Rand Water Medical Scheme	Form No. RW MED.AID 00101 F Revision No: 00 Effective date: 24 November 2012

OPTION CHANGE FORM (Eff 01/01/2020)

MEMBERSHIP NO/ BOARD NO	

Please note

- **PLEASE NOTE: Only complete this form if you wish to change your Benefit Option for 2020 from Option A to Option B Plus or Option B Plus to Option A**
- The option change form must be completed and returned to us before the 31st December 2019
- You can submit the form via e-mail to RWMED@randwater.co.za or Hand Deliver to Medical Scheme Department
- Fax 011 682 0671

Member Number									Title					Initial		
First Name									ID							
Surname																
Home Add																
Postal Add																
Home Phone										Cell Phone						
e-mail										Alt Cell Phone						

Option A	
Option B Plus	

Principal Member's Signature	

FOR OFFICIAL USE

System	User Name	Date
Updated		
Checked		