

# Option Transfer Form

Tel.: 061-2999 000 • Fax: 061-222 161



**Renaissance Health**  
Medical Aid Fund

## Section A - Principal Member Details:

Member Number

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First Name

Surname

Tel./Cell Number

E-mail

## Section B - Product Option Selection:

Please indicate with an (X) in appropriate block which cover you wish to select

Elite Care Plan

Prestige Care Plan

Status Care Plan

Express Care Plan

\* Econo Care Plan

\* Primary Care Plan

\* Only applicable to group schemes. Salary advise should be attached.

### Inclusive Insurance Products

Please take note that the option selected include the following insurance benefits of which the **risk** is fully underwritten by a registered insurer, as required by the Medical Aid and Insurance Acts: Emergency Evacuation Cover, Memorial Transportation Cover, Premium Protection Cover and Travel assistance.

### Optional Insurance Products

The Following Insurance Benefits are not included in the options selected and is optional. The **risk** of these products is fully underwritten by a registered insurer, Prosperity Life as required by the Medical Aid and Insurance Acts:

Funeral Cover

Complimed Gap Cover

Hospicash

Please mark with an X if the cover is required.

## Section C - Benefit Builder Selection:

Beneficiary Name	Date of Birth	Benefit Date	Optical Plan		Dental Plan		Consultations Plan	
			Standard	Executive	Standard	Executive	Standard	Executive

**Section C - Benefit Builder Selection:**

Beneficiary Name	Date of Birth	Benefit Date	Acute Medication Plan		Medical Services Plan		Chronic Plan			Auxiliary & Essential Services	
			Standard	Executive	Standard	Executive	Basic	Standard	Executive	Standard	Executive

**Section D - Declaration by Principal Member:**

I, the undersigned, read through the option transfer form for voluntary option transfers and changes. I further declare that the information submitted is true and correct and that the amendments shall form the basis of my contract.

Signed at  on this  day of

Signature  Print Name

**Section E - Employer Warranty:**

**Compulsory for members belonging to Group Schemes**

Name of Company  CB Number

**Management Representation**

Name   
 Designation   
 Signature

Company Stamp