

Member withdrawal request form



Contact details

Tel: 0800 12 CARE (2273) • P.O. Box 653418, Benmore, 2010 • www.libcare.co.za

Who we are

The Libcare Medical Aid Scheme (referred to as 'the Scheme'), registration number 1197, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Liberty Health Administration (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 2004/006809/07). We take care of the administration of your membership for the Scheme.

How to complete this form

1. To be completed and returned to your Payroll Department.
2. This form needs to be completed in order to withdraw the membership of a dependant and/or the Principal member.
3. Please use one letter per block, complete in black ink and print clearly.
4. To avoid administrative delays, please make sure this application is completed in full.

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

Please give us the details of the person who should receive correspondence on the withdrawal process:

Contact name	<input type="text"/>	Designation	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		
Employer signature	<input type="text"/>	Date	<input type="text"/>

2. Principal member details

Member name	<input type="text"/>	Membership number	<input type="text"/>
Employee number	<input type="text"/>	Contact number	<input type="text"/>
Email address	<input type="text"/>		
Signed at	<input type="text"/>		
Principal member signature	<input type="text"/>	Date	<input type="text"/>

Please do not sign an incomplete application form

3. Withdrawal

Membership withdrawal	<input type="checkbox"/>
Dependant withdrawal	<input type="checkbox"/>
Effective date	<input type="text"/>

If a dependant withdrawal please complete section below

Please note

No backdated withdrawals are allowed. All withdrawals need to be submitted a month in advance. If submitted mid-month, full premium will be charged for the month.

Initials and surname	Date of birth/ID number	Effective date

Reason for withdrawal (please tick)

Self-supporting Divorce

Marriage Over age dependant

Transfer to a new Medical Scheme

Other (please specify) _____

4. Banking details (for Medical Savings Facility refund, if applicable)

Note: The Medical Scheme Act requires that your Medical Savings Facility balances must be transferred to your next Medical Scheme. Only in the event that you are not joining a new Medical Scheme or if the new Medical Scheme does not have a savings option, may a cash refund be made to you. If you are joining another Medical Scheme within the next four months, kindly complete the details of that Scheme below or advise us of such details as soon as they are known.

New Medical Scheme Details

Membership Number

New Medical Scheme Details

Date Joined

Note: Only complete the section below if you are not joining another Medical Scheme and the funds in the Medical Savings Facility needs to be refunded to you.

I am not joining another Medical Scheme, therefore, please pay the balance of my Medical Savings Facility to the following bank account.

Name of bank

Account holder

Branch name

Account number

Account type Current Savings Transmission

Signature of account holder

Please do not sign an incomplete application form.

Signature of Principal member

Please do not sign an incomplete application form.

Please note:

- 1. Submit the following with this form: Copy of ID and Bank statement/letter of confirmation from the bank.
- 2. Credit card accounts are not accepted and you can only use a South African bank account.
- 3. If you are using someone else's bank account, the account holder must sign above to confirm this.

5. Contact details for future correspondence

Email address

Postal address

postal code

6. Declaration

When you sign this application, you confirm that all the information provided is correct.

Principal member signature

Date

Please do not sign an incomplete application form.