

**Contact details**

Tel: 0860 002 107 • PO Box 652509, Benmore 2010 • www.bemas.co.za

## Member withdrawal request form 2025

### Who we are

The BMW Employees Medical Aid Society (referred to as 'Society'), registration number 1526. This is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

### How to complete this form

1. Please use one letter per block, complete in black ink and print clearly or complete digitally by completing the fields below.
2. This form needs to be completed to withdraw the membership of both the dependant and the principal member.
3. To avoid administration delays, please ensure this application is completed in full.
4. To be completed and returned to your Human Resources department.

### 1. Employer contact details (to be completed by employer)

Person who will receive correspondence on the request process

Employer contact name

Designation

Telephone

Email address

Preferred means of communication (please tick one)    Email     Post

### 2. Principal Member Details

Member name

Membership number

Employee number                  Contact number

### 3. Withdrawals

Effective date

**Please Note** — No backdated withdrawals are allowed. All withdrawals need to be submitted three weeks in advance.

### Participation status

Initials and surname	Date of birth/ ID number	Participation status	Reason

#### 4. Banking details (for MSA payback, if applicable)

Submit the following with this form of the account holder if the bank details belong to a third party (Spouse, brother, father, mother, etc):

1. Copy of ID
2. Bank Statement/letter of confirmation from the bank.

**Please note that credit card accounts are not accepted. You can only use a South African bank account.**

Name of bank									
Branch name		Branch code		-		-			
Account number						Account type	Cheque <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>
Account holder name									
Account holder ID number									

I agree to inform the Society in writing of any changes that may occur.

Signature of account holder

Signature of principal member

Please note: if you are using someone else's bank account, the account holder must sign above to confirm this.

#### 5. Postal Address For Future Correspondence

<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	Box number									
<input type="checkbox"/> Suite	<input type="checkbox"/> Postnet Suite	Number									
Suburb								Postal code			