

Member Withdrawal Application Form



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 Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This is a not-for-profit organisation, 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 or complete digitally.
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			
Email address			
Preferred means of communicating (please tick one)	Email ☐	Post	☐

Employer contact signature

Date

2. Main member details

Membership number	
ID or passport number	
Member's surname	
Member's name	

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 of the bank account holder – bank statement/letter of confirmation from the bank not older than three months.

Please note that credit card accounts are not accepted. You can only use a South African bank account.

Name of bank											
Branch name						Branch code		-		-	
Type of account	Cheque/Transmission/Transaction ☐		Savings ☐		Account number						
Name of account holder											
Account holder ID number											
I agree to inform Remedi in writing of any changes that may occur.											

Signature of account holder	
Signature of main 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 (Post collected from post box, suite or private bag)

☐ PO Box	☐ Private Bag	Box number									
☐ Suite	☐ Postnet Suite	Number									
Suburb											
City								Postal code			

6. Member contact numbers

Contact name											
Telephone (H)											
Email											
Preferred means of communicating (please tick one)	Email ☐	Post ☐									

7. Declaration

When you sign this application, you confirm that all the information provided is correct.

Signature of main member		Date	D	D	M	M	Y	Y	Y	Y
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If you can't physically sign this form, you must sign it digitally. We accept digital signatures from the following digital signature providers:

- SigniFlow
- DocuSign
- Quickly Sign
- Hellosign
- Santamflow
- Smart Advise signatures
- Adobe Sign with certificate