



COMPCARE WELLNESS: OPTION SELECTION FORM 2012

PLEASE COMPLETE THE FOLLOWING DETAILS IN FULL				
Medical aid number:				
Member name:				
Existing option:				
Gross Monthly Income: (Please supply proof of Inco		no proof of income is attached, memb	ors will be billed on the mavi	mum incomo catogory)
New ontion - WITH EFFE		please tick the chosen option)	ers will be billed off the maxi	mum income category)
New option - With EFFEC	T FROM 1 January 2012 (nease tick the chosen option/		
Dynamix	Mumed			
Pinnacle	Axis			
Symmetry	NetworX	(please complete schedule below)		
NetworX Option: Members are required to nominate a General Practitioner (per beneficiary) from the list of approval network service providers.				
Beneficiary name	Name of nominated GP	Address of nominated GP	GP Practice Number	GP Telephone Number
MEMBERS SIGNATURE			DATE	

PLEASE NOTE:

Option selection forms must be submitted to the scheme's office before 31 December 2011.

- Hand deliveries: Universal House, 15 Tambach Road, Sunninghill Park, Sandton
- Pax to: 011 803 7847
- Scan the document and email to: admin@universal.co.za

Universal House, 15 Tambach Road, Sunninghill Park, Sandton
PO Box 1411 Rivonia 2128
Tel: 011 208 1000 Fax: 011 208 1028
E-mail: admin@universal.co.za Website: www.compcarewellness.co.za

Administrated by Universal Administrators (Pty) Ltd