

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 2025, to make sure your request is captured.

1. Member's details

Member name

Telephone (H) Telephone (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 LA Engage

With effect

Please complete by providing details of your nominated KeyCare GP, if you have selected the LA KeyPlus Benefit Option.

	Name	GP name	Practice number
Main Applicant			
Spouse or partner			
Dependant One			
Dependant Two			
Dependant Three			

Reason for change

Member signature

Date

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	<input type="text"/>															
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Signature	<input type="text"/>								Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYER STAMP

For further details email lahealthadmin@lahealthms.co.za.