Broker House: Aon South Africa (Pty) Ltd

Tel No: 0860 100 404

Broker Code: AON001M17

Termination of membership form 2026

This form is to be completed by members who wish to advise the Fund of termination of membership.

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

- ☐ Affordability (Contributions too high / Cannot afford)
- ☐ Benefits (insufficient benefits / cover / co-payments)
- ☐ Administration (service related / process related / lack of communication)
- ☐ Access to service providers
- ☐ Joining other scheme
- ☐ Emigration
- ☐ Retrenchment / Retirement
- ☐ Joining spouse's medical aid
- ☐ Resign from employer - compulsory scheme at new employer
- ☐ 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:	BON040TNN

Employer stamp

Signature of employer representative: Date:

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: