

ESKOM TERMINATION OR TRANSFER ADVICE



DISTRIBUTION OF ADVICE – ORIGINAL TO SIZWE MEDICAL FUND – COPY TO BE RETAINED BY COMPANY

PAYPOINT NUMBER/CODE

- | | | |
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| CODES: | 05 = Member dissatisfied with service | 11 = Dismissed from employment |
| 01 = Company closed down/ liquidated | 06 = Death | 12 = Member dissatisfied with benefits |
| 02 = Scheme change within company | 07 = On pension | 13 = Retrenched |
| 03 = Transfer from company to Direct Paying Member (DPM) | 08 = Resigned from company | 14 = Coverage costs too expensive |
| 04 = Joined spouse's medical aid | 09 = Transferred to new employer group | 15 = Emigrating |
| | 10 = Company policy | |

SECTION 1 TERMINATION OR TRANSFER OF MEMBERSHIP

CODE	EFFECTIVE DATE	NAME AND INITIALS
MEMBER'S MEDICAL AID NUMBER		PAYROLL NUMBER

FORWARDING ADDRESS OR COMPANY TO WHICH EMPLOYEE TRANSFERRED

CODE	EFFECTIVE DAT	NAME AND INITIALS
MEMBER'S MEDICAL AID NUMBER		PAYROLL NUMBER

FORWARDING ADDRESS OR COMPANY TO WHICH EMPLOYEE TRANSFERRED

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FORWARDING ADDRESS OR COMPANY TO WHICH EMPLOYEE TRANSFERRED

SECTION 2 DECLARATION BY EMPLOYER

We confirm that the information is true and correct and that the relevant contribution adjustment will be effected on the appropriate contribution remittance.

SIGNED	DESIGNATION
DATE	E-MAIL ADDRESS

Please note: Company must inform Sizwe of resignations on the date that the member resigns.

EMPLOYER'S STAMP

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