

Changes Form

Member Name: Membership Number:

Change applicable to: All / Suffix

Current Plan & Scheme:

Upgrade: Downgrade: Termination: Transfer group to individual: Transfer individual to group:

Effective Date:

New Scheme: (Please tick the applicable below)

Alliance Options Select

Select 1

Select 2

Select 3

Select 4

Northern Alliance

10°N

20°N

30°N

Multimed

Bronze

Silver

Gold

Platinum

Platinum +

Alliance Health Options

Core

Core +

Comprehensive

Comprehensive +

Reason for Change:

Please note: This application will not be automatically accepted. It is subject to assessment and approval.

Re-alignment of benefits and waiting periods will apply accordingly to an upgrade in scheme.

Declaration:

On behalf of all the people applying for the above change, I confirm having understood the terms and conditions as well as waiting periods (if applicable) relating to my request.

I also declare that I have not applied for an upgrade due to a known medical condition requiring more benefit cover.

Signature: Date: