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: Ma	ain Me	emb	er de	tail	s																									
Membership No. Surname Full name										Ini	tials	s []								I T	 	I T	I T	I I		
Section B: De	epend	ant/s	s yoı	ı wi	sh t	to t	teri	mi	na	te																				
Dependant 1																										_				
Initials																														
Surname																										\mathbb{L}				
Full name																											\Box	\Box		
ID/ Passport No.										[Date	e of	birt	h	D	D	M	M	Y	Υ	Υ	Y								
Reason for terminat	ing																													
Affordability (Contributions too high / Cannot afford)									Retrenchment / Retirement																					
Benefits (Insufficient benefits / cover / co-payment)								Joining spouse's medical aid																						
Administration (service related / process related / lack of communication)							Deceased (attach death certificate)																							
							Joining other Scheme																							
Access to service providers									Child rates no longer applicable/not financially or																					
Emigration												f	actı	uall	y de	ере	end	en [.]	t o	n r	naiı	n n	nen	nbe	er					
Other																										\Box	\Box	\perp		

Dependant 2											
Initials											
Surname											
Full name											
ID/ Passport No.	Date of birth DDMMYYYY										
Reason for terminating	ng										
Affordability (Cor	ntributions too high / Cannot afford) Retrenchment / Retirement										
Benefits (Insuffic	ient benefits / cover / co-payment)										
Administration (s lack of communi	cervice related / process related / Deceased (attach death certificate) Joining other Scheme										
Access to service providers Child rates no longer applicable/not financially or											
Emigration Emigration factually dependent on main member											
Other											
Dependant 3											
Initials											
Surname											
Full name											
ID/ Passport No.	Date of birth DDMMYYYY										
Reason for terminating	ng										
Affordability (Cor	ntributions too high / Cannot afford) Retrenchment / Retirement										
	Benefits (Insufficient benefits / cover / co-payment) Joining spouse's medical aid										
Administration (service related / process related / Deceased (attach death certificate)											
lack of communi											
Access to service providers Child rates no longer applicable/not financially or											
Emigration factually dependent on main member											
Other											
Section C: Dec	claration										
ID/ Pagapart No	declare that the information is true and correct.										
ID/ Passport No.	declare that the information is true and correct.										
Signature of main me	ember Date DDMMYYYY										
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.											
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Use the QR Code to download the	Get it on App Store EXPLORE IT ON App Gallery										

Section B: Dependant/s you wish to terminate continued





