

1. APPLICANT (PRINCIPAL MEMBER)

Membership number

Surname

Initials ID number

Unique number Date of employment

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2. ADDRESS AND CONTACT DETAILS (PRINCIPAL MEMBER)

Email address

Telephone number (w) Cell phone number

Postal address Code

3. BENEFIT OPTION

Benefit option (indicate with 'X')

Beat1	<input type="checkbox"/>	Beat1N (Network) †	<input type="checkbox"/>	Pace1	<input type="checkbox"/>	Pulse1 * ‡	<input type="checkbox"/>
Beat2	<input type="checkbox"/>	Beat2N (Network) †	<input type="checkbox"/>	Pace2	<input type="checkbox"/>	Pulse2 ‡	<input type="checkbox"/>
Beat3	<input type="checkbox"/>	Beat3N (Network) †	<input type="checkbox"/>	Pace3	<input type="checkbox"/>		
Beat4	<input type="checkbox"/>			Pace4	<input type="checkbox"/>		

Income bracket if you are joining on the Pulse1 Option:

R 0 - R 5 500 monthly	R 5 501 - R 8 500 monthly	R 8 501 and above/ monthly
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* Please note that you will be registered on the highest interval, pending confirmation from your HR.

† Take note: If any of the BeatN options are selected, please initial next to the acknowledgements below. Due to the efficiency discount imposed on the BeatN options, I acknowledge and agree to the following:	Initial
1. I am limited to a hospital network and designated service providers as determined by the Scheme.	
2. I am aware of the location of the nearest above-mentioned network hospital providers.	
3. If I willingly do not make use of the aforesaid network providers, I am aware, and agree that I will be held liable for a co-payment in terms of the Scheme Rules.	
4. I am aware that this is a unique benefit option and that I may not, in terms of the Scheme Rules, change from a BeatN option to a standard Beat option during the year.	

‡ Take note: If any of the Pulse options are selected, please initial next to the acknowledgements below. Due to the contracted designated service provider network pertaining to the Pulse options, I acknowledge and agree that my chosen unique benefit option is subject to the following:	Initial
1. Primary care service provider network	
2. Specialist network	
3. Hospital network	

4. APPLICATION AND DECLARATION

Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December.

I understand the benefits of my new option choice and accept the option change on my membership profile.

Signed by me on this day of month

Y	Y	Y	Y
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Signature of principal member

* The rules of the Scheme will determine admission and the applicable rates.

