

Dependant 3 _____

Initials

Surname

Full name

ID/ Passport No.

Date of birth

Reason for terminating

- Affordability (Contributions too high / Cannot afford)
- Benefits (Insufficient benefits / cover / co-payment)
- Administration (service related / process related / lack of communication)
- Access to service providers
- Joining other Scheme

- Emigration
- Retrenchment / Retirement
- Joining spouse's medical aid
- Resign from employer - compulsory scheme at new employer
- Other

Section C: Declaration

I

ID/ Passport No.

declare that the information is true and correct.

Signature of main member _____

Date

Make use of the multi-function GEMS Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App

