

Member Withdrawal Application Form



Contact details

Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

This form needs to be completed to withdraw the membership of both the dependant and the main member.

Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete with black ink and print clearly.
2. To avoid administration delays, please ensure this application is completed in full.
3. To be completed and returned to your Human Resources department.

1. Employer contact details (to be completed by employer)

Person who will receive correspondence on the application process

Contact name	<input type="text"/>	Designation	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		
Preferred means of communicating (please tick one)	Email <input type="checkbox"/>	Post <input type="checkbox"/>	Fax <input type="checkbox"/>

Employer contact signature

Date

2. Principal Member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's name	<input type="text"/>
Member's surname	<input type="text"/>

3. Withdrawals

Effective date

Please Note — No backdated withdrawals are allowed. All withdrawals need to be submitted three weeks in advance. If mid-month, full premium will be charged for the month.

Initials and surname	Date of birth/ ID number	Participation status	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Banking details (for PMSA payback, if applicable)

Submit the following with this form: copy of ID – Bank Statement/letter of confirmation from the bank.

Please note that credit card accounts are not accepted. You can only use a South African bank account.

Name of bank

Branch

Account number Branch code

Name of Account holder

Account holder ID number

Account Type Current Transmission Savings

I agree to inform Remedi in writing of any changes that may occur.

Signature of account holder

Signature of principal member

Please note: If you are using someone else's bank account, the account holder must sign above to confirm this.

5. Postal address for future correspondence

Postal address

Postal code

6. Member contact numbers

Contact name

Telephone (Home) Fax

Email

Preferred means of communicating (please tick one) Email Post Fax

7. Declaration

When you sign this application, you confirm that all the information provided is correct.

Signature of principal member

Date