



Contact details

Tel: 0860 123 077 • PO Box 652509, Benmore 2010 • www.tfgmedicalaidscheme.co.za

Member Withdrawal Application Form 2024

This form needs to be completed to withdraw the membership of both the dependant and the principal member.

Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578. 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 application 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. All requests for withdrawals must be submitted by logging a ticket via https://synergy.tfg.co.za.

1. Employer Contac	ct Details																
The employer must con	nplete the be	low															
l,			ID Numb	er/Passport	Number												
declare that I employ			ID Numb	er/Passport	Number												
in the capacity of			OI	n a: part	time	fu	ıll time	е									
and pay a wage of	R																
Signature of employer									Da	ate	D	M	М	Υ	Υ	Υ	Υ
Signature of employee									Da	ate D	D	M	M	Υ	Υ	Υ	Υ
B. Principal Member Details																	
Member name				Member	ship numb	ber											
Employee number																	
C. Withdrawals																	
Effective Date	Y Y Y	Y M M D D			Family		C	or	Dep	enda	nts	T					
Please note: No backd	lated withdra	wals allowed. All with	ndrawals n	eed to be su	ıbmitted 3	3 wee	eks in	adva	nce.								
Initials and surname		Date of Birth			Participation status					Reason							
D. Postal Address	For Future	Correspondence)														
Postal address																	
											Cod	е					