



Please note:

- One month's calendar notice period is required for membership termination (excluding PERSAL members – 60 days' notice period required)
- Positive savings will only be paid out/transferred after four (4) months from termination date, subject to the member confirming their banking details
- Depleting your allocated savings for the year, then terminating before the end of the same year, can result in you owing the Scheme due to overspent savings

Section 1: Details of main member

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title: Surname:

First names:

Identity number: Gender: M F

Membership number:

Cellphone:

Email:

I hereby tender my resignation form to Bonitas Medical Fund effective from DD/MM/YYYY

Please forward my membership certificate to

Section 2: Reason for termination

<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Emigration
<input type="checkbox"/> Benefits (insufficient benefits / cover / co-payments)	<input type="checkbox"/> Retrenchment / Retirement
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Joining spouse's medical aid
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Resign from employer - compulsory scheme at new employer
<input type="checkbox"/> Joining other scheme	<input type="checkbox"/> Other _____

Section 3: Employer information

This section must be completed by your employer and have your employer's stamp on it.

Name of company representative:

Title of company representative:

Bonitas paypoint code:

Signature of employer representative: _____ Date:

Employer stamp

Section 4: Banking details

This account will be used to refund any savings due to the member.

Use this account for refunds

Bank name:

Branch code:

Branch name:

Name of account holder:

Account number:

Account type:

3rd party payer: YES NO

Tax reference number:

Signature of member: _____ Date:

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