



Regular Force Medical Continuation Fund

Dear Member

2020 Benefit changes

In continuing with our drive to contain costs to ensure the financial sustainability of the Fund, the RFMCF Management has decided to make further changes to the management of your benefits.

Preferred Service providers

A Preferred Service Provider is a healthcare provider (doctor, pharmacist, hospital, etc) that is a Fund's first choice when its members need diagnosis, treatment or care for a specific medical condition.

Members who choose not to use the Preferred Service Provider selected by the Fund may have to pay a portion of the medical bill as a co-payment. This co-payment will be the difference between the Preferred Service Provider's tariff amount and the amount charged by the provider the member chooses to use.

Effective 01 January 2020, members will be required to make use of preferred service providers to avoid co-payments on services rendered for the relevant benefits.

Chronic Dialysis:	National Renal Care, Life Healthcare
Oncology:	ICON
Home Oxygen:	Ecomed Medical cc

Hearing Aids

Effective 01 January 2020, members will have a limit of R15000.00 available for hearing aids every 5 years

It is important to note that the authorisation process will not change. The South African Military Health Services (SAMHS) still provides the authorisation for services by means of a DD2703 authorisation. Communication regarding this implementation has been sent to the SAMHS and they will give authorisations according to the appointed DSP's.

Contact information update

The RFMCF plans to have more communication with our members. For this reason, we need all your contact information to be updated at all time. We have included a form to be completed if your information has changed. This form must be sent to the Fund by 31 January 2020

Kind regards

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Member detail update form

VPA number: _____

VPA member and beneficiaries (only dependents still entitled to receive medical benefits) information

	Full names and Surname	ID number	Relationship to main member (e.g. spouse, son, daughter)
Main member			
Spouse			
Child			
Child			
Child			

Physical Address:

_____ Postal Code: _____

Postal Address:

_____ Postal Code: _____

Contact Details (main member):

Work telephone number: _____ Home telephone number: _____

Cellphone: _____

Fax number: _____ E - mail: _____

Signature: _____ Date: _____

The completed form must be faxed (012-6794463) or e-mailed (membership@fmcf.co.za) to the Fund.