



Administered by Universal Healthcare (Pty) Ltd  
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[www.universal.co.za](http://www.universal.co.za)

## Plan selection form 2024/2025

Please complete this form **digitally** or in **BLOCK LETTERS** using black or blue ink.  
Only complete and return this form if you require a Plan change. **Should you choose to remain on your existing Plan, you do not need to submit this form.** Please complete and submit this form by no later than **08 March 2024**.

**This form must be signed by the member and forwarded to:**

Email: [membership@omsmaf.co.za](mailto:membership@omsmaf.co.za)  
Postal address: Old Mutual Staff Medical Aid Fund, P O Box 1411, Rivonia, 2128

### MEMBER'S DETAILS

Surname	<input type="text"/>		
Name(s)	<input type="text"/>	Staff code	<input type="text"/>
Email Address	<input type="text"/>	Membership number	<input type="text"/>
Contact numbers (H)	<input type="text"/>	Cell	<input type="text"/>
Contact numbers (W)	<input type="text"/>		

### YOUR CHOICE OF PLAN

Indicate your choice of Plan by marking the appropriate block below with a cross (X)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Hospital Plan</b>   | <input type="checkbox"/> <b>Traditional Plan</b>   |
| <input type="checkbox"/> <b>Network Plan**</b> (not suitable for members in Namibia or outlying countries)          | <input type="checkbox"/> <b>Traditional SELECT Plan*</b> (not suitable for members in Namibia or outlying countries) |
| <input type="checkbox"/> <b>Network SELECT Plan* **</b> (not suitable for members in Namibia or outlying countries) | <input type="checkbox"/> <b>Traditional Plus Plan</b>  |
| <input type="checkbox"/> <b>Savings Plan</b>  |  |

Members choosing one of the *SELECT* Plans above are restricted to using the *SELECT* list of hospitals on-line on the OMSMAF website. look-up tool). A co-payment of 20% of the total hospital bill will apply if you choose a *SELECT* Plan and then voluntarily get admitted to a hospital that is not on the *SELECT* list of hospitals. In view of this, the *SELECT* Plans are generally not suitable for members in Namibia or outlying countries.

\*\* Members choosing the Network or Network *SELECT* Plan must please check with Universal Healthcare regarding the GPs, dentists and optometrists available to them via the Universal.one app or emailing [network.accounts@omsmaf.co.za](mailto:network.accounts@omsmaf.co.za).

### MEMBER DECLARATION

I have read and fully understand all the information provided regarding the structure of my chosen Plan.  
**If I have chosen one of the Network or SELECT Plans, I confirm that I have read, and that I understand and accept the restrictions of this Plan and the co-payment implications if I do not comply with such restrictions.**

Signed: \_\_\_\_\_

If you do not have access to a scanner and printer, you may type your name and email the form.

Date: \_\_\_\_\_