

Contact us

Tel: 0860 103 933, PO Box 652509, Benmore 2010, www.lahealth.co.za

Option change form

Please return the completed form to your employer, pension fund or broker before 30 November to make sure your request is captured.

1. Member's details

Member name

Telephone (H) (W)

Cellphone Fax

Email

Member number Payroll number

I want to change my Benefit Option to LA KeyPlus LA Active LA Focus LA Core LA Comprehensive

with effect

Please complete if you have selected the LA KeyPlus Benefit Option.

LA KeyPlus Primary Care Network					
	Name	General practitioner (GP)	Practice number	Second GP name	Practice number
Main applicant					
Spouse or partner					
Dependant 1					
Dependant 2					
Dependant 3					

If you live far away from where you work or you often need to work in different towns, you may need a second GP.

Please only choose a second GP if this applies to you.

Reason for change

Member signature Date

Please note: LA Health Medical Scheme will not accept any changes to your membership without approval from your Municipal Salary Office.

2. Employer's or pension fund approval

Name

Phone Approved Yes No

Signature

Employer stamp

For further details fax 011 539 7235 or email ptaresolution@discovery.co.za