Contact us
Tel: 0860 103 933, PO Box 652509, Benmore, 2010, www.lahealth.co.za

Option Change Form

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

1. Member's details

Member name

Member number Payroll number

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

with effect Y Y Y Y M M D D

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

LA KeyPlus Primary Care Network					
	Name	General practitioner (GP)	Practice number	Second GP name	Practice number
Main Applicant					
Spouse or partner					
Dependant 1					
Dependant 2					
Dependant 3					

If you live far away from where you work or you often need to work in different towns, you may need a second GP. Please only choose a second GP if this applies to you.

Reason for change

Member signature Date Y Y Y Y M M D D

2. Employer's or 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

Discovery Health (Pty) Ltd is an authorised financial services provider and administers LA Health Medical Scheme

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