

Contact us

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

Member and/or dependant resignation form 2024

Please use this form to terminate the full membership or a dependant. To be completed by the Principal 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. Alternatively, complete the form electronically by typing in the fields below.
- $2. \ \, \text{To avoid administration delays, please ensure this application is completed in full.}$
- 3. Please return the completed form to your employer contact.
- 4. In the event that you update banking details, please note that we cannot accept credit card details.
- 5. You need to submit specific supporting documentation with this form if the account holder is not you.
- 6. Once the application form has been fully completed, and you have sourced all of the supporting documents, kindly e-mail all documents to administration@bankmed.co.za. Please ensure that your images are scanned clearly before e-mailing them to us.

Upon signing this application, you confirm that the information provided is true and correct.

1. Request for resignation					
I, the undersigned (full name)					
with membership 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)					
2. 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 Sarafter my Bankmed resignation, to my bank account (details below). I am aware that I must declare this payor 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 tra any) to my new scheme, five months after termination. I undertake to send full details of my new medical schwriting, via administration@bankmed.co.za or fax to 021 527 1926, to facilitate such transfer, failing which the me and shall be taxable in my hands.	neme/Plan to Bankmed in				
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					

Please note that this form expires on 31/03/2025. Up to date forms are available on www.bankmed.co.za.

3. Do you need to o	hange banking det	tails for an MSA refur	nd, or contact details	s due to resignation?		
Change banking details	for MSA refund	Yes No				
Update contact details of	lue to resignation	Yes No				
You need to submit specific supporting documentation with this form if the account holder is not you:						
Supporting document	ation required					
Please send the completed 'Continuation' form back to us with the documents under each type of bank account, if necessary. Please only send the documents relevant to your update. These documents are only applicable or needed when you are using one of the bank account types listed below.						
When using another p	erson's bank accour	nt (for example, spouse	, aunt, uncle, friend, fa	ther, son):		
·	 Proof of the account, e.g. bank statement or letter from the bank on a bank letterhead, not older than three months from date of submission A copy of the ID, passport or driver's licence of the bank account holder 					
When using a joint ac						
A copy of the ID, pas	sport or driver's licence	r letter from the bank on a e of each of the joint acco		der than three months from date of submission		
When using a compar	-					
 Proof of the account, e.g. bank statement or letter from the bank on a bank letterhead, not older than three months from date of submission A copy of the ID, passport or driver's licence of each signatory or person who has authority to sign on behalf of the company A letter of authority including the details of all the persons of authority and the Bankmed membership details A copy of the company's certificate of registration 						
When using a trust ac	count:					
	-	r letter from the bank on a e of each of the trustees		der than three months from date of submission		
A copy of the trust's of the tr	_					
A copy of the trust re If the account is in your	=		ro unablo to varify the	account details with the bank, please		
supply:	ur name as the Find	ipai wember, but we a	re unable to verify the	account details with the bank, please		
	e.g. bank statement o	r letter from the bank on a	a bank letterhead, not old	der than three months from date of submission		
A copy of your ID, pa	ssport or driver's licen	ce				
Once the application for	ma baa baan fullu aanam	lated and very barra acres	and all of the accompantions	description to trivially a modified description to		
		sure that your images are		documents, kindly e-mail all documents to e-mailing them to us.		
4. New banking det	ails for MSA refund	d (if applicable)				
When should we start u	sing the new banking o	details?	Y Y Y			
Please note that we cannot backdate banking detail changes and these details will come into effect from the date that they are loaded onto the system.						
Please confirm who the	account holder is by	choosing the correct opt	ion:			
Principal Member (you)	Someone	else Company	Trust			
Bank name						
Branch name			Branch code			
Account number			Type of account	Cheque Savings		
Account holder name						
Signature of account ho	lder			Date Della Menter Menter Della Menter		
5. Update contact of	letails due to resig	nation (if applicable)				
Telephone (H)			Telephone	(W)		
Cellphone						

Physical address Unit number Complex name Street number Street name Suburb City Postal code E-mail E-mail type Home Work 6. Banking detail change instruction, terms and conditions, and privacy statement 6.1. I/We, the undersigned: 6.1.1. Warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this authority is true and correct; 6.1.2. Undertake to advise the Scheme in writing of any changes to my account details and acknowledge that the Scheme will not be held responsible or liable for any claim, loss or harm that I or any third party may suffer as a result of: 6.1.2.1. me providing incorrect banking details herein, or 6.1.2.2. if the bank account is in the name of another person, or entity, or 6.1.2.3. as a result of my failure to notify the Scheme of a change in banking details. 6.1.3. In the event of resignation, I am not entitled to any refund of any contributions or amounts due that was withdrawn by the Scheme whilst my membership was active and in force if such contributions or amounts were legally owing to the Scheme in terms of the Agreement; 6.1.4. Furthermore, as the Principal Member I confirm that: 6.1.4.1. I will be liable for any claims, losses or damages of whatsoever nature should this account be incorrect or be held in the name of any other person; 6.1.4.2. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of refunding any MSA due to me after resignation. 6.1.4.3. the account listed above complies with the Financial Intelligence Centre Act ("FICA"). 6.2. Privacy Statement We process your personal information in accordance with the provisions of our Privacy Statement. Please read our Privacy Statement on the Bankmed Website. By accepting these Terms and Conditions and/or by providing personal information to us, you agree and give consent to the provisions of our Privacy Statement. If you do not agree or give consent to us using your personal information, we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions, please contact us on 0800 BANKMED (0800 226 5633). 6.3. Confirmation of acceptance of Agreement, inclusive of terms and conditions, and privacy statement 6.3.1. Account holder Please only sign if you have read and understood the Agreement, inclusive of debit order mandate, terms and conditions, and privacy statement. in my capacity as the account holder, with I. hereby confirm my acceptance of the Agreement, ID/passport number inclusive of the debit order mandate, terms and conditions, and Privacy Statement. Furthermore, I confirm and agree the following:

- 6.3.1.1. I give the Scheme, acting in their relevant capacities, permission to update the Principal Member's banking details as set out above;
- 6.3.1.2. I will be liable for any claims, losses or damages of whatsoever nature arising due to banking details being incorrect.
- 6.3.1.3. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of refunding any MSA due to me after resignation.
- 6.3.1.4. the account listed above complies with the Financial Intelligence Centre Act ("FICA").

Signed at (town or city)										
Account holder's signature	3	Date	D	M	M	Υ	Υ	Υ	Υ	

Original hand signature required

- 6.3.2.2. that I have the right to give the Scheme the authority to change these banking details.
- 6.3.2.3. I will be liable for any claims, losses or damages of whatsoever nature arising from banking details supplied that are incorrect or be held in the name of any other person.
- 6.3.2.4. I hereby authorise the Scheme to verify the banking details as provided above for the purposes of refunding any MSA due to me after resignation.
- 6.3.2.5. the account listed above complies with the Financial Intelligence Centre Act ("FICA).

Signed at (town or city)		
Principal Member's signature		Date D M M Y Y Y
	Original hand signature required	