



## TERMINATION OF CORPORATE MEMBERSHIP / DEPENDANT

- This form is to be completed by members who wish to advise the Scheme of termination of membership.
- Should the member join another medical aid as a main member on a savings option, the remaining savings balance (if any) will be transferred to your new medical aid.
- Should a member terminate membership of the Scheme and not be admitted as a member of another medical scheme, or be admitted to membership of another medical scheme which does not provide for a Personal Medical Savings Account (PMSA), the balance due to the member, including interest earned, must be refunded to the member five (5) months after termination of membership, subject to receiving the required documentation and will be subject to applicable laws.
- Where a member was registered on a savings benefit option and has exceeded the available savings allocation at the time of termination, the member shall remain liable for the value of the overutilised savings.
- Any amount owed to the Scheme (e.g. overutilised savings, share of any account and/or contributions) shall be recovered in accordance with the Scheme's Rules.

### 1. DETAILS OF MEMBER

Membership number	<input type="text"/>	Employee number	<input type="text"/>
Title	<input type="text"/>		
First name	<input type="text"/>		
Middle name	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
Current employer	<input type="text"/>		

#### 1.1 Terminate the full membership:

I hereby tender my resignation and that of all my dependants from Bestmed effective from  D  D  M  M  Y  Y  Y  Y

or

#### 1.2 Terminate a specific dependant:

I hereby tender the resignation of my dependant/s:

First name	ID/Passport number	Resignation date
<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"/>

### 2. REASON FOR TERMINATION

Please indicate the relevant reason(s) with an 'X'

<input type="checkbox"/>	Affordability (contributions too high)	<input type="checkbox"/>	Death	<input type="checkbox"/>	Resign from employer - compulsory scheme at new employer
<input type="checkbox"/>	Benefits (insufficient benefits/cover)	<input type="checkbox"/>	Emigration	<input type="checkbox"/>	Join spouses medical aid
<input type="checkbox"/>	Dependant over the age of 24 years	<input type="checkbox"/>	Misrepresentation	<input type="checkbox"/>	Administration (service related, process related, lack of communication)
<input type="checkbox"/>	Marital status (divorce, marriage or joining spouse's medical scheme)	<input type="checkbox"/>	Retrenchment	<input type="checkbox"/>	Access to service providers * Rhythm members - access to GPs or service providers * Other options - Scheme not known to providers

I will be joining the following medical scheme

From  D  D  M  M  Y  Y  Y  Y

Telephone number (w)  Cell phone number

Signed by me  on this  day of  month  Y  Y  Y  Y

Signature of principal member



