



## **BONITAS MEDICAL FUND SAVINGS REFUND**

Please be advised that Bonitas Medical Fund is retaining a savings credit balance in your Personal Medical Savings Account. In terms of Section 10 of the Medical Schemes Act (MSA) 131 of 1998, please note the following:

- If you terminate your membership with Bonitas Medical Fund and join a medical scheme with a savings account, the full amount available in your savings account will be transferred to your new medical scheme in terms of the MSA. This will take place after a waiting period of 4 months and payable in the 5th month.
- If you do not join another medical scheme or remain active on a Bonitas Medical Fund non-savings option, or if you have joined another medical scheme on a non-savings option, the full balance in your savings account will be paid to you.

This will take place after a waiting period of four (4) months after the termination of membership or option change has been processed. This is to allow for any outstanding / late claims to be processed before savings are refunded to the member.

**Disclaimer:** Savings refund is subject to availability of funds after all debt is settled on claims and contributions.

Please complete the form and send it back with the below supporting documents to [savings@bonitas.co.za](mailto:savings@bonitas.co.za) to ensure that all refunds due to you are processed successfully.

- Savings refund form
- A full-colour copy of the main member's ID (either the green barcoded ID book or both sides of the smart ID card). A high-resolution image is also acceptable.
- Proof of banking details, which can be one of the following:
  - A stamped and signed letter from your bank, or
  - A recent bank statement (stamped or digital), not older than 90 days.

### **Third Party Account Holder Information (if applicable)**

If the bank account provided does not belong to the main member, the following additional documents are required:

1. A signed letter from the account holder authorising the use of their bank account for the refund. Where the account holder is a juristic person, the letter must be signed by the authorised signatories on the account.
2. A full-colour copy of the account holder's ID (either the green barcoded ID book or both sides of the smart ID card). A high-resolution image is also acceptable.
3. Proof of the account holder's banking details, which can be one of the following:
  - A stamped and signed letter from the bank, or
  - A recent bank statement (stamped or digital), not older than 90 days.
4. If account holder is a company or trust, the company registration documents, or trust deed would be required.

These documents must accompany the completed form to ensure the refund is processed correctly. Should you have any questions or need more information, please send an email to [savings@bonitas.co.za](mailto:savings@bonitas.co.za) or call our Customer Contact Centre on **0860 002 108**.

## MEMBER DETAILS

Tax number:

Cellular number: \_\_\_\_\_ Work tel: \_\_\_\_\_

Email address: \_\_\_\_\_

ID / Passport number:

Membership number:

### Bank Account Details:

Bank name: \_\_\_\_\_ Branch code / name: \_\_\_\_\_

Account holder name: \_\_\_\_\_

Account number: \_\_\_\_\_ Account type:

Cheque	Savings
<input type="checkbox"/>	<input type="checkbox"/>

### Please attach the following

- Savings refund form
- A full-colour copy of main member ID - green ID book or smart card (front and back). A high-resolution image will also be accepted. For foreign nationals, your passport will be accepted
- Confirmation from the bank verifying bank details (not older than 3 Months) or current bank statement (stamped/digital) for the member (not older than 3 Months)
- Third party account holder information (Refer above)
- Certificate of membership if you joined another medical aid with a savings option

### Estate Late

Please attach the following:

- Letter of executorship
- Deceased and Executor full-colour copy of green ID book or smart card (front and back). Passport will be accepted for foreign nationals
- Death certificate
- Power of attorney if executor is appointing a coexecutor
- Confirmation of individual appointed by the trust/attorney to act on behalf of the trust/legal practice (if applicable)
- Confirmation from the bank verifying bank details (not older than 3 Months) or current bank statement (stamped/digital) for the member (not older than 3 Months)
- Third party account holder information (Refer above)

## EXECUTOR DETAILS (IF APPLICABLE)

Name: \_\_\_\_\_

Cellular number: \_\_\_\_\_

Email address: \_\_\_\_\_

I agree that the following statement is correct for savings refund purposes (please tick only one box)

I have transferred to a medical scheme with a savings option

***Please include a copy of your new membership certificate from your new medical aid***

I have transferred to a medical scheme with no savings option

I did not transfer to another medical scheme

Estate Late

*I declare that the information provided in my capacity as a member or executor of a deceased estate is true and correct to the best of my knowledge. I understand that any false information may delay or invalidate the refund process.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submission to be sent to [savings@bonitas.co.za](mailto:savings@bonitas.co.za)