



## MIBCO HEALTH Employee Opt-Out Form

<b>Section 1</b> Employer Information (employer to complete):	
Company Name:	Employer Council Number:
Employer Contact Number:	
<b>Section 2</b> Employee Information (employee to complete):	
Employee Full Name:	Date of Birth:
Employee ID or Passport Number:	Mobile/Cellphone Number:
Job Title:	Email:
<b>Section 3</b> Reason for Opting Out (employee to complete): Tick where applicable	
<input type="checkbox"/>	Coverage through spouse/partner
<input type="checkbox"/>	Affordability
<input type="checkbox"/>	Other:
<b>Section 4</b> Benefit Breakdown (Contact Affinity Health for more information on the benefits (WhatsApp: 067 421 2028 )	
<b>Day-To-Day Benefits</b>	
<b>24/7 Telephonic Medical Consulting Hotline</b> Unlimited telephonic consultations with a Nurse, Doctor or Mental Health Professional. Includes Acute Medication recommended by the Nurse or Doctor subject to the Affinity Formulary.	
<b>In-Person Nurse Consultations</b> Unlimited, managed visits at a Medical Society Centre. Includes all medication dispensed by the nurse practitioner subject to the Affinity Formulary.	
<b>Medical Society Lite Centres</b> Medical Society members have access to our conveniently located Lite Centres, where they will receive assistance and support with Telehealth consultations.	
<b>Virtual GP Consultations</b> Unlimited telephonic consultations with a virtual GP within the Affinity Provider Network, when referred by a designated nurse practitioner.	
<b>GP Consultations</b> Unlimited, managed General Practitioner consultations within the Affinity Provider Network when referred by a designated nurse practitioner.	
<b>In-Room GP Procedures</b> Unlimited cover for minor procedures that can be performed in a Network GP's rooms, subject to the Affinity Formulary	
<b>Acute Medication</b> Unlimited and linked to the Doctor consultation, medication dispensed by the Network Provider or obtained on script from a pharmacy subject to the Affinity Formulary.	
<b>Over-the-Counter Medication</b> Over-the-Counter Medication up to <b>R500</b> per eligible member per year, as authorised by a Registered Nurse.	
<b>Chronic Medication</b> This benefit covers 24 specific Chronic Conditions according to the Affinity Chronic Medication Formulary.	
<b>Radiology</b> Unlimited basic Radiology according to the Affinity Formulary if referred by a Network Doctor.	
<b>Pathology</b> Unlimited basic Pathology according to the Affinity Formulary if referred by a Network Doctor.	
<b>Dentistry</b> Cover for basic dental procedures, within the Affinity Provider Network, that can be performed in the Dentist's Rooms. Up to a limit of <b>R800</b> per insured person per defined event, up to <b>R2 400</b> per insured person per 18 (eighteen) month period.	
<b>Optometry</b> One eye test and one set of standard frames and lenses per member per 24 months. This benefit is only available through a Spec-Savers outlet.	
<b>Maternity Scans &amp; Blood Tests</b> Two growth sonars and relevant blood tests as referred by a GP within the Affinity Provider Network, subject to the Affinity Formulary.	
<b>HIV &amp; TB Management Programme</b> The programme caters to the medical and lifestyle needs of members living with HIV and/or TB and provides them with suitable treatment and tools to live a healthier life.	
<b>Chronic Disease Management</b> Available for members that are registered for the Chronic Management Programme, through support we assist you in bringing your condition under control to live a healthier life.	
<b>24/7 Emergency Services</b>	
<b>Trauma Support Services</b> Telephonic trauma support counselling and mental health wellness support by qualified and dedicated professionals for traumatic events such as sexual assault, crime, gender-based violence, death, attempted suicide, and domestic violence.	

**Emergency Medical Response**

24/7 Emergency medical advice, ambulance services and hospital pre-authorisation.

**Hospital Benefits****Accidental Hospital and Casualty Benefit**

For actual costs of emergency casualty private hospitalisation if admitted due to an accident including Post Hospital Rehabilitation up to the benefit limit of **R100 000**.

**Post-Hospital Private Home Nursing**

Up to **R11 000** per single member policy per year for the assistance of a private nurse following a stay in a Hospital.

**Hospital Care Plan**

This benefit includes a personal care package to make a patient's stay more comfortable while in a state hospital for an illness admission.

**Value Added Services****Road Accident Claim Assistance**

This benefit offers assistance with claiming from the Road Accident Fund. Affinity has a network of attorneys that will assess the accident at no cost to the member and will facilitate any reimbursement from the Road Accident Fund on behalf of the member.

**Workmen's Compensation Claims Assistance**

Affinity offers third-party recovery services, such as advice and administrative assistance, keeping the member updated on the progress of the claim.

**Section 5 Regional Addresses (The completed form should be sent to your regional office.)****EASTERN CAPE REGION**

Enquiries: Mr L. Palmer  
55 Newton Str, Port Elizabeth 6001  
(041) 393 3600  
Mibco.EC@mibco.org.za

**FREE STATE & NC REGION**

Enquiries: Ms B. Stalenberg  
86 Kelner Str, Westdene Spitskop  
Building, Bloemfontein 9301  
(051) 409 4000  
Mibco.FSNC@mibco.org.za

**NORTHERN REGION**

Enquiries: Mr N. Sotsaka  
2nd Floor, 353 Festival Str, Hatfiled  
(012) 362 4801  
Mibco.NR@mibco.org.za

**KWAZULU NATAL REGION**

Enquiries: Mr N. Soobramoney  
10A Caversham Rd, Pinetown 3605  
(031) 274 0644  
Mibco.KZN@mibco.org.za

**HIGHVELD REGION**

Enquiries: Ms N. Monama  
1st Floor, 275 Kent Ave, Ferndale,  
Randburg  
(011) 369 7750  
highveldregion@mibco.org.za

**WESTERN PROVINCE REGION**

Enquiries: Mr B. Jacobs  
Tyger Terraces 3, Bellville Business Park,  
Mike Pienaar Blvd, Bellville  
(021) 941 7300  
Mibco.WP@mibco.org.za

**Section 6 Acknowledgement and Disclaimer (employee to complete)**

I understand and agree that:

- I voluntarily choose to opt out of participation / registration in the Mibco Health Insurance Scheme.
- I acknowledge that this opportunity is ONLY available to me within the first 60 days of implementation or the first 60 days of becoming employed in Sector 5 of MIBCO.
- I have had the opportunity to review plan information and ask questions prior to making this decision.
- I understand that by opting out I will not have any access to the Mibco Health Insurance benefits.
- I confirm that I have not been coerced to opt out of the MIBCO Medical Health Insurance;
- I further understand that this action is effective immediately and that I will stop receiving all related benefits and communications.
- I understand the benefits i am opting out of
- I understand that I will lose the ability to opt out if I use the benefit without having made a contribution towards the medical health insurance.

I confirm that if any Mibco Health benefits accessed by myself deems this opt-out null and void.  Yes (Mark with an X)

I certify that the information provided above is accurate and that this decision is made voluntarily.  Yes (Mark with an X)

Employee Signature:

Employer Signature:

Employer Stamp:

DD | MM | YYYY

DD | MM | YYYY

Employer Stamp

Please ensure a copy of your ID or Passport is attached to this application.  (Mark with an X)