



TERMINATION REQUEST

MEMBER NUMBER _____

NAME _____

SURNAME _____

I hereby request that my membership with Medshield Medical Scheme be terminated as
 from _____ / _____ / 20

My reason for termination relates to: _____

PERSAL MEMBERS

Left Employer Joining Gems

Affordability

PRIVATE AND GROUP MEMBERS

Inadequate benefits Joining another scheme _____
 Scheme you are joining

Increased contributions Company liquidation

Curatorship Retirement

Emigrating Affordability

Resigned from company Broker advise

SERVICE RELATED TERMINATION

Claims Call Centre service

Membership Credit Control

Authorisations No loyalty programme

In order for Medshield to improve on our service delivery, please give a brief description of the issue you experienced

Please Note: Should your termination request reach the scheme after the 7th of a month, your termination will only be effective the end of the following month.

Please fax the attached form back to 010 597 4713 or email retfax@medshield.co.za

 Principal Member Signature

 Date