Retail Medical Scheme

Administered by Discovery Health

Contact details
Tel: 0860 101 252 • PO Box 652509, Benmore 2010 • www.retailmedicalscheme.co.za

Transfer from active to retiree status

Who we are

Retail Medical Scheme (referred to as 'the Scheme'), registration number 1176, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') a separate company and an authorised financial services provider (registration number 1997/013480/07), administers Retail Medical Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly.
2. This form is for main members who move onto retiree status, to make contributions or payments directly to Retail Medical Scheme.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your People Team Department.
5. Please call Retail Medical Scheme on **0860 101 252** for any queries.

1. Member information (main applicant)

Membership number (compulsory)

Start date D D M M Y Y Y Y

Employee number (compulsory)

Title

Initials

Surname

First name(s)

Previous or maiden name

Gender M F

Date of birth D D M M Y Y Y Y

Marital status Married Single Divorced Widowed

Date of marriage D D M M Y Y Y Y

ID or passport number

Telephone (H)

Telephone (W)

Cellphone

Fax

Email address

Postal address

Code

Residential address

Code

2. Banking details for your monthly contributions

What you must do
Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank.

These details apply when you pay directly towards your total contribution. Please note that we cannot accept credit card details. You may only use a South African bank account. The first deduction will take place at the beginning of the month following the start date as a retiree member.

Bank name | Branch name

Account type: Cheque ☐ Transmission ☐ Savings ☐ | Branch code ☐☐ - ☐☐ - ☐☐

Name of account holder

Account number

Signature of account holder

I, _____ hereby give the Scheme and the administrator permission to charge my bank account for my contributions to the Scheme.

3. Banking details for reimbursement of your claims

What you must do
Submit the following with this form: A copy of your ID and a bank statement/letter of confirmation (not older than three months) from the bank

Banking details: Same as above? Yes ☐ No ☐ (if "No" please complete below)

Bank name | Branch name

Account type: Cheque ☐ Transmission ☐ Savings ☐ | Branch code ☐☐ - ☐☐ - ☐☐

Name of account holder

Account number

Signature of account holder

4. Your legal declaration

It is my sole responsibility as a member to make sure Retail Medical Scheme receives the monthly contributions. If contributions are outstanding for two months in a row, my membership will be cancelled in the third month. Short payment or non-payment of any of my contributions will result in suspension of my claims.

I confirm the content of this application is true and complete.

I agree to advise Retail Medical Scheme in writing of any change in details that may occur between the date of this application form and the activation of my membership with Retail Medical Scheme.

Signed at (town or city) _____ on D D M M Y Y Y Y

Signature of applicant