



**Contact details**

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

## Member Withdrawal Application Form 2019

This form needs to be completed to withdraw the membership of both the dependant and the principal member.

### Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578. This 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 application 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.

### A. Employer Contact Details (To be completed by employer)

Person who will receive correspondence on the application process

Contact name  Designation

Telephone  Fax

Email address

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

### B. Principal Member Details

Member name  Membership number

Employee number

### C. Withdrawals

Effective Date  Family  or Dependants

**Please note:** No backdated withdrawals allowed. All withdrawals need to be submitted 3 weeks in advance.

Initials and surname	Date of Birth	Participation status	Reason

### D. Postal Address For Future Correspondence

Postal address   
  
 Code