



University of Fort Hare
Together in Excellence

Choice Form

I, *(Full names & surname)* _____
hereby agree to join, contribute and be bound by the provisions in force from time to time of the Medical Aid and/or UFH Provident / Retirement Fund as indicated below:

1. Medical Aid Scheme

<i>Medical Aid Scheme</i>	<i>Choice ✓</i>		<i>Signature</i>
Bonitas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(Tick ✓ in the appropriate box next to the Medical Aid Scheme of your choice and sign)

2. UFH Provident / Retirement Fund

<i>Fund</i>	<i>Choice ✓</i>	<i>Signature</i>
University of Fort Hare Provident Fund	<input type="checkbox"/>	
University of Fort Hare Retirement Fund	<input type="checkbox"/>	
8% Non-pensionable Allowance	<input type="checkbox"/>	
None of the above <i>(only if choice is Optional)</i>	<input type="checkbox"/>	

(Tick ✓ in the appropriate box next to the Fund of your choice and sign)

3. Group Life Scheme

<i>Fund</i>	<i>Choice</i>		<i>Signature</i>
University of Fort Hare Group Life Assurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(Tick ✓ inside the box of your choice)

4. 13th Cheque

	<i>Choice</i>		<i>Signature</i>
13 th Cheque	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(Tick ✓ inside the box of your choice)

Processing HR Officer: _____

Signature: _____ Date: _____