

PATHFINDER OPTION SELECTION 2008



SECTION A: Option Selection form 2008

Please note that this is the only form that should be used if you want to change your current option for 2008.

PLEASE PRINT NEATLY USING A BLACK PEN

Initials	<input type="text"/>	I.D. number	<input type="text"/>
Surname	<input type="text"/>		
Membership number	<input type="text"/>		
Cellular number	<input type="text"/>	E-mail address	<input type="text"/>

Please indicate with an **X** which Option you are selecting for 2008 (only ONE option may be selected)

Terrace	<input type="checkbox"/>	Avenue	<input type="checkbox"/>	Trail	<input type="checkbox"/>
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I hereby declare that I have selected the above-mentioned option and accept that the option I have selected may not be changed during 2008.

Signature _____	Date completed	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			

SECTION B: To be completed only by Trail members, who have selected this option again for 2008 (SECTION A of this form), and who want to change their and/or their dependants' nominated network GP for 2008.

PLEASE NOTE: You may change to another network GP during 2008. Please ensure that you notify PATHFINDER Medical Scheme of this decision, and your new network GP's particulars, in writing.

Please contact PATHFINDER Customer Care at 0861 07 08 09 or visit www.pathfinderhealth.co.za for a list of doctors available in your area.

Principal member name and surname	<input type="text"/>
Principal member membership number	<input type="text"/>
Name of new nominated network GP	<input type="text"/>
Practice number of new nominated network GP	<input type="text"/>
Dependant name and surname	<input type="text"/>
Name of new nominated network GP	<input type="text"/>
Practice number of new nominated network GP	<input type="text"/>
Dependant name and surname	<input type="text"/>
Name of new nominated network GP	<input type="text"/>
Practice number of new nominated network GP	<input type="text"/>
Dependant name and surname	<input type="text"/>
Name of new nominated network GP	<input type="text"/>
Practice number of new nominated network GP	<input type="text"/>