



## Discovery: Cancellation of Dependent(s)

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

Initials & Surname: \_\_\_\_\_

Membership Number: \_\_\_\_\_

I hereby request DISCOVERY to cancel the following dependant(s) from my medical scheme as from

30 / \_\_\_\_\_ / 202

Initials & Surname

Identity Number

a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

I am aware that a withdrawal of a dependant during the year could cause a 'clawback' at the medical scheme, that means that I may owe the medical scheme money for overspending on my yearly MSA (Medical savings account). I take full responsibility to ensure that I know what this amount by contacting Discovery, before canceling the above dependant(s).

Regards,

\_\_\_\_\_  
Signature of principle member

\_\_\_\_\_  
Date