



PLATINUM HEALTH

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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)

Form fields for member details including Title, Names in full, Date of birth, Email, Postal address, Residential address, Tel no, Identity or passport number, Employee number, Tax number, Workplace, and Employer.

2 MEMBERSHIP CHANGE (Please complete in full)

Form fields for membership change including Change of banking details, Change of surname, Change of postal address, Change of residential address, Termination of membership, Termination of dependant, and Deceased.

Form fields for Medical Boarding and Retirement options: Continue, Terminate membership.

Form fields for 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)

Large empty form area for providing full details of the membership change and attaching relevant documentation.

Form field for 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

Form fields for Card Request: Damaged, Lost/stolen, Addition, Quantity

Form fields for Card to be delivered to: Employer Operation/Site, 175 Beyers Naudé, Post/Mail to, Residential address, Postal address

Form fields for PRINCIPAL MEMBERS SIGNATURE and DATE