

**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 before 30 November 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

Please complete 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

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

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

Name

Phone

Approved Yes  No

Signature

Employer stamp

For further details fax 011 539 7235 or email [ptaresolution@discovery.co.za](mailto:ptaresolution@discovery.co.za)