

**NOTICE IN RESPECT OF EXERCISING CHANGE OF BENEFIT OPTION
(TO BE SUBMITTED BY NOT LATER THAN 31 DECEMBER 2011)**

1. THE STIPULATIONS OF RULE 16.2 STATE THAT:

- 16.2 A member is entitled to change from one benefit option to another subject to the following conditions:
 16.2.1 The change may be made only with effect from 1 January of any financial year. The Board may, at its absolute discretion, permit a member to change from one benefit option to another on any other date.
 16.2.2 Application to change from one benefit option to another must be in writing and lodged with the Principal Officer by no later than 31 December prior to the year in which it is intended that the change will take place provided that: The member has had at least 30 days prior notification of any intended changes in benefits or contributions for the next year.

Please tick the appropriate box beneath and sign this form should you wish to change your plan option for 2012.
 You may fax the signed form to 086 513 1438 or scan and e-mail to optionchange2012@resomed.co.za.

2. EXERCISING CHANGE OF BENEFIT OPTION

I, the undersigned, do hereby wish to exercise my option to change my benefit option, as indicated below, for 2012.

(i) Name of Member:

(ii) Membership No: (iii) ID No.

(iv) Contact Details Home No. Work No.

(v) Postal Address
 Code

(vi) Residential Address
 Code

SELECT PLAN OPTION

Hospital Progressive Flex Progressive Saver Prestige Foundation

SALARY BRACKET FOR MEMBERS ON FOUNDATION PLAN OPTION

Only applicable for Foundation Plan

Foundation	Income Category	Member	Adult Dependant	Child Dependant
	R0 - R3 750 <input type="checkbox"/>	R 492	R 480	R 148
	R3 751 - R5 800 <input type="checkbox"/>	R 587	R 525	R 203
	R5 801 - R8 000 <input type="checkbox"/>	R 744	R 626	R 237
	R8 001 - R9 500 <input type="checkbox"/>	R 972	R 863	R 333
	R9 501 + <input type="checkbox"/>	R1 124	R 998	R 385

As a Foundation Plan Option member I need to submit proof of income. I have attached the following (please tick the appropriate box and fax the relevant documents with this form to):

Latest income tax return An official signed affidavit Commission / fee statement (submit 3 months statements)
 Latest salary advice Auditor / Accountants letter

I acknowledge that:

- a) I am aware that once I have decided to move to another benefit option – as provided in the Rules of the Scheme – I will not be allowed to reverse this decision during the financial year.
- b) The onus rests with me to ensure that my application is received by Resolution Health Medical Scheme.
- c) In the event of this application not being received by Resolution Health Medical Scheme on or before 31 December 2011, I will remain on the CURRENT BENEFIT OPTION during the subsequent year until 31 December 2012.
- d) Should I be on the Progressive Select option and this application is not received by Resolution Health Medical Scheme on or before 31 December 2011, my option will default to Progressive Flex for 2012.

ELIGIBILITY RULES: 2012

Please read the eligibility rules below and complete the details of all your EXISTING registered dependants including their ID numbers.

Initials	First Name/s	Surname	ID Number	Over 21		Relationship (e.g Spouse)
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	

Dependants turning 21 years of age

Dependants who turn 21 in 2012, will be regarded as adults in the month following their 21st birthday with the exception of full time students.

Mental or physical impairments: Rule 4.23

In terms of the stipulations of Rule 4.23, a child who is older than 21, and due to a mental or physical disability, is still dependent upon the member, may be registered as the member's child dependant. An **affidavit, as per the prescribed form, and a certificate from the Physician to prove this, must be submitted to the Scheme.**

Full-time Student: Rule 4.23

In terms of the stipulations of Rule 4.23, a child who is older than 21, up to the age of 25 years, studying full time and still dependant upon the member, may be registered as the members child dependant. Annual proof of student registration must be submitted to the Scheme.

Dependants 21 years of age and older

Dependants over the age of 21 will be withdrawn from Resolution Health Medical Scheme, unless proof, as per the prescribed affidavit, is provided that such person is:

1. In your family care, and
2. Not in receipt of a remuneration of more than the Maximum Social Pension per month.
3. Full time students.

Resigned dependants

Dependants who have been resigned due to "eligibility" have the option of continuing on Resolution Health Medical Scheme as members in their own right. To exercise this option, members can contact the Scheme.

Member Declaration

I confirm and understand that my option change request will be effective 01 January 2012 and I will be responsible for the full payment of monthly membership contributions thereof.

Signed at _____ on this _____ day of _____ / _____

Signature of Applicant

Signature of Witness