

# MEMBER AMENDMENT FORM

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Kindly do not use Tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.



For **OPTION CHANGE**: Complete sections A, B, E, F, G (where applicable)  
 For **BENEFIT BUILDERS**: Complete sections A, C, E, F, G (where applicable)  
 For **BANK DETAIL UPDATE**: Complete sections A, D, E, F, G (where applicable)

## Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

## Section A - Principal Member Details

Member Number												
*Source of Income	Salary		Private Business		Other							
*Source of funds, please specify												
Title		Initials		Full Names								
Surname												
Previous Names (If any)					Nationality							
Physical Address												
Postal Address					Postal code							
Telephone Number	(H) Code			(W) Code								
Cellphone Number				Fax Number								
I.D./Passport Number				Passport Expiry Date	D	D	M	M	Y	Y	Y	Y
E-mail Address												
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age			

## Section B - Option Change Selection (Effective annually on 1 January)

Elite Care		Prestige Care		Status Care	
Caliber Care		Esteem Care		Evolve Care	
Premiere Care					
<b>Reason For Option Change:</b>	Affordability			Benefits	
Other, kindly specify					

## Section C - Benefit Builder Selection (Period of cover up to 31 December) - Automatically rolled-over to the next benefit year

General rules

- Pro-Rated benefits are applied on a Benefit Builder from the inception date.
- Benefit Builder options are not available to members belonging to Evolve Care or Premiere Care.
- Benefit Builders may only be purchased once per family per annum.

80% of unused benefits in a family Benefit Builder selected by the member in previous benefit year will be transferred in the following year to the member's Benefit Wallet as a top up medical benefit for use when needed. (Note: The balance is transferred after 4 months to allow for the run-off of medical claims incurred in the previous year.)

Benefit Builders		Add / Change		Termination				Termination Date				D	D	M	M	Y	Y
Family Benefit	Monthly Contribution	Effective Date				Family Benefit	Monthly Contribution	Effective Date				D	D	M	M	Y	Y
N\$ 3,000	N\$ 225	D	D	M	M	Y	Y	N\$ 15,000	N\$ 1,125	D	D	M	M	Y	Y		
N\$ 5,000	N\$ 375	D	D	M	M	Y	Y	N\$ 17,000	N\$ 1,275	D	D	M	M	Y	Y		
N\$ 7,000	N\$ 525	D	D	M	M	Y	Y	N\$ 20,000	N\$ 1,500	D	D	M	M	Y	Y		
N\$ 10,000	N\$ 750	D	D	M	M	Y	Y	N\$ 22,000	N\$ 1,650	D	D	M	M	Y	Y		
N\$ 12,000	N\$ 900	D	D	M	M	Y	Y	N\$ 25,000	N\$ 1,875	D	D	M	M	Y	Y		

### Section D - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

**IMPORTANT NOTICE:** It is compulsory to provide RMA with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.) Kindly provide proof of banking details not older than 3 months.

Effective Date	D	D	M	M	Y	Y	Y	Y
Claims Refund								
Date for Contribution Payments via Debit Order	1st of every month				26th of every month			
Name of Account Holder								
Bank Name					Bank Branch Name			
Account Number					Bank Branch Code			
Type of Account	Cheque / Current		Savings		Signature of Account Holder			

### Section E - Declaration by Principal Member

I the undersigned declare that the information provided is true and correct.

Signed at		on this		day of		2	0		
Principal Member Name									
Principal Member Signature									

### Section F - Documentation *(The following documentation should accompany the Amendment form as per the FIA Legislation.)*

Proof of source of funds + Certified ID or valid passport		Payslip for options Esteem Care, Evolve Care and Premiere Care	
Proof of banking details not older than 3 months			

#### Identification and Verification in terms of FIA Legislation

I hereby confirm that the information provided to me by the RMA member, has been verified in compliance with the FIA Legislation and the identity of the member established.

Financial Intermediary Name		Date	D	D	M	M	Y	Y	Y	Y
Financial Intermediary Signature										

### Section G - Employer Warranty

Compulsory for members belonging to an Employer Group.

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation	Company Stamp									
Name										
Designation										
Authorised Signatory Signature										