

Termination of dependant(s) form



*To resign a dependant, you can dial *134*20018# for quick and easy processing OR:*

Submit the completed Termination of dependant(s) form to GEMS in any of the following manners:

- Via email to enquiries@gems.gov.za, or
- Via fax to 0861 00 4367, or
- Post to GEMS, Private Bag X782, Cape Town, 8000.

Please ensure that all sections are completed in full.

DISCLAIMER: Main member may deregister any of his/her dependant(s) by giving GEMS at least one (1) calendar months' written notice.

Section A: Main Member details

Membership No.	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
Full name	<input type="text"/>		

Section B: Dependant/s you wish to terminate

Dependant 1

Initials	<input type="text"/>		
Surname	<input type="text"/>		
Full name	<input type="text"/>		
ID/ Passport No.	<input type="text"/>	Date of birth	<input type="text"/>
Reason for terminating			
<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Retrenchment / Retirement		
<input type="checkbox"/> Benefits (Insufficient benefits / cover / co-payment)	<input type="checkbox"/> Joining spouse's medical aid		
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Deceased (attach death certificate)		
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Joining other Scheme		
<input type="checkbox"/> Emigration	<input type="checkbox"/> Child rates no longer applicable/not financially or factually dependent on main member		
<input type="checkbox"/> Other	<input type="text"/>		

Section B: Dependant/s you wish to terminate continued

Dependant 2

Initials

Surname

Full name

ID/ Passport No. Date of birth

Reason for terminating

<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Retrenchment / Retirement
<input type="checkbox"/> Benefits (Insufficient benefits / cover / co-payment)	<input type="checkbox"/> Joining spouse's medical aid
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Deceased (attach death certificate)
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Joining other Scheme
<input type="checkbox"/> Emigration	<input type="checkbox"/> Child rates no longer applicable/not financially or factually dependent on main member
<input type="checkbox"/> Other <input type="text"/>	

Dependant 3

Initials

Surname

Full name

ID/ Passport No. Date of birth

Reason for terminating

<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Retrenchment / Retirement
<input type="checkbox"/> Benefits (Insufficient benefits / cover / co-payment)	<input type="checkbox"/> Joining spouse's medical aid
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Deceased (attach death certificate)
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Joining other Scheme
<input type="checkbox"/> Emigration	<input type="checkbox"/> Child rates no longer applicable/not financially or factually dependent on main member
<input type="checkbox"/> Other <input type="text"/>	

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

