

termination of membership

Instructions:

1. Please complete the form in full and sign it. Return it to Medihelp, PO Box 26004, ARCADIA, 0007. You can also fax it to 012 336 9532 or email it to membership@medihelp.co.za.
2. If you have to terminate your membership as a result of change in employer, but want to remain a member of Medihelp, please phone our Call Centre at 086 0100 678 to arrange for the continuation of your membership, as well as payment of your monthly subscription per debit order.

Membership details

Membership No	<input type="text"/>	ID No of member	<input type="text"/>
Surname	<input type="text"/>		Initials <input type="text"/>
Email address	<input type="text"/>	Cell No	<input type="text"/>

Details of termination of membership

Medihelp must be notified in advance of membership termination, and this date may not be earlier than the date on which Medihelp receives the request.

Date of termination (last day of membership)

The main reason for termination (please indicate with an X in the appropriate box, and mark only one option):

- | | |
|---|---|
| <input type="checkbox"/> Dependant on my spouse's Medihelp membership | <input type="checkbox"/> I am emigrating/work abroad |
| <input type="checkbox"/> I am unemployed/retrenched | <input type="checkbox"/> I am joining my spouse's medical scheme |
| <input type="checkbox"/> Hospital co-payments | <input type="checkbox"/> Disappointing customer service |
| <input type="checkbox"/> Limits are not sufficient | <input type="checkbox"/> Benefit option change is not allowed |
| <input type="checkbox"/> The benefits do not address my needs | <input type="checkbox"/> New employer – compulsory medical scheme |
| <input type="checkbox"/> My employer changed schemes | <input type="checkbox"/> Not affordable |
| <input type="checkbox"/> I do not want to be restricted to networks (Necesse/Dimension Prime Network options) | |
| <input type="checkbox"/> I am not happy with the network doctors (Necesse/Dimension Prime Network options) | |

*If you join another medical scheme – Name Benefit option

Signature of member

Date