DISCOVERY HEALTH, OPTION CHANGE FORM 01.01.2027

I Hereby request

Name and Surname _____

Membership number _____

Personnel number _____

Identity number_____ to amend my plan for 1 January 2027 to

_____ .

The new Plan will be effective 1 January 2027.

Yours faithfully,

_____ _____

Signature of the client Date

DISCOVERY HEALTH, OPSIE KEUSE FORM 01 01.2027

Hiermee versoek ek

Naam en Van _____

Lidmaatskap nommer _____

Personeel nommer _____

Identiteits nommer _____

om my opsie uit te oefen na _____

Die nuwe plan sal effektief wees vanaf 1 Januarie 2027.

Die Uwe

_____ _____

Handtekening Datum