

## Termination of membership form

Please submit the completed and signed form via fax to **031 580 0613** or email at **membership@momentumhealth.co.za**.

2017

### Section 1: Principal member's details

Membership number	<input type="text"/>
Full name	<input type="text"/>
Group number	<input type="text"/>
Telephone number	<input type="text"/>
Postal address	<input type="text"/>
	Postal code <input type="text"/>
Email address	<input type="text"/>

### Section 2: Reason/s for terminating membership

- Moving to a new medical scheme  Yes  No 
  
 Name of new medical scheme: 
  
 (Required for transfer of positive savings balance, if applicable)
- Married and moving onto spouse's medical scheme  Yes  No
- Contributions no longer affordable  Yes  No
- Not satisfied with benefits  Yes  No
- Not satisfied with service  Yes  No
- No longer employed  Yes  No 
  
 Reason for unemployment 
  
 (e.g. resigned, retrenched, retired)
- Moving overseas  Yes  No
- Other (Please specify)

### Section 3: Banking details

Please provide banking details for refund of positive savings balance, if applicable. This only needs to be provided if you are not joining a new medical scheme option offering a savings account.

If a third party's account details are used, please provide a copy of their ID.

(Please do not provide credit card details. Momentum Health is not allowed to record your credit card details.)

Name of account holder	<input type="text"/>		
Name of bank	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Branch code	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Branch name	<input type="text"/>

## Section 4: Authorisation

Please specify the termination date of your Momentum Health membership

(Please note that in terms of the Scheme Rules, a minimum of 30-days notice is required to terminate membership)

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### Principal member

<b>Principal member's signature</b>	<input type="text"/>	<b>Date</b>	<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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### Employer (where applicable)

Name	<input type="text"/>
Position in company	<input type="text"/>

<b>Signature of authorised signatory</b>	<input type="text"/>	<b>Date</b>	<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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