

AFROX MEDICAL AID SOCIETY CONTRIBUTIONS 2004

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 R841 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 2004.

Income Band	Member		Adult/Spouse Dependant		Per Child	
	Base Plan	MSF Max	Base Plan	MSF Max	Base Plan	MSF Max
< 1200	130	320	65	20	35	10
1201 – 1400	140	325	75	25	35	10
1401 – 1600	150	330	80	25	40	10
1601 – 1800	160	330	80	25	40	10
1801 – 2000	165	335	90	30	45	15
2001 – 2200	180	340	95	30	45	15
2201 – 2400	190	340	100	30	50	15
2401 – 2600	205	345	100	30	50	15
2601 – 2800	210	350	105	35	55	15
2801 – 3000	220	350	110	35	55	15
3001 – 3200	235	355	120	40	60	20
3201 – 3400	240	360	130	40	60	20
3401 – 3600	255	365	130	40	65	20
3601 – 3800	265	365	135	45	65	20
3801 – 4000	270	370	140	45	70	20
4001 – 4200	285	375	145	45	70	20
4201 – 4400	295	375	150	50	80	25
4401 – 4600	305	380	155	50	80	25
4601 – 4800	315	385	160	50	80	25
4801 – 5000	330	390	165	55	85	25
5001 – 5200	335	390	175	55	85	25
5201 – 5400	350	395	175	55	90	30
5401 – 5600	355	395	185	60	90	30
5601 – 5800	365	400	190	60	95	30
5801 – 6000	380	405	195	65	95	30
> 6000	390	410	200	65	100	30

SELECTION FORM

I would like to contribute R per month to my Medical Savings Fund in 2004.

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".
- Your selected amounts must be in multiples of R10.00. (Minimum R50.00 per month.)
- You must return this Selection Form to your Staff Office or the HR Back Office, Selby by no later than 31 December 2003.

Member Signature: