

## MEMBERSHIP CHANGE ADVICE



Principal Member Number		Principal Member Initials		Principal Member Surname		Change Date											
						Y	Y	M	M	D	D						
<b>Section 1. Benefit Option Change</b> (please note benefit options may only be changed within the start month of membership or annually effective 1 <sup>st</sup> January. All changes will be submitted to the Underwriting department of the Scheme)																	
<b>Please change my Option to:</b>																	
If you have selected the Footprint Comprehensive Income Subsidy Option, please declare and submit proof of total gross income per member family per month.										R							
<b>Section 2. Personal Details Change</b>																	
<b>2.1 Address and Communications</b>																	
Postal Address :						Physical Address :											
Home Telephone :						Work Telephone :			Cell phone :								
Telefax :						Email :											
<b>2.2 Bank Details</b>																	
<input type="checkbox"/> USE THIS ACCOUNT FOR ALL TRANSACTIONS						<input type="checkbox"/> USE THIS ACCOUNT FOR CLAIMS AND SAVINGS REFUNDS ONLY											
<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.)																	
Name of account holder								Name of account holder									
Bank name								Bank name									
Branch name / Code								Branch name / Code									
Bank Account number								Bank Account number									
Type of account		Cheque		Transmission		Savings		Type of account		Credit Card		Cheque		Transmission		Savings	
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, <b>and/or</b>																	
2. I understand that by providing these details I authorise the Scheme to pay claim reimbursements directly into this bank account, <b>and</b>																	
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 :									
<b>Section 3. Dependent Change</b> (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			
<b>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.</b>																	
Principal Member Signature								Date:									
<b>Section 5. Member Changes</b>																	
Individual Transfer		Transfer within Company		Suspend		Continuation		Terminated		Deceased		Retired		Retrenched			
<b>Section 6. Employment Changes and Employer Verification</b>																	
<b>6.1 Employment Changes</b>																	
Individual Transfer		Transfer within Company		Suspend		Continuation		Terminated		Deceased		Retired		Retrenched			
<b>6.2 Employer Verification</b>																	
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:									