

Membership/dependant withdrawal form



Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • www.lahealth.co.za

Employer HR
Date Stamp

This form needs to be completed to withdraw the membership of the dependant or the main member.

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145. This 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. To avoid administration delays, please ensure this application is completed in full.
3. To be completed and returned to your Human Resources department.

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

Person who will receive correspondence on the application process

Employer name Designation

Telephone Fax

Email address

Preferred means of communicating (please tick one) Email Post Fax

Employer signature Date

2. Main member details

Member name Membership number

Employee number Contact number

Email address

3. Withdrawals

Effective date

Please note: No backdated withdrawals allowed. All withdrawals need to be submitted three weeks in advance. Withdrawals are effective on the last day of month.

Initials and surname	Date of birth/ID number	Participation status	Reason

4. Banking details (for MSA payback, if applicable) with membership withdrawal

Submit the following with this form: copy of ID – Bank Statement/letter of confirmation from the bank.

Please note that credit card accounts are not accepted. You can only use a South African bank account.

Name of bank

Branch

Account number Branch code - -

Name of accountholder

Accountholder ID number

Account type Current Transmission Savings

I agree to inform the Scheme in writing of any changes to my banking details.

Signature of accountholder Signature of main member

Please note: If you are using someone else's bank account, the account holder must sign above to confirm this.

5. Postal address for future correspondence

Postal address

Code

6. Member contact numbers

Contact name

Telephone (Home) Fax

Email

Preferred means of communicating (please tick one) Email Post Fax

7. Declaration

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

Main member signature Date