

**GETMED HEALTH PROTECTION PLAN**

**CANCELLATION OF MEMBERSHIP**



68 OAK Avenue, Highveld Techno Park, Centurion, 0046  
 PO Box 10999, Centurion, 0046  
 Tel: 0860 438 633 Fax: 086 6400139

<b>MEMBERSHIP NUMBER:</b>																					
<b>Title</b>		<b>Surname</b>												<b>Option</b>							
<b>Full First Names</b>																					
<b>Identity Number/ Passport Number</b>																	<b>Gender</b>	<b>M</b>	<b>F</b>		
<b>Telephone</b>	<b>Cell:</b>							<b>Work:</b>													
<b>Reason for Cancellation:</b>																					
<b>Cancellation date:</b>																					
<b>Employer:</b>												<b>Telephone:</b>									
<b>Employer Signature:</b>																					
<b>Member Signature:</b>												<b>Signature Date</b>									

**Please Note:**

1. No money will be refunded if you cancel your membership during your general waiting period.
2. Your cancellation request is subject to a one month notice period.
3. If you are participating in a GetMed managed care plan on a compulsory basis please ensure that your employer or sponsor also signs your cancellation request form.

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If you have received this information in error, please notify the sender immediately, and delete this email from your system.

**Please complete the request form and fax/e-mail it back to:**

Fax : 086 640 0139 or 012 682 8023

E-Mail [members@getmed.co.za](mailto:members@getmed.co.za)