

TERMINATION FORM

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Section A - Principal Member Details

Private	<input type="checkbox"/>	Company	<input type="checkbox"/>							
Member Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name & Surname	<input type="text"/>									
Cellphone Number	<input type="text"/>									
Employee Number	<input type="text"/>									
Company Name	<input type="text"/>									
Effective Date of Termination	0	1	M	M	Y	Y	Y	Y	Note: One calendar month notice in advance required.	

Reason for Termination (Compulsory)

Resigned from Employer	<input type="checkbox"/>	Joined spouse's medical aid fund	<input type="checkbox"/>
Dismissed	<input type="checkbox"/>	Deceased (attach copy of death certificate)	<input type="checkbox"/>
Retrenched	<input type="checkbox"/>	Premiums not affordable *	<input type="checkbox"/>
Retired	<input type="checkbox"/>	*Were you offered an alternative option	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benefits	<input type="checkbox"/>	Service	<input type="checkbox"/>
Other (Please stipulate reason below)	<input type="checkbox"/>	<input type="text"/>	
Principal Member Signature	<input type="text"/>		Date
			D D M M Y Y Y Y

*Please be advised that due to certain legal provisions we may be required to remain in possession of personal information as prescribed by law.

Section B - Employer Warranty

Compulsory for members belonging to Group Scheme																
Name of Company	<input type="text"/>							Date	D	D	M	M	Y	Y	Y	Y
Management Representation							Company Stamp									
Name	<input type="text"/>															
Designation	<input type="text"/>															
Signature of Company Representative	<input type="text"/>															

For office use only

Processed by	<input type="text"/>															
Signature	<input type="text"/>							Date	D	D	M	M	Y	Y	Y	Y