

# Discovery Health Medical Scheme Option Change Form 2021

MEMBER DETAILS			
Company name:			
Name and surname		Membership number	
Employee number		Current plan	

PLAN SELECTION				
I would like to change my plan option for 2021 as follows (Please ✓ the respective box)				
Plan option	Tick✓		Plan option	Tick✓
Executive			Coastal Saver *	
Classic Comprehensive			Classic Smart Plan ****	
Classic Delta Comprehensive **			Essential Smart Plan ****	
Classic Smart Comprehensive			Classic Core	
Essential Comprehensive			Classic Delta Core **	
Essential Delta Comprehensive **			Essential Core	
Classic Priority			Essential Delta Core **	
Essential Priority			Coastal Core*	
Classic Saver			Keycare Plus ***	
Classic Delta Saver **			Keycare Start ***	
Essential Saver			Keycare Core ***	
Essential Delta Saver **				

\* For members residing in coastal provinces only | \*\* The Delta plans make use of a Delta network of hospitals | \*\*\* The KeyCare plans make use of the KeyCare Network of hospitals | \*\*\*\* The KeyCare Start plan make use of the KeyCare Start Network of Hospitals\*\*\*The Smart Plan makes use of the Smart Plan network of hospitals.

Only for ***KEYCARE PLUS/START applicants		
Please complete the service provider details		
Provider list /names available from <a href="http://www.discovery.co.za">www.discovery.co.za</a> or 0860 100 694		
Dependant	Name of Doctor	Practice number

VITALITY/KEYFIT SELECTION	
I would like to change my Vitality and/or KeyFIT option for 2021 as follows (Please ✓ the respective box)	
<b>Joining Vitality</b> If you wish to join Vitality please complete an application form. The form can be obtained from the Discovery Health call centre on 0860 99 88 77 or your Alexander Forbes Health Consultant.	<input type="checkbox"/> Cancel Vitality
	<input type="checkbox"/> Cancel KeyFIT
	<input type="checkbox"/> Cancel Vitality and KeyFIT

DECLARATION	
I hereby declare that full product information has been made available to me by Discovery Health Medical Scheme and/or Alexander Forbes Health which enabled me to make an informed decision with regard to selecting / changing my plan option. I also confirm that should I require advice or assistance I will have full access to my Alexander Forbes Health consultant. In terms of the Rules of the Medical Scheme, I hereby apply to change my medical scheme plan option as indicated above. I understand the rules, benefits and financial implications of this plan option selection.	
Signature	Date

**This form must be completed and returned to your company by the deadline date.**