

# Mid-Year motivation for option change



**Note:** Feedback on the motivation for Option Change may take up to 60 days.

Please return this form to GEMS via:

Enquiries@gems.gov.za                       Post to GEMS, Private Bag X782, Cape Town 8000  
 Fax to 0861 00 4367                               A GEMS walk-in centre

**Please note that the following documents must be submitted with this form:**

- A salary statement (not older than three (3) months)
- For pensioners, your last three (3) months' bank statements

## Section A: Select your option

Membership No.  ID/Passport No.

First Name

Surname

Benefit Option     Tanzanite One\*    Beryl    Ruby    Emerald Value\*    Emerald    Onyx

\*Complete Section B below if choosing Tanzanite One/Emerald Value.

## Section B: Tanzanite One and Emerald Value family practitioner nomination

- If you have selected the Tanzanite One or Emerald Value option, you need to indicate a Network doctor for yourself and your dependant(s).
- You can access the Network doctors on [www.gems.gov.za](http://www.gems.gov.za)
- If you and your dependant(s) will be using the same nominated GP - tick box
- If you have ticked the above box, you only need to complete the main member GP nomination.
- A 30% co-payment will apply to claims where a GP has not been nominated in line with the Scheme Rules.

Member/Dependant	Name of GEMS beneficiary	Name of GP	Practice number	Doctor's telephone number
Main member		PRIMARY GP		
		SECONDARY GP		
Dependant 1		PRIMARY GP		
		SECONDARY GP		
Dependant 2		PRIMARY GP		
		SECONDARY GP		
Dependant 3		PRIMARY GP		
		SECONDARY GP		
Dependant 4		PRIMARY GP		
		SECONDARY GP		

\*If you have more dependants, please provide their GP nomination selection as per the above information on a separate sheet of paper together with this nomination form.

### Section C: Reason for option change

Please indicate your reason for changing your option by ticking the appropriate box:

- I can't afford contributions (please elaborate below)     I require additional benefits (please elaborate below)  
 Other (please specify below)

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### Section D: Statement and authorisation

**I declare that** ▶ I am an eligible member in accordance with the rules of GEMS. ▶ The information provided on this form is true and correct. ▶ I have made my option choice and I am satisfied with the benefit structure and contributions under this option. ▶ I authorise GEMS to update my details as indicated on this form.

Main member's signature \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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Make use of the multi-function GEMS Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App

