



Termination of membership form

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Instructions

- One month calendar notice period required for termination (excluding PERSAL members 60 day's notice period required)
- This form is to be completed by members who wish to advise the Fund of termination of membership.

Section 1: Details of member

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title: Surname:

First names:

Identity number: Gender: M F

Date of birth: Membership number:

I hereby tender my resignation form to Bonitas Medical Fund effective from

I hereby tender my resignation of my dependant/s _____ effective from

Dependant 1

First names: Surname:

Identity number: Membership number:

Dependant 2

First names: Surname:

Identity number: Membership number:

Dependant 3

First names: Surname:

Identity number: Membership number:

Dependant 4

First names: Surname:

Identity number: Membership number:

Section 2: Reason for termination

- | | |
|---|---|
| <input type="checkbox"/> Affordability (Contributions too high / Cannot afford) | <input type="checkbox"/> Emigration |
| <input type="checkbox"/> Benefits (insufficient benefits / cover / co-payments) | <input type="checkbox"/> Retrenchment / Retirement |
| <input type="checkbox"/> Administration (service related / process related / lack of communication) | <input type="checkbox"/> Joining spouses medical scheme |
| <input type="checkbox"/> Access to service providers | <input type="checkbox"/> Resign from employer - compulsory scheme at new employer |
| <input type="checkbox"/> Affordability (Buying Down / Joining other Scheme) | <input type="checkbox"/> Other _____ |

Please forward my membership certificate to _____

Email:

Postal address:

 Code:

Cellphone: Telephone (h):

Telephone (w):

Signature of member _____

Date: _____