ENGEN Medical Benefit Fund

Administered by Discovery Health

Contact details
Tel: 0800 001 615 • PO Box 652509, Benmore 2010 • www.engenmed.co.za

Member withdrawal request form

This form needs to be completed when you want to leave the Fund, or when you want to withdraw your dependant(s) from the membership.

Who we are

Engen Medical Benefit Fund (referred to as 'EMBF'), registration number 1572, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company, an authorised financial services provider and is responsible for the administration of your membership on behalf of the Fund.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly or complete digitally by completing the fields below.
2. To avoid administration delays, please ensure this application is completed in full.
3. To be completed and returned to your Human Resources department. (if you are actively employed and your Employer pays your contribution). If your contribution is paid by a pension fund, please send the form to them. If you are a self-paying member, please send the form to **membership@engenmed.co.za**.

1. Employer contact details (to be completed by employer for active employees)

Person who will receive correspondence on the withdrawal process

Employer/Depot name ______ Designation ______

Telephone ______

Email address ______

Preferred means of communicating (please tick one) Email ☐ Post ☐

Employer (Payroll Administrator) ______ Date D D M M Y Y Y Y

EMPLOYER STAMP

2. Main member details

Member name ______

Membership number ______ Employee number ______

Contact number ______

Email address ______

Preferred means of communication (please tick one) Email ☐ Post ☐

Main member signature ______ Date D D M M Y Y Y Y

Please do not sign an incomplete application form.

Engen Medical Benefit Fund, registration number 1572, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

3. Withdrawals

Effective date D D M M Y Y Y Y

Withdrawal of Main member Yes ☐ No ☐

(Y= entire membership, including that of any dependant/s, will be withdrawn; no need to fill out dependant details if Principal membership is ending)

Withdrawal of Dependant/s only Yes ☐ No ☐

(Y = fill out the details of the dependant/s whose membership you want to end)

Please note: No backdated withdrawals allowed. All withdrawals need to be submitted at least three weeks in advance. If the membership ends mid-month, a full contribution will be charged for the month.

Initials and surname of person to be withdrawn	Date of birth / ID number	Participation status	Reason for withdrawal

If you are moving to another medical scheme within the first 5 months after leaving Engen Medical Benefit Fund, we will forward any positive Medical Savings Account funds to that scheme. Please provide details (membership number and name of the new scheme).

OR

If you are not planning to become a member of another medical scheme within the first 5 months after leaving Engen Medical Benefit Fund, please provide bank details below if we do not have your bank details. This is for any refunds due to you.

4. Banking details (for any refunds that may be due to you)

Submit the following with this form:

1. Copy of the account holder's ID
2. Bank statement or letter of confirmation from your bank not older than 3 months.

Please note that credit card accounts are not accepted. You can only use a South African bank account.

Bank name

Branch name Branch code - -

Account number Account type Cheque ☐ Transmission ☐ Savings ☐

Account holder name

I agree to inform Engen Medical Benefit Fund in writing of any changes that may occur.

Signature of account holder

Signature of main member

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

☐ PO Box ☐ Private bag Box number

☐ Suite ☐ PostNet suite Number

Suburb

City Postal code

6. Email and Cell number for future correspondence

Email address

Cellphone

7. Declaration

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

Main member signature

Date D D M M Y Y Y Y

Please note that we will not be able to process your request if you do not provide all the required information or if the form is not properly signed. Please do not submit an incomplete application form.