

# 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.

Membership no.

Surname

First name

Registration date on GEMS

Contact no.  Cell no.

Email

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)

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## 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

### We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website at [www.gems.gov.za](http://www.gems.gov.za).