

Mid-Year motivation for option change



Note: Feedback on the motivation for Option Change may take up to 60 days.

Please return this form to GEMS via:

✉ Enquiries@gems.gov.za 📧 Post to GEMS, Private Bag X782, Cape Town 8000
 📠 Fax to 0861 00 4367 🚶 A GEMS walk-in centre

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

Make use of the GEMS Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App



Section A: Select your option

Membership No. ID/Passport No.

First Name

Surname

Benefit Option Tanzanite One* Beryl Ruby Emerald Value* Emerald Onyx

*Complete Section B below if choosing Tanzanite One/Emerald Value.

Section B: Tanzanite One and Emerald Value family practitioner nomination

- If you have selected the Tanzanite One or Emerald Value option, you need to indicate a Network doctor for yourself and your dependant(s).
- You can access the Network doctors on www.gems.gov.za
- If you and your dependant(s) will be using the same nominated GP - tick box
- If you have ticked the above box, you only need to complete the main member GP nomination.
- A 30% co-payment will apply to claims where a GP has not been nominated in line with the Scheme Rules.

Member/Dependant	Name of GEMS beneficiary	Name of GP	Practice number	Doctor's telephone number
Main member		PRIMARY GP		
		SECONDARY GP		
Dependant 1		PRIMARY GP		
		SECONDARY GP		
Dependant 2		PRIMARY GP		
		SECONDARY GP		
Dependant 3		PRIMARY GP		
		SECONDARY GP		
Dependant 4		PRIMARY GP		
		SECONDARY GP		

*If you have more dependants, please provide their GP nomination selection as per the above information on a separate sheet of paper together with this nomination form.

Section C: Reason for option change

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

- I can't afford contributions (please elaborate below) I require additional benefits (please elaborate below)
 Other (please specify below)

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. ▶ I have made my option choice and I am satisfied with the benefit structure and contributions under this option. ▶ I authorise GEMS to update my details as indicated on this form.

Main member's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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