



TERMINATION REQUEST

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

Member Number:

Member Name:

Member Surname:

I hereby request that my membership with Medshield Medical Scheme be terminated effective

D	D	M	M	Y	Y
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COMPANY APPROVAL (Please note that Medshield cannot process your termination if this section has not been fully completed by your HR Representative/Employer.)

Company Name:

Telephone No.: - -

E-mail Address:

Effective Date:

D	D	M	M	Y	Y	Y	Y
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HR Representative Signature:

COMPANY STAMP

My reason for termination relates to:

- | | | | |
|-------------------------------------|--------------------------|-------------------------|--------------------------|
| Inadequate Benefits | <input type="checkbox"/> | Resigned From Employer | <input type="checkbox"/> |
| Increased Contributions | <input type="checkbox"/> | Retirement | <input type="checkbox"/> |
| Emigrating | <input type="checkbox"/> | Retrenchment | <input type="checkbox"/> |
| Broker Advice | <input type="checkbox"/> | Condition of Employment | <input type="checkbox"/> |
| Affordability | <input type="checkbox"/> | Company Liquidation | <input type="checkbox"/> |
| Joining Another Scheme | <input type="checkbox"/> | | |
| | | _____ | |
| | | Scheme you are joining | |
| Hospital Network | <input type="checkbox"/> | Contact Centre Service | <input type="checkbox"/> |
| FP Network | <input type="checkbox"/> | Credit Control Service | <input type="checkbox"/> |
| Claims Administration - Bad Service | <input type="checkbox"/> | Membership Service | <input type="checkbox"/> |
| Underwriting | <input type="checkbox"/> | Deceased | <input type="checkbox"/> |
| Midyear Option Change | <input type="checkbox"/> | Loyalty Programme | <input type="checkbox"/> |

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

Please email the completed form to creditcontrol@medshield.co.za alternatively, fax the attached form back to 010 597 4709.

Principal Member Signature

Date