

Contact us

Tel: 0800 226 5633 (0800 BANKMED) • Private Bag X2, Rivonia, 2128 • www.bankmed.co.za

# Member and/or dependant resignation form (To be completed by member)

#### Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-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) which takes care of the administration of your membership for the Scheme.

#### How to complete this form

- 1. Please use one letter per block, complete in black ink and print clearly.
- 2. Read and understand what is being asked.
- 3. Sign the application and ensure this form is e-mailed to administration@bankmed.co.za or faxed to 021 527 1926.

Should you have any questions, kindly let us know. Once we have assessed your application, we will let you know what will happen next.

#### A. Request for resignation

I, the undersigned (full name)														
with Membership Number , ID Number _														
and Employee Number , employed at (Employer)														
request the resignation of (please tick appropriate block) my full Bankmed membership OR only my dependant(s) as indicated below,														
with effect from (Date) D D M M Y Y Y Y														
B. Compulsory: Please provide a reason for the resignation (Tick appropriate block)														

#### In the case of full membership resignation

Change of employment Joining spouse/partner's medical aid Emigration (will no longer reside in South Africa)

#### Members on the Core Saver, Comprehensive or Plus Plan: complete if resigning full membership:

I am not joining a new medical scheme/Plan with a Medical Savings Account. Please transfer my unused Savings (if any) five months after my Bankmed resignation, to my bank account (details below). I am aware that I must declare this payout to the South African Receiver of Revenue, for tax purposes.

I am joining a new medical scheme/Plan with a Medical Savings Account. Bankmed is required (by law) to transfer unused Savings (if any) to my new scheme, five months after termination. I undertake to send full details of my new medical scheme/Plan to Bankmed in writing, via administration@bankmed.co.za or fax to 021 527 1926, to facilitate such transfer, failing which the funds shall be paid out to me and shall be taxable in my hands.

#### In the case of dependant resignation only

or

Dependant name	ID Number	
Dependant name	ID Number	
No longer my dependant (self-supporting)	I wish to remove this dependant (personal reasons)	
Dependant passed away on D D M M	YY	

## C. New contact/banking details

Residential/ Postal Address																				
Telephone Numbers (W)										Ce	llula	r N	umł	ber[						
(H)											Fax	κNι	umb	er [		[				
E-mail Address																				

### **BANK DETAILS**

Submit the following documentation with this form:

– Copy of ID

- Bank statement/letter of confirmation from the bank (not older than 3 months).

Please note: only an original bank statement will be accepted.

Name of Bank																											
Branch										]	Bra	ncł	n Co	ode													
Account Number										]	Acc	ou	nt 1	Гур	e:	Cı	ırre	nt [	Tr	ans	mis	sior	ח 🗆	]	Sav	ing	s 🗌

Signature

Date	D	D	M	M	Y	Y	Y	Υ	

Bankmed Medical Scheme is a registered medical scheme with the Council for Medical Schemes (CMS). The CMS contact details are as follows: e-mail complaints@medicalschemes.com / Customer Care Centre: 0861 123 267 / website www.medicalschemes.com