



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