



Discovery: Cancellation of Membership

Date: _____

Member Initials & Surname: _____

Employer Name: _____

Membership Number: _____

I hereby request Discovery to cancel my membership effective: 30 / _____ / 202

Reason for cancellation:

I, the undersigned, acknowledge that I am aware that Discovery needs a 30-day calendar notice of cancellation of membership.

And if I cancel my membership during the year, this could create a so called 'clawback'. A clawback means that I may owe Discovery monies for the overspend of my MSA (Medical Savings Account) during the year.

I take full responsibility to contact Discovery directly in order to confirm what the possible 'clawback' amount would be.

Signature of principle member

Date