Transfer from active to retiree status

remedi

Contact details
Tel: 0860 116 116 • PO Box 652509, Benmore 2010 • www.yourremedi.co.za

This form is for main members who move onto retiree status, to make contributions or payments directly to Remedi Medical Aid Scheme.

Who we are

Remedi Medical Aid Scheme (referred to as 'the Scheme'), registration number 1430. This is a not-for-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.
4. Please call Remedi Medical Aid Scheme on **0860 116 116** for any queries.

1. Member information (main applicant)

Membership number (compulsory) Start date D D M M Y Y Y Y

Employee number (compulsory)

Title Initials

Surname

First name/s

Gender M F Date of birth D D M M Y Y Y Y

Marital status Married Single Divorced Widowed Date of marriage D D M M Y Y Y Y

ID or passport number

Telephone (H) Telephone (W)

Fax Cellphone

Email address

Postal address (Post collected from post box, suite or private bag)

PO Box Private bag Box number

Suite Postnet suite Number

Suburb Post code

Physical address

Unit/Suite number Complex name

Street number Street name

Suburb

City Post code

2. Banking details for your monthly contributions

What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You can only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

Bank name

Branch name | Branch code - -

Name of account holder

Account number | Account type Current Transmission Savings

Signature of account holder

I , hereby give Discovery Health (Pty) Ltd and/or Remedi Medical Aid Scheme permission to charge my bank account for my contributions to Remedi Medical Aid Scheme.

3. Banking details for reimbursement of your claims

What you must do

Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation from the bank.

Same as above? Yes No (if "No", please complete below)

Bank name

Branch name | Branch code - -

Name of account holder

Account number | Account type Current Transmission Savings

Signature of account holder

4. Your legal declaration

It is my sole responsibility as a member to make sure Remedi Medical Aid Scheme receives the monthly contributions. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise Remedi Medical Aid Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with Remedi Medical Aid Scheme.

Signed at (town or city) on D D M M Y Y Y Y

Signature of applicant

Please do not sign an incomplete application form

5. Your employment details

If your employer is paying your full contribution or a part of it, please complete this section:

Name of employer

Employer / billing number

Employee number

Date of employment D D M M Y Y Y Y

1. Employer contact person

Telephone

Email

Branch name

Department name

2. Employer contact person

Telephone

Email

Branch name

Department number

Date of promotion (if applicable) D D M M Y Y Y Y

Please ensure your employer completes this warranty.