

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.
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	<input type="text"/>	Designation	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		
Preferred means of communicating (please tick one)	Email <input type="checkbox"/>	Post <input type="checkbox"/>	Fax <input type="checkbox"/>

Employer signature	<input type="text"/>	Date	<input type="text"/>
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EMPLOYER STAMP

2. Principal member details

Member name	<input type="text"/>	Membership number	<input type="text"/>
Employee number	<input type="text"/>	Contact number	<input type="text"/>
Email address	<input type="text"/>		
Preferred means of communication (please tick one)	Email <input type="checkbox"/>	Post <input type="checkbox"/>	Fax <input type="checkbox"/>

Main Member Original hand signature required	<input type="text"/>	Date	<input type="text"/>
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Please do not sign an incomplete application form.

5. Postal address for future correspondence

Postal address

 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

Please do not sign an incomplete application form