



# 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)

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

### 3 CARD REQUEST

Damaged  Lost/stolen  Addition  Quantity

Card to be delivered to:  Employer  Operation/Site:  175 Beyers Naudé

Post/Mail to:  Residential address  Postal address

PRINCIPAL MEMBERS SIGNATURE:

DATE: