Universal House, 15 Tambach Road, Sunninghill Park, Sandton
Private Bag X47, Rivonia 2128 | **Tel:** 011 208 1000 | membership@universal.co.za

OPTION CHANGE FORM: 2027

MEMBER INITIALS		**MEMBER SURNAME**	
MEMBER NAME/S			
IDENTITY NO.			
MEMBERSHIP NO.			
EMPLOYEE NO.			
TELEPHONE/CONTACT NO.			
EMPLOYER NAME			
BRANCH/SITE			

OPTION CHANGE REQUEST

I hereby request to change my Medical Aid Benefit Option to the Option as indicated below, with effect from **1 January 2027**.
I have considered the contribution rate of the Option which I am hereby choosing and I understand that I may only change my Option within the Makoti Medical Scheme once a year from 1 January.

(Tick relevant box)

PRIMARY OPTION ☐

COMPREHENSIVE OPTION ☐

MEMBER SIGNATURE _____ **DATE** D D M M Y Y Y Y

AUTHORISED SIGNATORY: OF EMPLOYER

NAME

SIGNATURE _____

COMPANY STAMP

ENDORSEMENT BY PAYROLL ADMINISTRATOR

EFFECTIVE DATE OF CHANGE D D M M Y Y Y Y

SIGNED _____

DATE D D M M Y Y Y Y

Please submit this option change form to **membership@universal.co.za** between December 2026 and January 2027. The new option and revised contributions will come into effect on 1 January 2027.