

Health4Me Employee option change form

- Important notes:**
- This form needs to be completed in the event that an employee wishes to make changes to his/her current benefit option.
 - Please ensure that all sections are fully completed. Incomplete information will cause a delay in the processing of your benefit option change application.
 - Option changes will be effective 01 January.
 - Please submit the completed form via email to **health4membership@momentum.co.za**.

1: Employer details

Employer group number

Employer group name

2: Main member's personal details

Membership number

First name

Surname

Date of birthGender

Male

Female

ID numberPassport number

Passport country of origin

Contact number

Email address

3: Benefit grouping details

Please indicate which benefits you would like to take by ticking the applicable box/boxes below:

Benefit grouping 1	
Benefit grouping 2	
Benefit grouping 3	
Benefit grouping 4	
Benefit grouping 5	

4: Employee application acceptance

By signing this form I hereby confirm that I am aware that the requested changes will have a direct impact on the monthly premiums payable in terms of the benefits selected.

Signature of employee

Signature of employer authorised signatory

Date

Date