



Administered by Universal Healthcare (Pty) Ltd

Universal House, 15 Tambach Road, Sunninghill Park, Sandton, 2191

PO Box 1411, Rivonia, 2128, South Africa

Tel +27 (11) 208 1000, Fax +27 (11) 208 1128

www.universal.co.za

Termination of Membership

Kindly note that belonging to OMSMAF is a condition of your employment with Old Mutual Limited. OMSMAF may not terminate your membership without proof that you are registered as a dependant on your spouse's employer-preferred medical scheme. For any queries in this regard, kindly speak to your Human Resource Consultant

Please complete in BLOCK LETTERS using black or blue ink.

This form is issued without admission of liability and must be signed by the claimant and forwarded to:

Tel 0860 100 076 or +27 11 208 1021

E-mail membership@omsmaf.co.za

Fax number 0862 106 635

Postal Address Old Mutual Staff Medical Aid Fund, PO Box 1411, Rivonia, 2128

MAIN MEMBER'S DETAILS

Membership Number:	<input type="text"/>
Main Member Name:	<input type="text"/>
Main Member Surname:	<input type="text"/>
Staff code:	<input type="text"/>
Requested Termination Date: <small>(DD/MM/YYYY)</small>	<input type="text"/>

Please note that, as per the Scheme Rules, a notice period of 30 calendar days is required for termination of membership, unless employment was terminated.

A. TERMINATION OF MEMBERSHIP

If you leave the employment of Old Mutual, it is your responsibility to inform Universal Healthcare, in writing, of any change of address.

1. Reason for leaving:	<input type="text"/>
	<input type="text"/>
2. Reason for joining spouse's or partner's medical aid (if applicable):	<input type="text"/>
	<input type="text"/>

Please ensure that you attach proof of membership on your spouse's or partner's medical aid i.e. a membership certificate with an end date, (not a membership card).

3. Postal address:	<input type="text"/>
	<input type="text"/>
	Code: <input type="text"/>
Contact numbers: H:	<input type="text"/>
	Cell: <input type="text"/>
W:	<input type="text"/>
	Fax: <input type="text"/>
E-mail address:	<input type="text"/>

B. DECLARATION BY THE APPLICANT

Upon termination of membership of the Fund, I agree that the Fund may deduct any amount due to the Fund by me from any monies due to me. If I resign from the Fund during a benefit year and have used the annual PMSA benefit to such an extent that there is an outstanding debt to the Fund, this debt will become fully due on the date of termination of my membership.*

I confirm that I am familiar with the conditions and benefits of the Fund.

Signed at:
(PLACE)

Date:
(DD/MM/YYYY)

Signature of applicant

*Recovery of overspent PMSA balances

If you resign from the Fund during a benefit year and you have used the annual PMSA benefit to such an extent that there is a debt, this debt will become fully due on the date of termination of membership. This practice is supported by the Rules of the Fund.

The Fund will attempt to collect any outstanding debt from your payroll department. If unsuccessful, The Fund will notify you in writing and telephonically of any outstanding debt.

The Fund will notify you in writing and telephonically of any outstanding debt when you resign from the Fund. This outstanding debt will become fully due on notification of your resignation. Such communication will be delivered to your last known contact details either via electronic media or post.

The Fund will transfer all unsettled accounts to its Debt Recovery Service Provider within 120 days of resignation from the Fund. Unsettled accounts will incur recovery costs once handed over to the Debt Recovery Service Provider.