

Membership withdrawal request form

Contact details

Tel: 0860 100 698 • PO Box 8012, Greenstone 1616 • www.malcormedicalaid.co.za

Who we are

The Malcor Medical Aid Scheme (referred to as 'the Scheme'), registration number 1547, 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). We take 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. This form needs to be completed to withdraw the membership.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Human Resources Department or email to membership@totalmed.co.za or fax to 011 372 1578.

1. Employer contact details (to be completed by employer)

Person who will receive correspondence on the request process

Employer contact name Designation

Telephone Fax

Email address

Preferred means of communicating (please tick one) Email Post Fax

2. Principal member details

Member name Membership number

Employee number Contact number

3. Withdrawals

Effective date 2 0 Y Y M M D D

Please Note — No backdated withdrawals are allowed. All withdrawals need to be submitted three weeks in advance.

Participation status

Reason for withdrawal of membership

4. Postal and Email Address For Future Correspondence

Postal address

Code

Email Address