

## Option Change Form

Please ensure the completed form is returned to your employer, pension fund or broker before 30 November 2008 to ensure your request is captured.

### 1. Member's details

Member name

Member number

I wish to change my Benefit Option to LA KeyPlus  LA Active  LA Focus  LA Core  LA Comprehensive

with effect

To be completed if you have selected the LA KeyPlus Benefit Option

LA KeyPlus Primary Care Network				
	Name	General practitioner	Practice number	Telephone number
Main Applicant				
Spouse or partner				
Dependant 1				
Dependant 2				
Dependant 3				

Reason for change

Member signature

Date

### 2. Employer's/pension fund approval

Name

Phone

Approved Yes  No

Signature

Please note: LA Health will not accept any changes to your membership without approval, from your Municipal Salary Office.

Employer stamp