# Transfer from active to retiree status

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

**This form is for main members who move onto retiree status, to make contributions or payments directly to Libcare Medical Scheme**

### Who we are

The Libcare Medical 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, registration number 2004/006809/07 is a separate company, an authorised financial services provider, is responsible for the administration of your membership on behalf of the Scheme.

### How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form is for main members who move onto retiree status, to make contributions or payments directly to Libcare Medical Scheme.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Payroll Administrator.
5. Should you have any queries, please contact Libcare Contact Centre during office hours on 0800 12 CARE (2273) for assistance.

## 1. Details of Principal member

Membership number (compulsory) | Start date D D M M Y Y Y Y

Employee number (compulsory)

Title | Initials | Surname

First name(s)

Preferred name | Sex M F | Date of birth D D M M Y Y Y Y

Marital status: Married | Single | Divorced | Widowed | Date of marriage D D M M Y Y Y Y

Previous/maiden name

ID or passport number

Country of issue

Telephone (H) | (W)

Fax | Cellphone

Email address

Postal address

Code

Residential address

Code

## 2. Banking details for your monthly contributions

**What you must do**

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You may only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

Bank name | Branch name

Account type Current | Transmission | Savings | Branch code

Name of account holder

Account Number

Signature of account holder

I, , hereby give

Libcare Medial Scheme permission to charge my bank account for my contributions to Libcare Medical Scheme.

## 3. Banking details for reimbursement of your claims

**What you must do**

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank

Same as above? Yes | No (if "No" please complete below)

Bank name | Branch name

Account type Cheque | Savings | Branch code

Name of account holder

Account Number

Signature of account holder

## 4. Your legal declaration

It is my sole responsibility as a member to make sure Libcare Medical Scheme receives the monthly premium. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise Libcare Medical Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with Libcare Medical Scheme.

Signed at (town or city) | On D D M M Y Y Y Y

Signature of Main member

**Please do not sign an incomplete application form**

## 5. Your employer details

**If your employer is paying your full contribution or a part of it and we need to debit their account, please complete this section:**

Group name | Group Code

Employee number | Date of employment D D M M Y Y Y Y

1. Group contact person | 2. Group contact person

Telephone - | Telephone -

Date of promotion (if applicable) D D M M Y Y Y Y

Please ensure your employer completes this warranty

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**Employer warranty**

1. We warrant that the main applicant detailed in section 1 is an employee of our organisation.
2. The Scheme may bill us for the amount due for this member in the same way as it does for our other employees with the Scheme.

| | |
|---|---|
| Authorised signatory | |
| Name/s | |
| Designation | |

EMPLOYER STAMP