CORPORATE GROUPS

CANCELLATION OF MEDICAL SCHEME

Date: _____

To: _____ Medical Aid

Membership Number: _____

Employee No: _____

I _____, would hereby like to cancel my membership with the above medical scheme with cover up to _____.

Thanking You

_____
(Employee Signature)

Contact No: _____ Email: _____

Signature of HR Practitioner must be included below

HR Practitioner: _____ **Signature:** _____