



PLATINUM HEALTH

Private Bag X82081, Rustenburg, 0300 • Tel: (014) 590 1700 • ZZGEngagementOfficeMembership@platinumhealth.co.za • www.platinumhealth.co.za

REQUEST TO CHANGE MEMBERSHIP DETAILS, SCHEME OPTION OR CARD REQUEST

1. Please complete the application form in PRINT with black ink and forward to Platinum Health.

2. The principal member must sign the form

3. Please supply your Platinum Health membership number:

1 MEMBER DETAILS (Please complete in full)

Title: Prof Dr Mr Ms Initials: Surname:

Names in full (as per identity document)

Date of birth: C C Y Y M M D D

Email:

Postal address: Postal code:

Residential address: Postal code:

Tel no (home): Tel no (work): Cell no:

Identity or passport number:

Employee number: Tax number:

Workplace: Employer:

2 MEMBERSHIP CHANGE (Please complete in full)

Change of banking details Change of surname Change of postal address Change of residential address Termination of membership Termination of dependant Deceased

Medical Boarding Continue Terminate Membership Retirement Continue Terminate Membership

Option change From: PlatComp PlatFreedom PlatCap To: PlatComp PlatFreedom PlatCap (Only permitted between 1-30 November annually)

NOTE: PLEASE PROVIDE FULL DETAILS OF THE MEMBERSHIP CHANGE AND ATTACH RELEVANT DOCUMENTATION (e.g. marriage certificate/proof of income/death certificate/banking details certified by bank)

Membership change with effect from: C C Y Y M M D D (Note that 30 days' notice period will be added from the date Platinum Health receives the document in order to terminate dependents)

3 CARD REQUEST

Damaged Lost/stolen Addition Quantity Collect at PHMS facility Name of facility:

Card to be delivered to: Employer Operation/Site:

PRINCIPAL MEMBERS SIGNATURE: DATE:

All changes must be accompanied by a copy of an Identity Document.