Broker House: Aon South Africa (Pty) Ltd
Broker Code: AON104
Tel No: 0860 100 404

MEDSHIELD medical scheme

# TERMINATION REQUEST

**Email: creditcontrol@medshield.co.za**

**Please note: Should your termination request reach the Scheme after the 7th business day of the month, your termination will only be effective at the end of the following month.**

| | |
|---|---|
| Principal Member Number: | |
| Principal Member Name/s: | |
| Principal Member Surname: | |
| Termination Effective Date: | |

## SECTION A

**COMPANY APPROVAL (Please note that Medshield cannot process your termination if this section has not been fully completed by your HR Representative/Employer.)**

| | |
|---|---|
| Name of Employer: | |
| Email Address: | |
| Telephone No.: | |
| Termination Effective Date: | |

COMPANY STAMP

Tick this box if no Company Stamp is available ☐

By selecting this box you confirm that the Employer has granted approval ☐

HR Representative's Signature: _____

## MY REASON FOR TERMINATION RELATES TO:

Mark with an X where necessary.

| | | | |
|---|---|---|---|
| Inadequate Benefits: | | Resigned From Employer: | |
| Increased Contributions: | | Retirement: | |
| Emigrating: | | Retrenchment: | |
| Broker Advice: | | Condition of Employment: | |
| Affordability: | | Company Liquidation: | |
| Joining Another Scheme: | | | |

_____
*Scheme you are joining*

| | | | |
|---|---|---|---|
| Hospital Network: | | Contact Centre Service: | |
| FP Network: | | Credit Control Service: | |
| Claims Administration - Bad Service: | | Membership Service: | |
| Underwriting: | | Deceased: | |
| Midyear Option Change: | | Loyalty Programme: | |

In order for Medshield to improve on our service delivery, please give a brief description of the issue you experienced:

_____

_____

_____

**Please email the completed form to creditcontrol@medshield.co.za alternatively, fax the attached form back to 010 597 4709.**

Principal Member Signature: _____ Date: _____