TERMINATION OF INDIVIDUAL MEMBERSHIP / DEPENDANT
BEËINDIGING VAN INDIVIDUELE LIDMAATSKAP / AFHANKLIKE

bestMed

1. DETAILS OF MEMBER / BESONDERHEDE VAN LID

This form is to be completed by members who wish to advise the Scheme of termination of membership. Please note that option changes may only be made effective from 1 January of a financial year, provided that the request is received before 31 December. If a move is compulsory due to new employment and a member cannot give 30 days' notice, the member must submit to Bestmed a certificate from the new scheme as proof of membership.
Hierdie vorm moet ingevul word deur lede wat die Skema in kennis wil stel van die beëindiging van hul lidmaatskap. Let daarop dat opsieveranderinge slegs effektief 1 Januarie van 'n finansiële jaar gemaak mag word, mits die versoek ontvang word voor 31 Desember. Indien dit 'n verpligte skuif van nuwe werkgewer is, en lid nie 30 dae kennis kan gee nie, vereis Bestmed 'n sertifikaat van die nuwe skema as bewys van lidmaatskap.

Membership number / Lidmaatskapnommer

Title / Titel

Surname / Van

Full names / Volle name

☐ I hereby tender my resignation and that of all my dependants from Bestmed effective from / Hiermee gee ek kennis van my en al my afhanklikes se bedanking van Bestmed vanaf D D M M Y Y Y Y

or/of

☐ I hereby tender the resignation of my dependant/s: / Hiermee gee ek kennis van die bedanking van my afhanklike/s:

First name / Voorname	ID/Passport number / ID/Paspoortnommer	Resignation date / Bedankingsdatum

2.REASON FOR TERMINATION / REDE VIR BEËINDIGING

☐ Affordability (contributions too high) / Bekostigbaarheid (bydrae te hoog)

☐ Benefits (insufficient benefits/cover) / Voordele (onvoldoende voordele/dekking)

☐ Administration (service related, process related, lack of communication) / Administrasie (diensverwant, prosesverwant, onvoldoende kommunikasie)

☐ Death / Dood

☐ Access to service providers
* Pulse 1 members - access to GPs or service providers
* Other options - scheme not known to providers

Toegang tot diensverskaffers
* Pulse 1 lede - toegang tot algemene praktisyns of diensverskaffers
* Ander opsies - Skema is nie bekend aan diensverskaffers nie

☐ Emigration / Emigrasie

☐ Retrenchment / Aflegging

☐ Resign from employer - compulsory scheme at new employer / Bedank van werkgewer - verpligte skema by nuwe werkgewer

☐ Student / Student

☐ Marital status (divorce, marriage or joining spouse's medical scheme) / Huwelikstatus (geskei, getroud of aansluit by eggenoot se mediese skema)

I will be joining the following medical scheme: / Ek sluit aan by die volgende mediese skema:

Please forward my membership certificate to (postal or e-mail) / Stuur asb my lidmaatskapsertifikaat na (pos of e-pos)

From: / Vanaf: D D M M Y Y Y Y

Code / Kode

Tel (W)

Tel (H)

Cell / Sel

Date / Datum D D M M Y Y Y Y

Signature of member/Handtekening van lid

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