Please select one of the following options by ticking the adjacent box:

- 1. I understand and accept the benefits offered by the Prime 1 Non-network/Prime 1 Network options. I further understand that my membership will automatically revert to my current benefit option after a three-month period.
- I understand and accept the benefits offered by the Prime 1 Non-network/Prime 1 Network options. I further understand that I will remain on Prime1 Non-network/Prime 1 Network for the remainder of the year and must notify Medihelp before 16 December 2020 should I wish to interchange to another option from 1 January 2021.

Option 2 – Payment holiday

I request a payment holiday for the following months: ______, ____, ____, ____, ____, (must be future months)

I understand and accept that this period may not exceed three months and that I will not be eligible for any benefits during this time. I also understand that once the payment holiday period lapses, I will once again be a member of Medihelp.

In case of a dispute, the registered Rules of Medihelp as well as the following terms and conditions will apply:

- 1. The payment holiday will only be granted in cases where the financial impact of the COVID-19 outbreak has made it impossible for the member to honour his/her financial responsibilities; and
- 2. Members with general waiting periods or with currently active condition-specific waiting periods will not qualify for a payment holiday.

gnature of member		Date 2 0 y y m m d d
-------------------	--	----------------------

Customer Care: 086 0100 678 | www.medihelp.co.za 410 Steve Biko Road, Arcadia, Pretoria, 0083 | Medihelp is an authorised financial services provider (FSP No.15738)

RENE COETZEE (2481) Contact: 0842994911 Email: rene@meditrust.biz