

MEMBER TERMINATION

PM-000

PLEASE USE BLACK OR BLUE INK WHEN COMPLETING THIS FORM. WHERE APPROPRIATE MARK YOUR SELECTION WITH AN X

A. MAIN MEMBER COMPLETE BLOCKS FROM LEFT TO RIGHT, ONE LETTER PER BLOCK

Title (Dr, Mr, Mrs or Miss)	<input type="text"/>	Initials	<input type="text"/>	Membership no	<input type="text"/>
Surname	<input type="text"/>				
First name(s)	<input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Identity/passport number	<input type="text"/>
Telephone	(H) <input type="text"/>	<input type="text"/>	<input type="text"/>	(W) <input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cellphone	<input type="text"/>
Postal address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Postal code	<input type="text"/>	<input type="text"/>	Staff number	<input type="text"/>	<input type="text"/>
Province	<input type="text"/>				
Municipality	<input type="text"/>				

B. DEPENDANT'S DETAILS

- ☐ Not satisfied with service of Sales consultant/Broker
- ☐ Not satisfied with 3rd party service
- ☐ Not satisfied with benefits
- ☐ Cannot afford premiums
- ☐ Left Employment

Other

<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature _____

Date

Please return this form to samwumedresignations@medscheme.co.za

OFFICIAL STAMP

<input type="text"/>



Real Heritage. Real People. Real Health Care.

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C. POPIA Clause

- 1.1. The purposes for which your Personal and Health Information will be processed, collected and stored by the Scheme (SAMWUMED), administrator, managed healthcare organization and contracted third parties are as follows:**
- 1.1.1. Assessing the risk to be covered by the Scheme.
 - 1.1.2. To verify the accuracy, correctness, completeness of any information provided (or not) to the Scheme in the course of processing an application for membership or a benefit for processing a claim.
 - 1.1.3. The performance of administration services and relevant managed healthcare services and the enforcement of related contractual rights and obligations flowing from your membership.
 - 1.1.4. To facilitate the recovery of third-party liability claims from third parties for any possible past and future claims for damages, and for all treatments paid for by the Scheme on behalf of a guilty third party.
 - 1.1.5. To enable you to access and use the website and mobile application, including the regular development on the website and mobile application, marketing of Scheme products and to activate and pre populate the website and mobile application.
 - 1.1.6. Collect from and store all Personal and Health Information relating to your diagnosis, treatment and care at any healthcare establishment or facility and by any healthcare service provider.
 - 1.1.7. The prevention and risk management initiatives of the Scheme were established to deal with fraud, waste, and abuse of your healthcare benefit in accordance with your option.
 - 1.1.8. The Scheme has endeavored to ensure that reasonable measures are taken as it pertains to the storage of your personal and healthcare information, as well as information in transit, and that it complies with all statutory requirements and internal Privacy and Data Protection Policies.
 - 1.1.9. The Scheme's PAIA Manual, Customer Privacy Notice and the POPIA Policy are available on the Scheme's website for members to access alternatively members can request same at the Scheme head office.
 - 1.1.10. The PAIA Manual is an important document for members to be aware of as members will require this manual in order to provide us with consent to provide them with their records.
- 1.11. Repaying money owed to the Scheme**
- The Scheme has the right at any time to collect from you any amount that you owe to the Scheme. We will notify you of any amount that you must pay to the Scheme.
- If the benefit option you chose offers a Medical Savings Account, the Scheme makes money available in advance for you to use for medical expenses during the year. If you leave the Scheme before the year is up, you must repay the portion of medical savings you have used that is more than you have paid back to the Scheme during the specific year.
- You will be able to identify the debit order for the money owing to the Scheme on your bank statement, the reference number **SAMWUMED** will be used. When you agree that we may recover outstanding money due to the Scheme by debit order, by signing this form, you agree that any money you owe to the Scheme may be deducted from any future claim payment amounts that are due to be paid to you.