

LIBERTY MEDICAL SCHEME

We care. **For you**

Private Bag X35
Claremont, 7735
Contact Centre 0860 002 163
Membership fax 021 673 9587
www.libmed.co.za

Individual Member Resignation Form

Membership number*

Date of form

Member surname*

Member name(s)*

*Denotes compulsory information

I request to resign my membership of Liberty Medical Scheme, with effect from

One Calendar month notice is required for all member resignations

Reason for Resignation

Members with Medical Savings Facility only

I understand that I am responsible for any negative balance in my Medical Savings Facility that will become payable in full on resignation of my membership and that interest may be charged on all amounts due and owing to the Scheme.

I understand that Liberty Medical Scheme (LMS) will hold any positive Medical Savings Facility balance for four months after the effective date of my resignation, in order to process any outstanding Medical Savings Facility claims. After the fourth month the Medical Savings Facility balance will be paid out in one of the following ways:

- If I transfer to another registered medical scheme that offers the Medical Savings Facility option, the positive Medical Savings Facility balance will be transferred to my new medical scheme once I have provided LMS with my new medical scheme details.
- Transferred to my banking details the Scheme has on record.

DECLARATION:

I declare that the above information is true and correct.

Note: Liberty Medical Scheme will not bear any responsibility for delays due to incorrect details supplied.

Signed at on this day of 20

Signature of Principal member

Date

Please return the form by fax to 021 673 9587 or alternatively email a scanned version to updates@libertyhealth.co.za.

For any queries please contact the Liberty Medical Scheme Contact Centre on 0860 002 163.