

MEMBERSHIP CHANGE ADVICE



Principal Member Number		Principal Member Initials		Principal Member Surname				Change Date							
								Y	Y	M	M	D	D		
Section 1. Benefit Option Change (please note benefit options may only be changed within the start month of membership or annually effective 1 st January. All changes will be submitted to the Underwriting department of the Scheme)															
Rainbow Comprehensive		Rainbow Plus		Rainbow Primary		Paladin Comprehensive		Footprint ° Comprehensive		Footprint Primary					
° If you have selected Footprint Comprehensive, please declare and submit proof of total gross income per member family per month.								R		.					
Section 2. Personal Details Change 2.1 Address and Communications															
Postal Address :						Physical Address :									
Home Telephone :				Work Telephone :				Cell phone :							
Telefax :				Email :											
2.2 Bank Details															
<input type="checkbox"/> USE THIS ACCOUNT FOR ALL TRANSACTIONS <input type="checkbox"/> USE THIS ACCOUNT FOR CONTRIBUTION COLLECTIONS ONLY (Please submit original proof of banking details for debit order. If employer is responsible for paying contributions, the employer must also complete Section 5.2.)						<input type="checkbox"/> USE THIS ACCOUNT FOR CLAIMS AND SAVINGS REFUNDS ONLY									
Bank name						Bank name									
Branch name / Code						Branch name / Code									
Type of account		Credit	Cheque	Transmission	Savings	Type of account		Credit	Cheque	Transmission	Savings				
Name of account holder						Name of account holder									
Bank Account number						Bank Account number									
1. I authorise Pharos Medical Plan™ (the Scheme) to debit this account with the amount due under contract in accordance with the Scheme's debit order system, and/or 2. I understand that by providing these details I authorise the Scheme to pay claim reimbursements directly into this bank account, and 3. I will not hold the Scheme responsible for incorrect details provided and agree to inform the Scheme in writing of any changes to details.															
Signature of Account Holder								Date :							
Section 3. Dependent Change (All dependent additions must have a Dependent Add application form submitted with this Change Advice, for consideration by the Underwriting department. Newborn babies of the principal dependent, are exempt from the Dependent Add application form and exempt from underwriting)															
First Name and Surname of Dependent				ID Number (Please provide copy)				Sex	Relationship			On	Off		
								M / F				On	Off		
								M / F				On	Off		
								M / F				On	Off		
Section 4. I warrant that all particulars relevant to this change advice are true and correct and understand that any false statement will render my membership null and void.															
Principal Member Signature								Date:							
Section 5. Member Changes															
Individual Transfer		Transfer within Company		Suspend		Continuation		Terminated		Deceased		Retired		Retrenched	
Section 6. Employment Changes and Employer Verification 6.1 Employment Changes															
Individual Transfer		Transfer within Company		Suspend		Continuation		Terminated		Deceased		Retired		Retrenched	
6.2 Employer Verification															
I/We are not aware of any fact other than those stated which should be made known to the Scheme and do hereby certify the applicant to be a permanent staff member.															
Signature:								Date:							

Pharos is proudly administered by Private Health Administrators™

05/09/08

Cape Town: P O Box 5636, Cape Town, 8000 Tel: 021446 6500, Fax 021 446 6501, Welkom: Tel 057 356 0060 Fax 057 356 0061

Gauteng: P O Box 826, Randburg, 2125 Tel 011 348 8900 Fax 011348 8999, Durban: P O Box 343, Westville, 3630 Tel031267 5000 Fax 031267 5169

Client Services: 0860 227 464 E-Mail: pharos@pha.co.za