

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 the questions.
3. Sign the application and ensure this form is e-mailed to **administration@bankmed.co.za**.

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)

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.
- or
- 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

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

C. New contact/banking details for MSA refunds(if applicable)

Residential/ Postal Address														
Telephone Numbers (W)							Cellular Number							
(H)							Fax							
E-mail address														

BANK DETAILS

Submit the following documentation with this form:

- Copy of account holder's ID for MSA/claims refunds' (if applicable)
- 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							Branch Code								
Account Number							Account type: Current	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings	<input type="checkbox"/>			
Signature							Date	D	D	M	M	Y	Y	Y	Y