Settlement agreement for an amount owing to Remedi Medical Aid Scheme

Contact details
Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

This form is your agreement to pay back an amount owing to Remedi Medical Aid Scheme.

Who we are

Remedi Medical Aid Scheme is the medical scheme, registration number 1430, which is 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 Remedi.

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. Once complete, please email your form to **service@yourremedi.co.za**.

1. Main member's details and acknowledgment of amount owing

First name(s) (as per identity document)

Surname

Membership number

Date of birth D D M M Y Y Y Y

Staff number

ID number

Passport number

Telephone (H)

Telephone (W)

Cellphone

Personal email address

By signing this form, you acknowledge and agree to settle any amount owing to the Scheme.

You acknowledge that the amount quoted can change and is based on the information we have at the time. Where the amount we quote is different to the final amount that is due, you agree to pay back the full amount.

Note: If the amount you owe the Scheme changes, we will contact you and offer you new payment terms.

Signature of main member

Date D D M M Y Y Y Y

2. Method of payment

Please choose your method of payment:

Direct debit ☐ (please complete section 3) Direct deposit ☐ Employer deduction ☐

Amount owing **R**

Payroll

Monthly deduction **R**

If you choose to pay the outstanding amount by direct deposit, please use the following bank account:

Bank	FNB
Branch	JHB Corporate
Branch code	255005
Account type	Current
Account number	62255735808

Please use your Remedi Medical Aid Scheme membership number as the reference when making direct deposits, and email the proof of payment to us.

3. Your banking details if you are paying by direct debit

Name of account holder

Bank name

Branch code - -

Account number

Type of account Cheque ☐ Savings ☐

Full amount owing **R** .

Date D D M M Y Y Y Y

By signing this direct debit request, I authorise the Remedi Medical Aid Scheme to deduct the agreed amount from my bank account.

Signed at (town or city)

Date D D M M Y Y Y Y

Signature of account holder

Signature of main member