



## UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG APPLICATION FOR AN AMENDMENT TO PACKAGE STRUCTURE

First Name	
Last Name	
ID Number / Passport Number	
Staff Number	
Please complete the section which relates to your amendment	
<b>A. AMENDMENT TO RETIREMENT FUNDING INCOME (RFI) %</b>  New RFI: _____%	
<b>B. AMENDMENT TO MEDICAL AID (please tick the appropriate box)</b>  <input type="checkbox"/> I wish to join the University Medical Aid Scheme      No. of Dependents:    Adults <input type="checkbox"/> Children <input type="checkbox"/>  <input type="checkbox"/> I wish to exit the University Medical Aid Scheme as I am on my spouse's medical aid	
<b>C. AMENDMENT TO TRAVEL ALLOWANCE</b>  <input type="checkbox"/> I wish to cancel my travel allowance as I am not required to travel on University business  <input type="checkbox"/> I wish to include a travel allowance in my package as I am required to travel on University business (motivation and authorisation attached)  Please state amount: R _____ per annum	
Employee Signature: _____	Date: _____
HR Officer / Manager: _____	Date: _____

*Please return completed form to your HR Office*