

AFROX MEDICAL AID SOCIETY CONTRIBUTIONS 2005

You will notice that each column is split into two contributions. The column headed Base Plan reflects your contribution to the Base Plan (excluding the R891 subsidy). The column headed MSF Max reflects the maximum monthly contribution to your MSF. Please refer to this column when selecting your MSF contribution for 2005.

Income Band	Member		Adult/Spouse Dependant		Per Child	
	Base Plan	MSF Max	Base Plan	MSF Max	Base Plan	MSF Max
< 1200	131	340	84	25	36	10
1201 – 1400	141	340	97	30	36	10
1401 – 1600	151	345	103	30	42	10
1601 – 1800	161	350	103	30	42	10
1801 – 2000	166	350	116	35	47	15
2001 – 2200	181	355	122	40	47	15
2201 – 2400	191	360	128	40	52	15
2401 – 2600	207	365	128	40	52	15
2601 – 2800	212	365	134	40	57	15
2801 – 3000	222	370	140	45	57	15
3001 – 3200	237	375	153	50	63	20
3201 – 3400	242	375	166	55	63	20
3401 – 3600	257	380	166	55	68	20
3601 – 3800	267	385	172	55	68	20
3801 – 4000	272	385	178	55	73	20
4001 – 4200	287	390	184	60	73	20
4201 – 4400	297	395	190	60	84	25
4401 – 4600	308	395	196	65	84	25
4601 – 4800	318	400	202	65	84	25
4801 – 5000	333	405	208	65	89	25
5001 – 5200	338	405	221	70	89	25
5201 – 5400	353	410	221	70	94	30
5401 – 5600	358	415	234	75	94	30
5601 – 5800	368	415	240	80	99	30
5801 – 6000	383	420	246	80	99	30
> 6000	393	425	252	80	105	35

11/04

SELECTION FORM

I would like to contribute R per month to my Medical Savings Fund in 2005.

Member First Name: Member Surname: Medical Aid Number: Employee Number:

POINTS TO REMEMBER

- You cannot select more than the amount reflected in the column headed "MSF Max".
- Minimum R50.00 per month.
- You must return this Selection Form to your Staff Office or the HR Back Office at Afrox, PO Box 5404, Johannesburg, 2000 by no later than 15 January 2005.

Member Signature:

IMPORTANT CONTACT NUMBERS

Client Service Team (011) 381 2022
Fax number (011) 381 2399

Toll free 0800 003 149
Hospital Pre-Authorisation 0861 888 303