

Motivation for option change



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.

Membership no.	<input type="text"/>
Surname	<input type="text"/>
First name	<input type="text"/>
Registration date on GEMS	<input type="text"/>
Contact no.	<input type="text"/>
Cell no.	<input type="text"/>
Email	<input type="text"/>

Current benefit option: ☐ Tanzanite One ☐ Beryl ☐ Ruby ☐ Emerald Value ☐ Emerald ☐ Onyx

Section B: Option Selection

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

☐ Tanzanite One* ☐ Beryl ☐ Ruby ☐ Emerald Value* ☐ Emerald ☐ Onyx

**Complete table below if choosing Tanzanite One/Emerald Value*

Note:

- Benefits will be available on a pro-rated basis if your option change request is approved.
- If you have selected the Tanzanite One or Emerald Value options, it is compulsory to nominate a General Practitioner (GP) for yourself and each of your dependants to avoid a 30% co-payment. Please use a separate sheet of paper if the space below is not sufficient.

Member/ Dependant	Name of GEMS Beneficiary	Name of GP	Practice Number
Main member			
Dependant 1			
Dependant 2			
Dependant 3			
Dependant 4			

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.