

Membership/dependant withdrawal form

Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Employer HR Date Stamp

This form needs to be completed to withdraw the membership of a dependant or the main member.

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-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). Discovery Health (Pty) Ltd 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. To avoid administration delays, please ensure this application is completed in full.
3. To be completed and returned to your Human Resources department. (if you are actively employed and your Employer pays your contribution). If your contribution is paid by a pension fund, please send the form to them. If you are a self-paying member, please send the form to lahealthadmin@lahealthms.co.za.

1. Employer or Pension Fund contact details (to be completed by the employer for active employees or the Pension Fund contact person - in the case where the contributions are paid by the Pension Fund)

Person who will receive correspondence on the withdrawal process

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|--------------------|---|-------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Employer name | | Designation | | | | | | | | | | | | | | | | | | | | | |
| Telephone | <table border="1" style="font-size: 8px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | |
| Employer signature | | Date | <table border="1" style="font-size: 8px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | | |

2. Main member details

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------|--|
| Member name | | Membership number | | | | | | | | | | | | | | | | | | | | | |
| Employee number | <table border="1" style="font-size: 8px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | Contact number | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | | | | |

3. Withdrawal details for main member / dependants

Effective date

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

Please note - No backdated withdrawals are allowed. All withdrawal forms need to be submitted 3 weeks in advance. Withdrawals are effective on the last day of month.

| Initials and surname of persons leaving the Scheme | Date of birth / ID number | Participation status | Reason |
|--|---------------------------|----------------------|--------|
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4. Banking details (for the refund of balances due to you, if applicable) after membership withdrawal

Submit the following with the form, if bank details belong to a third party: ID copy of account holder – bank statement/letter of confirmation from the bank that is not older than three months.

Please note that credit card accounts are not accepted. You can only use a South African bank account.

Bank name

Branch name Branch code - -

Account number Type of account Cheque Savings

Account holder

I agree to inform the Scheme in writing of any changes that may occur.

Signature of account holder Date

Signature of main member Date

Please note: if you are using someone else's bank account, the account holder must sign above to confirm we may pay monies into that account.

5. Postal address for future correspondence

PO Box Private Bag Box number

Suite PostNet Suite Number

Suburb

City Postal code

6. Main Member contact details

Contact name

Telephone (H)

Email

Preferred means of communicating (please tick one) Email SMS

7. Declaration

When you sign this application, you confirm that all the information provided is correct.

Main member signature Date