

Member withdrawal request form 2025



Contact details

Tel: 0861 638 633 • PO Box 652509, Benmore 2010 • www.netcaremedicalscheme.co.za

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

Who we are

Netcare Medical Scheme (referred to as 'the Scheme'), registration number 1584, 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), which takes care of the administration of your membership of Netcare Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below. If you complete the form electronically, you will need to apply your signature with a digital certificate, through an approved digital signature provider.
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

Contact name Designation

Telephone

Email address

Preferred means of communicating (please tick one) Email Post

Employer contact signature

Date

EMPLOYER STAMP

2. Principal member details

Member name Membership number

Employee number Contact number

Email address

Preferred means of communication (please tick one) Email Post

Principal member

Date

Please do not sign an incomplete application form.

3. Withdrawals

Effective date

D	D	M	M	Y	Y	Y	Y
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Termination of Principal member Yes No

(Y= entire membership including dependant/s will be terminated; no need to fill out dependant details if Principal member is terminated)

Termination of Dependant/s only Yes No

(Y = fill out the details of the dependant/s you want to terminate)

Please Note

No backdated withdrawals are allowed. All withdrawals need to be submitted three weeks in advance. If mid-month, full premium will be charged for the month.

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

Please forward any funds owed to me to

(New Medical Aid Details)

OR

If you do not intend to join the medical aid for a period of 5 months, please provide bank details below if we do not have your bank details.

4. Banking details (for Medical Savings Account payback, if applicable)

Submit the following with this form: copy of the account holder's ID – Bank statement or letter of confirmation from your 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

Name of account holder

Account holder's ID number

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Account type

Current Transmission Savings

I agree to inform Netcare Medical Scheme in writing of any changes that may occur.

Signature of account holder

Please do not sign an incomplete application form.

Signature of Principal member

Please do not sign an incomplete application form.

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

<input type="checkbox"/> P O Box	<input type="checkbox"/> Private Bag	Box number	<input type="text"/>	
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number	<input type="text"/>	
Suburb	<input type="text"/>			Postal code <input type="text"/>

6. Declaration

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

Principal member
signature

Date

Please do not sign an incomplete application form