Option Change form

Contact details
Tel: 0860 002 133 • www.sabmas.co.za

Who we are

SAB Medical Aid, referred to as 'the Scheme', registration number 1209 is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, referred to as 'the Administrator', is a separate company and an authorised financial service provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. Submit your signed and completed form to **membership@sabmas.co.za**

Benefit option changes for 2027 must be completed and submitted on the Option Change Form by **11 December 2026**, for the change to take effect from **1 January 2027**.

By signing this application, you confirm that the information provided is true and correct.

1. About Yourself (main applicant)

Title | Initials

Surname

First name(s) (as per identity document)

ID or passport number | Date of birth (D D M M Y Y Y Y)

Membership number

Employee number (if applicable)

I wish to change my benefit option to:

☐ Comprehensive Option

☐ Essential Option

Reason for change:

Please complete this if you have selected the Essential Option. Please select your preferred GP.

	Name	GP Name	Practice Number	Second GP Name	Practice Number
Main applicant					
Spouse or partner					
Dependant 1					
Dependant 2					
Dependant 3					
Dependant 4					
Dependant 5					

SABOC001

SAB Medical Aid, registration number 1209, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

I understand this change is effective from 1 January, and that my monthly contributions will be adjusted as such.

Principal member's signature

Date D D M M Y Y Y Y

Please do not sign an incomplete application form
I confirm the information is accurate and complete