

Member Withdrawal Application Form



Administered by Discovery Health

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 is the medical scheme, registration number 1430, which is 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 Designation
 Telephone Fax
 Email address

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

Employer contact signature Date

2. Principal member details

Member name Membership number
 Employee number Contact number
 Email address
 Member signature Date

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

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

 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.

Principal member signature

Date

Please do not sign an incomplete application form