

TERMINATION FORM

Tel: +264 83 2999 736

E-mail copy of completed form to: rhmafmember@prosperitynam.com



Renaissance Health
Medical Aid Fund

Section A - Principal Member Details

Private	<input type="checkbox"/>	Company	<input type="checkbox"/>																
Member Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
First Name & Surname	<input type="text"/>																		
Cellphone Number	<input type="text"/>																		
Employee Number	<input type="text"/>																		
Company Name	<input type="text"/>																		
Effective Date of Termination	0	1	M	M	Y	Y	Y	Y	Note: One calendar month notice in advance required.										
Reason for Termination (Compulsory)																			
Resigned from Employer	<input type="checkbox"/>	Joined spouse's medical aid fund	<input type="checkbox"/>																
Dismissed	<input type="checkbox"/>	Deceased (attach copy of death certificate)	<input type="checkbox"/>																
Retrenched	<input type="checkbox"/>	Premiums not affordable *	<input type="checkbox"/>																
Retired	<input type="checkbox"/>	*Were you offered an alternative option	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>													
Benefits	<input type="checkbox"/>	Service	<input type="checkbox"/>																
Other (Please stipulate reason below)	<input type="checkbox"/>	<input type="text"/>																	
Principal Member Signature	<input type="text"/>										Date	D	D	M	M	Y	Y	Y	Y

Section B - Employer Warranty

Compulsory for members belonging to Group Scheme																			
Name of Company	<input type="text"/>										Date	D	D	M	M	Y	Y	Y	Y
Management Representation										Company Stamp									
Name	<input type="text"/>																		
Designation	<input type="text"/>																		
Signature of Company Representative	<input type="text"/>																		

For office use only

Processed by	<input type="text"/>																		
Signature	<input type="text"/>										Date	D	D	M	M	Y	Y	Y	Y

prosperity-2020