

Contact us

Tel: 0800 BANKMED (0800 226 5633), PO Box 1242, Cape Town, 8000, www.bankmed.co.za

Plan Selection Form – Make your Plan choice for 2017

Exercise your Plan Selection via the Bankmed website at www.bankmed.co.za or telephonically on 0800 BANKMED (0800 226 5633), e-mail planselections@bankmed.co.za or post to PO Box 1242, Cape Town, 8000. Kindly ensure that you also update your contact details in order to receive important Bankmed communication.

Please note: deadline for Plan changes is 9 December 2016. Please do not miss the cut-off date as Plan changes are only allowed once a year and take effect from 1 January of the following year. Mid-year Plan changes are regrettably not allowed.

What you must do

9001 – 10 000 10 001+

- Step 1: Fill in the form in black ink, using one letter per block. Please print clearly.
- Step 2: Sign the application form.
- Step 3: Submit the following details with this form, should you be updating your bank details in section 2:
 - Copy of your ID
 - Bank statement/letter of confirmation from the bank (not older than three months). Only an original bank statement will be accepted.

Section 1: Please provide your personal and contact details here	
Kindly insert your information in this section (use block letters):	
Initials and surname	
Employee number	Membership number
ID number	
Telephone (W)	Fax
Cellphone	
E-mail	
Section 2: Kindly provide your banking details for claims refund purp	20200
Bank Account number	Branch Code
Branch (e.g. Adderley St)	Account type (e.g. savings)
	'x" in the appropriate block (select only one Plan and one income category)
Essential Plan (no Medical Savings Account)	Core Saver Plan (with Medical Savings Account)
Gross Income (Rands)	Gross Income (Rands)
0 – 5 000 5001 – 6 000	0 – 5 000 5001 – 6 000
6001 – 7 000	6001 – 7 000
7001 – 8 000	7001 – 8 000
8001 – 9 000	8001 – 9 000
9001 – 10 000	9001 – 10 000
10 001+	10 001+
	- III / 20 II / 20 II / 20 II
Basic Plan (no Medical Savings Account)	Traditional Plan (no Medical Savings Account)
Gross Income (Rands) 0 – 5 000	Gross Income (Rands) 0 – 5 000
5001 – 6 000	5001 – 10 000
6001 – 7 000	10 001+
7001 – 8 000	
8001 – 9 000	

Section 3: Kindly select your Plan and income category by making a "x" in the appropriate block (select only one Plan and one income category) (continued)

Comprehensive Plan (with Medical Savings Account)	
Gross Income (Rands)	
0 – 10 000	
10 001+	

Plus Plan (with Medical Savings Account)	
Gross Income (Rands)	
All Incomes	

The new contribution amount will apply with effect from 1 January 2017	7 and the benefits will take effect from the same date.		
Please note: Income categories are checked and verified.			
Section 4: "Above tariff" portions of claims payable from your Medical S	avings Account		
Should you select a Plan with a Medical Savings Account (Core Saver, Comprehensive or Plus Plan), the "above tariff" portions are not automatically funded from your available Medical Savings Account. Should you wish for "above tariff" portions to be paid from your Medical Savings Account, please mark with an "X".			
Please note: Plus Plan members – should you select this option, any "above tariff' portions paid from your Medical Savings Account will not accumulate towards your Annual Threshold, thus creating a self-payment gap.			
Main member's signature	Date 2 0 Y Y M M D D		