



DEPENDANT TERMINATION REQUEST

Email: membership@medshield.co.za

Please note: Should your termination request reach the Scheme after the 7th of a month, your termination will only be effective at the end of the following month.

Principal Member Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Principal Member ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Principal Member Name/s:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Principal Member Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION A

DEPENDANT/S TO BE TERMINATED

I hereby request that the following dependant(s) are terminated on my membership:

Dependant 1 First Name/s:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dependant 1 Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Termination Effective Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Dependant 2 First Name/s:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dependant 2 Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Termination Effective Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Dependant 3 First Name/s:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dependant 3 Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Termination Effective Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

MY REASON FOR TERMINATION RELATES TO:

Mark with an X where necessary.

Overage:

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Affordability:

--

Emigrating:

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Joining another medical aid:

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Underwriting:

--

Deceased :

(copy of Death Certificate my accompany this form)

--

Other: (Please specify)

Principal Member Signature: _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECTION B

EMPLOYER APPROVAL (Companies/Group members only)

Name of Employer:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Paypoint Code:

--	--	--	--	--	--	--	--	--	--	--	--

Employee Payroll No.:

--	--	--	--	--	--	--	--	--	--	--	--

Termination Effective Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

COMPANY STAMP

*If no Company Stamp is available,
please mark this block with an X.*

Employer's Email Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer's Representative's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer's Representative's Designation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employer's Representative's Signature: _____