









MAKE YOUR CHOICE FOR 2023



IMPORTANT: Please complete this form to indicate your option change. You can also change your option via:

-  Your cellphone by dialling *134*20018#
-  GEMS Member Portal by clicking on "Login" at www.gems.gov.za
-  Use the QR code to download the GEMS Member App
-  The self-help facility by calling 0860 00 4367 and following the voice prompts
-  A GEMS walk-in centre
-  Enquiries@gems.gov.za
-  Fax to 0861 00 4367
-  Post to GEMS, Private Bag X782, Cape Town 8000



This form must reach GEMS before or on 28 February 2023, or your option will remain the same.

Section A: Select your option

Membership number	
Name & Surname	
ID/Passport number	

Please indicate with an X the option you wish to change to from 2023 by ticking the appropriate box:

- Tanzanite One*
 Beryl
 Ruby
 Emerald Value*
 Emerald
 Onyx

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

Kindly be informed that all option change requests will be aligned to the PERSAL cut-off dates as indicated in the table below. Therefore all option changes processed on or after the indicated PERSAL cut-off dates will be future-dated to the open PERSAL salary month as per below:

PERSAL cut-off dates	Option change processed on or after	Effective date of Option Change
January 2023 salaries: 14 December 2022	14 December 2022	01 February 2023
February 2023 salaries: 25 January 2023	25 January 2023	01 March 2023
March 2023 salaries: 22 February 2023	22 February 2023	01 April 2023

Section B: Tanzanite One and Emerald Value family practitioner nomination

Note: If you have selected the Tanzanite One or Emerald Value option, you need to nominate a Network doctor for yourself and your dependant(s) to avoid a 30% co-payment, which must be completed in the table below. You can access a list of Network doctors at www.gems.gov.za.

MEMBER/DEPENDANT	NAME OF BENEFICIARY	NAME OF GP	PRACTICE NUMBER
Main member			
Dependant 1			
Dependant 2			
Dependant 3			
Dependant 4			

Section C: 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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