PROFMED

BENEFIT OPTION CHANGE FORM 2027

Please return this form to: **contributions@profmed.co.za.**
The completed form must reach us by no later than 15 December 2026.
Alternatively, you may make your option change online at **www.profmed.co.za.**
Option changes are effective 1 January 2027.

1 PERSONAL INFORMATION

Title

Profmed membership number

Initials

Surname

First names

ID number

Postal address

Postal code

Home telephone

Cell

Work telephone

Email address

Name of employer group (if applicable)

2 BENEFIT OPTION CHANGE 2027

Please tick the benefit option of your choice. The change will be effective 1 January 2027. If you are changing to a network option, please note any existing pre-authorisations may be affected.

PROSELECT (Network Option)
PROACTIVE PLUS
PROSECURE
PROSECURE PLUS
PROPINNACLE

PROSELECT SAVVY (Network Option)
PROACTIVE PLUS SAVVY (Network Option)
PROSECURE SAVVY (Network Option)
PROSECURE PLUS SAVVY (Network Option)
PROPINNACLE SAVVY (Network Option)

**ProSecure, ProSecure Plus and ProPinnacle (Premium and Savvy) options: Only pay contributions for the first 3 child dependants. Additional child dependants will be covered for free.*

Please note:

- The benefits, limits and exclusions on each option are set out in the Schedule of Benefits, Information Guide and of the Scheme Rules, available at www.profmed.co.za or by calling 0860 679 200.
- Refer to the Contribution Tables in the 2027 Schedule of Benefits for the contributions for 2027.
- Members who apply for rates based on the monthly threshold below R7 000 must provide the relevant documentation as required by the Scheme, reflecting the household earnings from all sources. The Scheme reserves the right, in its discretion, to verify the declared household earnings of members on the ProSelect Savvy option on an annual basis or when income changes. This requirement shall apply to the principal member and to the registered spouse or partner, where applicable.

3 DECLARATION

I am aware of the benefit limits and exclusions applicable to the benefit option I have chosen. I hereby authorise Profmed to change my option to that which I have selected above and to debit my bank account with the total monthly contribution due for that option.

Please tick the appropriate block.

- ◯ I have chosen my benefit option based on the advice received from ..... [name], a Profmed consultant.
- ◯ I have chosen my benefit option based on the advice received from ..... [name], my independent broker.
- ◯ I have chosen my benefit option after considering my personal requirements and those of my dependants. I have not received advice from or been influenced in any way by a Profmed consultant or independent broker. I acknowledge the risk that my decision could be inappropriate to my circumstances, needs or objectives without having obtained a full healthcare needs analysis.

Member's signature _____ Date D D M M Y Y Y Y

21092026.DESIGN.VS2