

Plan choice 2025

For prompt service, please complete the online interchange form on the Member Zone >Membership >Plan/option interchange or email this completed form to membership@medihelp.co.za.

- · You should complete this form only if you want to change to another plan with effect from 1 January 2025.
- The cut-off date to inform us of your new plan is 30 November 2024 for civil servants (PERSAL) and 13 December 2024 for other members.
- Late requests will NOT be considered.

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1	Vour	inform	nation

Initials and surname					Telephone number (W)			
Email address*					Telephone number (H)			
Member number								
ID/passport number					Cell phone number*			
*All contact information is comp	ılsory, as we need it	to communicate	importar	nt inform	nation about your membership to you.			
Residential address								
House/unit number				_ C	omplex/building name			
Street name								
Suburb	Suburb		_ C	ity				
Province				Р	Postal code			
MedVital MedVital Elect		MedAdd Elect MedSaver			MedPrime MedPrime Elect MedElect	MedElite MedPlus		
. Utilisation of savings acc 3.1 MedAdd, MedAdd Elec								
Please indicate your p	eference. If you d	lo not select an	option,	Medihe	elp will pay all qualifying medical exp	oenses from your savings	account.	
 Do you want Medil 	nelp to pay all in-h	ospital co-payr	ments fr	om you	ır savings account?		Yes No	
3.2 MedPrime, MedPrime	Elect, and MedElit	e						
savings account funds	not used in 2024	will accumulat	e and wi	ll be av	y-to-day medical services will first l ailable for the payment of medical e	expenses.	·	
, ,	our cumulative m				rime Elect, MedPrime, or MedElite, a dPrime Elect, MedPrime, or MedElite	,		
	nulated savings a				uture, please indicate your choice. account:	lf you do not select an op	tion, Medihelp	
Pay all qualifying da	y-to-day and hos	pital-related m	edical ex	xpense:	s from my cumulative savings acco	unt.		
, , , , ,	ifying day-to-day o-payments).	medical expen	ses fror	n my cı	ımulative savings account (excludin	g certain in-hospital		

4. Declaration if you apply for enrolment on MedVital Elect, MedAdd Elect, MedPrime Elect, or MedElect

I confirm that I am aware of the following:

1. Co-payments: I will be liable for co-payments if I do not use Medihelp's network facilities, designated service providers (DSPs), and formulary medicine.

- 2. Chronic medicine: I must register my prescribed minimum benefit (PMB) conditions with Medihelp and my PMB chronic medicine must be pre-authorised by Medihelp. Medihelp uses a DSP for PMB chronic medicine and a formulary (medicine list) applies. If I do not get my PMB chronic medicine from the DSP or if I deviate from the formulary for my plan, I will be responsible for a co-payment* on my PMB chronic medicine.
- 3. Network doctors: To avoid co-payments on PMB treatments, any specialists consulted must form part of Medihelp's DSP specialist network.
- 4. Network facilities: I must use Medihelp's network facilities for all planned hospital admissions. If there is no network facility available near my place of residence, I will have to travel to the nearest network facility for medical services. If I use a non-network facility instead, I will be liable for a co-payment*, unless the treatment required is for a medical emergency* that warrants the involuntary use of a non-network facility. I further note that in a medical emergency, authorisation for admission to the network facility should be obtained on the first workday after the admission if I am unable to get the authorisation on the day of admission.

* Please refer to the Member guide 2025 for all applicable co-payments and the definition of a medical emergency. Visit the Medihelp website
www.medihelp.co.za, click on Plans, then Compare plans, and download the 2025 plan comparison.

Signature of member	Date 2 0 y y m m d d
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