PO Box 2338, Durban, 4000
Tel: 0861 00 03 00
Fax: 031 580 0478
email: membership@motohealthcare.org.za

OPTION SELECTION FORM 2012

PLEASE NOTE: Even if you are remaining on your existing option, you must complete this form in order for Moto Health Care to record your option selection and update your personal information. Completed forms, signed and authorised by the Employer (where applicable), must be returned to the Fund by 30 November 2011. A copy of the Fund Rules is available on request.

SECTION 1: PERSONAL DETAILS OF MEMBER

SURNAME

FIRST NAMES

ID NUMBER

MEMBERSHIP NUMBER

TEL NUMBER (W) TEL NUMBER (H)

CELL NUMBER FAX NO.

E-MAIL

PHYSICAL ADDRESS

POSTAL CODE

POSTAL ADDRESS

POSTAL CODE

SECTION 2: YOUR OPTION CHOICE FOR 2012 (Please indicate with an X which option you prefer (only ONE option may be chosen)

OPTIMUM ☐ **CLASSIC** ☐ **HOSPICARE** ☐

CUSTOM ☐

Income Band	R5 500 or less	R5 501 - R10 000	R10 001 or more

ESSENTIAL ☐

Income Band	R5 500 or less	R5 501 or more

SECTION 3: SIGNATURES (The Employer/HR Department must sign this form unless you are an individual member)

MEMBER SIGNATURE _____ DATE D D M M Y Y Y Y

EMPLOYER/HR DEPT SIGNATURE _____ DATE D D M M Y Y Y Y

COMPANY/ PAYROLL STAMP

I, the abovesigned hereby:

1. Authorise all hospitals, health establishments, healthcare personnel, medical practitioners and any other person who has access to or is in possession of any medical or other information relating to me to disclose such information to Moto Health Care on request;
2. Agree that Moto Health Care will not be liable for any loss or damage whatsoever, including direct, indirect and consequential, that may arise from the disclosure of any information pursuant to this consent;
3. Acknowledge that the information disclosed will be used for the assessment of any claim and to conduct clinical and financial risk management;
4. Acknowledge that this consent will continue in force until expressly withdrawn by me, even if I change practitioners.

SECTION 4: IMPORTANT NOTES

4.1 Please note that in accordance with Rule 18.2.1, option changes may be made once a year with effect from January only. There will be no exception to this rule.

4.2 **THE IMPORTANCE OF SELECTING THE CORRECT OPTION**
Please ensure that you fully understand the differences between the options. Study the enclosed Summary of Benefits with particular reference to LIMITS pertaining to those benefits that may affect you and your dependants.

4.3 If you do not submit this form timeously, you will automatically remain on your current option.

Please submit your completed and authorised (if applicable) form to your Employer/HR Department by 30 November 2011. Fax or email copies will be accepted by the Fund.