



University of Fort Hare  
Together in Excellence

BENEFITS CHOICE FORM

HRF 19

I, \_\_\_\_\_ (Full name and surname)

Hereby agree to join, contribute and be bound by the provisions in force from time to time of the Medical aid and/or Provident/Retirement Fund as indicated below:

Medical Aid Scheme		
Note: selection of a medical aid is compulsory		
Medical Aid Scheme	Choice	Signature
Bonitas	Yes	
Discovery	Yes	

(Mark X in the appropriate box next to the Medical Scheme of your choice and sign)

UFH Provident/Retirement Fund					
Fund	Choice				Signature
	75%	70%	65%	60%	
UFH Provident Fund					
UFH Retirement Fund					
Government Employee Pension Fund					
None of the above (Only if choice is optional)					

(Mark X in the appropriate box next to the Fund and Percentile of your choice and sign)

Group Life Scheme		
Note: Group Life Assurance is compulsory		
Fund	Choice	Signature
University of Fort Hare Group Life Assurance	Yes	

(Mark X inside the box of your choice)

13 <sup>th</sup> Cheque			
13 <sup>th</sup> Cheque	Choice		Signature
13 <sup>th</sup> Cheque	Yes	No	

(Mark X inside the box of your choice)

Processing HR Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_