

Motivation

for option change form

Please return this form to GEMS, Private Bag X782, Cape Town, 8000. Alternatively you may fax or email it to **0861 00 4367** or **enquiries@gems.gov.za** respectively.

Section A: Personal details

Please complete this form in full.

Personal details	
Membership number	
Full name	
Registration date on GEMS	
Contact no	
Cell phone no	
Email	
Current benefit option	

GP practice details	
Name of nominated General Practitioner (GP)	
GP practice number	
GP address	

Section B: Option selection

Please indicate the option you want to change to by ticking the appropriate box:

☐ Sapphire
 ☐ Beryl
 ☐ Ruby
 ☐ Emerald Value
 ☐ Emerald
 ☐ Onyx

Note:

- **Benefits will be available on a pro-rated basis if your option change request is approved.**
- **If you are on the Emerald Value option, you need to choose a Network doctor.**

Section C: Reason for option change

Please indicate your reason for changing your option by ticking the appropriate box:

- ☐ I can't afford the contributions
☐ I require additional benefits
☐ Other (please specify)

Section D: Statement and authorisation

I declare that: ► I am an eligible member in accordance with the Rules of GEMS;
► The information provided on this form is true and correct; and
► I have made my option choice and that I have satisfied myself with the benefit structure and contributions under this option.

Main member's signature _____ Date

D	D	M	M	Y	Y	Y	Y
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Please note that the following documents must be submitted with this form:

- A salary statement (not older than three (3) months)
- For pensioners, your last three (3) months' bank statements

Section E: Chronic disease management details

Office use only. (To be completed by the Scheme's administrator)

Member/dependants registered on the chronic disease programme (DMP).

Name of member/dependant	Type of medicine	Total claims as at date of request

Please take note of the following Scheme Rule:

Rule 16.2.2 - The Board may, in its absolute discretion, permit a member to change from one to another benefit option on any other date, subject to any conditions imposed. Application to change from one benefit option to another in terms of this Rule must be in writing and lodged with the Scheme at least 1 (one) calendar month prior to the implementation of any change to the member's benefit option, if approved by the Board.