



Real value speaks for itself



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RESIGNATION OF MEMBERSHIP

Membership Number

Instructions:

1. Please complete every section below in full. If not applicable, please write N/A in the appropriate field.
2. Copy of ID must be attached.
3. Any incomplete or illegible information will result in further enquiries, which could delay your request.
4. This resignation form is to be completed by and signed on behalf of all the Dependants, by the Principal Member.

Section 1: Details of Principal Member

Title Initials First name

Surname

ID number

Contact number

Section 2: Details of Resignation

Effective date of resignation:

Reason for termination

I acknowledge that I am aware that, should my option have a medical savings account, I may be liable to refund the Scheme for the portion allocated to me in advance, should I resign prior to the end of the benefit year.

Signature of Principal Member

Date

Section 3: Employer Consent and Support

As the Employer of the above Principal Member, we support this application to resign from their membership and undertake to deduct and pay over to the Scheme the altered member's portion and employer's portion of contributions, where applicable

SIGNATURE AND STAMP OF EMPLOYER

DESIGNATION

Date