

Option change form

Contact details

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

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). Discovery Health (Pty) Ltd takes care of the administration of your membership for the Scheme.

Please return the completed form to your employer, pension fund or broker by the 30 November 2023, to make sure your request is captured.

1. Member's details

| | | | | | | | | | | | | | | | | | | | | |
|--|------------|--------------------------|-----------|--------------------------|----------|--------------------------|---------|--------------------------|------------------|--------------------------|-------------|--|--|--|--|--|--|--|--|--|
| Member name | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | Work number | | | | | | | | | |
| Cellphone | | | | | | | | | | | Fax | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | |
| Member number | | | | | | Payroll number | | | | | | | | | | | | | | |
| I want to change my Benefit option to: | LA KeyPlus | <input type="checkbox"/> | LA Active | <input type="checkbox"/> | LA Focus | <input type="checkbox"/> | LA Core | <input type="checkbox"/> | LA Comprehensive | <input type="checkbox"/> | | | | | | | | | | |
| with effect | | | | | | | | | | | | | | | | | | | | |

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

| | Name | GP name | Practice number | Second GP name* | Practice number |
|-------------------|------|---------|-----------------|-----------------|-----------------|
| Main Applicant | | | | | |
| Spouse or partner | | | | | |
| Dependant One | | | | | |
| Dependant Two | | | | | |
| Dependant Three | | | | | |

If you live far away from where you work or you often need to work in different towns or provinces, you may need a second GP. Please only choose a second GP if this applies to you.

Reason for change

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Member signature

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|--|

Date

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

Please do not sign an incomplete application form.

Please note: If you are not paying the full contribution to the Scheme via debit order from your own bank account, LA Health Medical Scheme will not accept any changes to your membership without approval from your Municipal Salary Office, and / or your pension fund.

2. Employer or pension fund approval

Name

Phone

Approved Yes No

Signature

EMPLOYER STAMP

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