

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: