

PLAN SELECTION FORM

PLEASE COMPLETE IN BLOCK LETTERS.

Members have the opportunity to change their current benefit plans at the end of each year. No plan changes will be allowed after 14 December 2023.

You may change your plan by completing this plan selection form and returning it to membership@imperialmotusmed.co.za. You may also fax it to **0860 111 788** or post it to PO Box 2287, Bellville 7535.

PLEASE NOTE: Should you not return your plan selection form by 14 December 2023, you will remain on the same/current plan.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER (COMPULSORY TO COMPLETE)

Member number (if you are an existing member) Title

Surname

First name(s) Initials

Identity/Passport number

2. YOUR PLAN CHOICE FOR 2024

Please indicate which plan you prefer by ticking one of the boxes below – you may only choose one.

Imperial Motus Med **Health Plan** Imperial Motus Med **Budget Plan**

Gross monthly income R Basic plus benefits Cost to company

3. CHOICE OF NETWORK GENERAL PRACTITIONER (ONLY APPLICABLE IF YOU CHOOSE THE BUDGET PLAN)

If you choose to be on the Imperial Motus Med Budget Plan, please provide the details of one or two general practitioners you would like to make use of:

General practitioner 1

General practitioner's name and surname

Practice number

Address

Code

Telephone number

Email address

General practitioner 2

General practitioner's name and surname

Practice number

MEMBER NUMBER

**3. CHOICE OF NETWORK GENERAL PRACTITIONER (ONLY APPLICABLE IF YOU CHOOSE THE BUDGET PLAN)
- CONTINUED**

General practitioner 2 - continued

Address

 Code

Telephone number

Email address

PLEASE NOTE: Your membership cannot be activated without your choice of a general practitioner.

4. DECLARATION - MUST BE COMPLETED

I declare that the above information is correct. I confirm that I have informed my employer to adjust my monthly contribution deduction should this change result in an increase or decrease in my monthly contribution.

Signed at _____ on the _____ of _____
DAY MONTH YEAR

Signature of applicant _____

Signature of HR representative _____

COMPANY STAMP