

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	<input type="text"/>	Designation	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		
Preferred means of communicating (please tick one)	Email <input type="checkbox"/>	Post <input type="checkbox"/>	Fax <input type="checkbox"/>

2. Principal member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Name	<input type="text"/>
Surname	<input type="text"/>

3. Withdrawals

Effective date

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

Participation status

Reason for withdrawal of membership

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

4. Postal Address For Future Correspondence

Postal address (Post collected from post box, suite or private bag)

<input type="checkbox"/> PO Box	<input type="checkbox"/> Private bag	Box number	<input type="text"/>
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet suite	Number	<input type="text"/>
Suburb	<input type="text"/>	Postal code	<input type="text"/>