



Plan choice 2021

Please complete this form in print and email it to membership@medihelp.co.za or fax it to 012 336 9532.

- You should complete this form only if you want to change to another plan with effect from 1 January 2021.
- The cut-off date to inform us of your new plan is 30 November 2020 for civil servants (Persal) and 15 December 2020 for other members.
- Late requests will NOT be considered.

1. Your information

Please complete your details in full.

Initials and surname	_____	Tel No. (W)	Code _____	No. _____
Email address	_____	Tel No. (H)	Code _____	No. _____
Member No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax No.	Code _____	No. _____
ID/passport No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cell No.	_____	
Residential address	_____			
Postal address	_____			

2. Your plan for 2021

NB: Please select **only one** plan.

<input type="checkbox"/> Plus Comprehensive	<input type="checkbox"/> Elite Comprehensive	<input type="checkbox"/> Unify Savings
<input type="checkbox"/> Prime 3 Comprehensive	<input type="checkbox"/> Prime 2 Savings	<input type="checkbox"/> Prime 1 Hospital plan
<input type="checkbox"/> Prime 3 Network Comprehensive	<input type="checkbox"/> Prime 2 Network Savings	<input type="checkbox"/> Prime 1 Network Hospital plan
<input type="checkbox"/> Necesses Network		

3. Utilisation of savings account funds

3.1 Prime 2, Prime 2 Network and Unify

Please indicate your preference. If you do not select an option, Medihelp will pay all qualifying medical expenses from your savings account:

- Pay all qualifying day-to-day and hospital related medical expenses from my savings account.
- Pay only selective qualifying day-to-day medical expenses from my savings account (excluding certain in-hospital expenses such as co-payments).

3.2 Prime 3, Prime 3 Network and Elite

3.2.1 If you choose Prime 3, Prime 3 Network or Elite, all qualifying day-to-day medical services will first be paid from your savings account. Any savings account funds not used in 2021 will accumulate and will be available for the payment of medical expenses.

3.2.2 Should you change from Prime 2, Prime 2 Network or Unify to Prime 3, Prime 3 Network or Elite, all accumulated savings account funds will be transferred to your cumulative medical savings account on Prime 3, Prime 3 Network or Elite.

3.2.2 Should you have accumulated savings account funds available in the future, please indicate your choice. If you do not select an option, Medihelp will pay all qualifying medical expenses from your cumulative savings account:

- Pay all qualifying day-to-day and hospital related medical expenses from my cumulative savings account.
- Pay only selective qualifying day-to-day medical expenses from my cumulative savings account (excluding certain in-hospital expenses such as co-payments).

4. Gross monthly income - Necesses only

Proof of income must only be provided if the monthly income of both the member and the registered spouse/partner is less than the highest income category, since Medihelp will use the highest of the incomes declared to determine the contribution category.

Gross monthly income of member	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation of member	_____
Gross monthly income of spouse/partner	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation of spouse/partner	_____

For the purpose of the Necesses plan, "monthly income" means the gross monthly income before any deductions.

4. Gross monthly income - Necesses only (continued)

Acceptable proof of income

Important:

- If you cannot provide acceptable proof of income, your contribution will be calculated according to the highest income category.
- Medihelp may require additional proof other than indicated.
- Only official bank statements on which the account holder's initials and surname are indicated, are acceptable. Please indicate clearly on the bank statements which payments (deposits/transactions) refer to your income.

Income from investments:

This income must be declared by all individuals, if applicable, and includes interest, dividends and rental income.

- Letter from an auditor/accountant/income tax adviser
- Latest tax assessment – ITA34
- IT3(a) and the past three months' bank statements
- Rental income – rental agreement and past three months' bank statements

Income from full-time employment:

Gross monthly income includes all forms of remuneration, such as basic salary, overtime, commission, bonuses, allowances, fringe benefits and one-off payments.

- Past three months' official payslips
- Latest tax assessment – ITA34
- IRP5 of the previous tax year
- Past three months' commission and bank statements indicating commission deposits
- An official appointment letter by an employer, not older than three months, which indicates the member's gross monthly income

Pensioners: (Pension, annuity)

- Latest tax assessment – ITA34
- Past three months' pension payment advices. If you have fewer than three months' proof, please also supply the past three months' bank statements

Self-employed: (Income from vocation/profession, total income from business, irregular income)

- Latest tax assessment – ITA34
- Letter from an auditor/accountant/income tax adviser
- Past three months' commission and bank statements

Unemployed:

Individuals who receive no income from a vocation/profession/business, who are unemployed or receive an allowance

- UIF payments
- Past three months' bank statements

Employer groups:

- Any proof of income applicable to individuals as indicated above

Full-time students:

- A notice or letter of confirmation on an official letterhead from the registered tertiary institution where you are registered as a full-time student
- New students who register for the first time: A letter of acceptance for the specific study year

Full-time students who are 26 years or older or have dependants:

- Proof of studies as well as the past three months' bank statements

Income from trusts:

- Latest tax assessment – ITA34
- The past three months' bank statements indicating trust payments

5. Declaration by members who change to a network plan (Prime 1 Network, Prime 2 Network, Prime 3 Network and Necesses)

I confirm that I am aware of the following:

1. I will be liable for co-payments if I do not use Medihelp's hospital network, designated service providers (DSPs) and formulary medicine.
2. I must register my prescribed minimum benefit (PMB) conditions with Medihelp and my PMB chronic medicine must be pre-authorized by Medihelp. Medihelp uses a DSP for PMB chronic medicine and a formulary applies. I will be responsible for a co-payment* on my PMB chronic medicine should I fail to obtain this medicine from the DSP or deviate from the formulary for my benefit plan.
3. My treating specialists should form part of Medihelp's DSP specialist network in order to prevent co-payments on PMB treatments.
4. I must use Medihelp's hospital network for all planned hospital admissions. If there is no network hospital available near my place of residence, I will need to travel to the nearest network hospital to obtain medical services. If I use a non-network hospital instead, I will be liable for a co-payment*, unless the treatment required is in respect of an emergency medical situation** which warrants the involuntary use of a non-network hospital. I further note that in an emergency medical situation, authorisation for the hospital admission should be obtained on the first workday after the admission if I am unable to obtain the authorisation on the day of admission.

* Please refer to your plan's guide/brochure for all applicable co-payments.

** Please refer to your plan's guide/brochure for the definition of an emergency medical condition.

Member's signature

Date

2	0	y	y	m	m	d	d
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