



This form needs to be completed if you wish to change your option for 2012. Please return the completed form to your nearest Minemed medical centre, your payroll department or fax to (041) 395 4596/7.

OPTION SELECTION FORM

I, _____ (name), ID Number _____,
Membership Number _____, Postal Address _____

hereby select the following option to be effective from 1 January 2012:

- **Essential Option*** If you earn more than R13,500 pm If you earn less than R13,500 pm
- **Affordable Option*** If you earn more than R10,600 pm If you earn less than R10,600 pm

**If you are a retiree please submit a copy of your IRP5 and/or complete a Earnings affidavit.*

SIGNATURE

DATE

DECLARATION BY EMPLOYER

EMPLOYER STAMP:



We confirm that the above information is true and correct and that the relevant contribution adjustments will be effected.

NAME : _____

DATE : _____ 2011