

APPLICATION TO EXERCISE OPTION CHANGE - 2019

SURNAME	
INITIALS	
MEMBERSHIP No.	
E-MAIL ADDRESS	
CELL No.	

CURRENT OPTION: 2018
Indicate with an X:

CARE	ESSENCE	ESSENCE HOSPITAL

NEW OPTION: 2019
Indicate with an X:

CARE	PRIME	ESSENCE	ESSENCE HOSPITAL

1. This application form must reach our offices on or before 31 March 2019 (either by post, fax or e-mail).
2. Kindly take note, should Bankmed Namibia not receive your application for option change on or before 31 March 2019, it will be assumed that you remain on the same option as 2018.
- 3. PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM AS WELL.**
4. Would you prefer to receive your remittance statement via e-mail?

NB: Please ensure that your e-mail address is correct on the reverse side of this form.

PLEASE NOTE: Any benefits used for 2019 prior to option change will be deducted from the new option. The Trustees have allowed you until 31 March 2019 to make your decision. The change becomes effective as from date of change.

SIGNATURE OF MEMBER

DATE

APPROVAL OF COMPANY
(Signature of Company Official)

COMPANY STAMP

