

# Member withdrawal request form



## Contact details

Tel: 0861 638 633 • PO Box PO Box 652509, Benmore, 2010 • www.netcaremedicalscheme.co.za

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

### Who we are

Netcare Medical Scheme, registration number 1584, is a non-profit organization, 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), which takes care of the administration of your membership of Netcare Medical Scheme.

### How to complete this form

1. Please use one letter per block, complete in 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 withdrawal process

Contact name  Designation   
Telephone  Fax   
Email address

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

Employer contact signature  Date

Employer Stamp

## 2. Principal member details

Member name  Membership number   
Employee number  Contact number   
Email address

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

Main Member  Date

Please do not sign an incomplete application form.

## 3. Withdrawals

Effective date

Termination of Principal member Yes  No

(Y= entire membership including dependant/s will be terminated; no need to fill out dependant details if Principal member is terminated)

Termination of Dependant/s only Yes  No

(Y = fill out the details of the dependant/s you want to terminate)

### 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.

