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 | Mrs Initials: Surname:

Names in full (as per identity document):

Date of birth: C C Y Y M M D D E-mail:

Residential address:

Postal code:

WhatsApp no: Tel no (Work): Cell no:

Identity or passport number:

Employee number: Tax number:

Workplace: Employer:

2. MEMBER CHANGE (Please complete in full)

- ☐ Change of banking details
- ☐ Change of surname
- ☐ Change of residential address
- ☐ Termination of membership
- ☐ Termination of dependant
- ☐ Deceased
- ☐ Medical Boarding
- ☐ Retirement
- ☐ 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 (Dep name and date of birth) 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

Default option is electronic card, should you wish to have one physical card printed, please indicate below:

☐ Damaged ☐ Lost/stolen ☐ Addition

Collect at PHMS facility ☐ Name of facility

Collect at Employer ☐ Employer operation/site

Principal Member signature: Date: C C Y Y M M D D

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