Nampak SA Medical Scheme

P O Box 2338, DURBAN 4000
Tel: 0860 101047, Fax: 031-580 0480

MEMBERSHIP OPTION CHOICE FORM - JANUARY 2010

SECTION 1: PERSONAL DETAILS OF MEMBER

SURNAME

FIRST NAMES

MEDICAL AID MEMBERSHIP NUMBER

NAMPAK EMPLOYEE NUMBER

MARITAL STATUS

E-MAIL ADDRESS

CELL PHONE NUMBER

HOME TELEPHONE NUMBER

SECTION 2: YOUR CHOICE OF OPTION FOR 2010

TICK ONE OPTION ONLY

STANDARD OPTION ☐ EXTENDED OPTION 15% SAVINGS ☐

SECTION 3: IMPORTANT NOTES

3.1 Please note that option changes may only be made annually in October/November each year for the following year.

3.2 THE IMPORTANCE OF SELECTING THE CORRECT OPTION
Please ensure that you fully understand the differences between the options. Study the table of benefits in your member guide with particular reference to LIMITS pertaining to those benefits that may affect you and your dependants.

3.3 If you do not submit this form timeously, you will remain on your current option.
Submit completed form to your HR Administrator by 16 November 2009.

3.4 If you are a pensioner/continuation member, please submit completed form to:
Nampak Group Salaries
Attention: Neco van Wyk
Postal Address: PO Box 784324 - Sandton - 2146
Fax Number: 011 444 9348

SECTION 4: SIGNATURES

Member Signature: _____

DATE:
D D M M Y Y

HR Administrators Signature: _____

DATE:
D D M M Y Y

NMS GROUP SALARY PAYROLL STAMP