

# Dependant withdrawal request form 2025

This form is to be used when withdrawing dependants on the membership only.



## 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. 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 form

1. Please use one letter per block, complete in black ink and print clearly or complete digitally.
2. This form needs to be completed to withdraw the membership of your dependant/s.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Human Resources department via email to [membership@totalmed.co.za](mailto:membership@totalmed.co.za).

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

Person who will receive correspondence on the application process

Employer contact name

Designation  Telephone

Email address

Preferred means of communicating (please tick one) Email  Post

### 2. Principal Member Details

Member name  Membership number

Employee number  Contact number

### 3. Withdrawals

Effective Date

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

| Initials and surname | Date of Birth        | Participation status | Reason               |
|----------------------|----------------------|----------------------|----------------------|
| <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"/> | <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"/> |

### 4. Postal Address For Future Correspondence

PO Box  Private Bag Box number

Suite  Postnet Suite Number

Suburb  Postal code

Principal member signature  Date

**The Principal member must sign and date any changes  
Please do not sign an incomplete application form**