

## OPTION CHANGE REQUEST

*\*PLEASE PRINT AND COMPLETE\**

### MEMBER DETAILS

Membership Number:

Surname:

First Name(s):

Tel No. W (  ) H (  )

Cell Phone No.

Email Address:

Current Benefit Option (*please tick the relevant box*)

<input type="checkbox"/> Private Choice	<input type="checkbox"/> Private	<input type="checkbox"/> Private Comprehensive
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Change to Benefit Option (*please tick the relevant box*)

To take effect from:

<input type="checkbox"/> Private Choice	<input type="checkbox"/> Private	<input type="checkbox"/> Private Comprehensive
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dd / mm / yyyy

Reason for the request to change benefit option:

### INTERMEDIARY / BROKER DETAILS (*If applicable*)

Broker/  
Brokerage Name:

Broker Code:

Tel No. W (  ) F (  )

Email Address:

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_