Consent Form

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Paying full med aid contributions till subsidy received

Section 1: Consent						
received by GEMS.	I i i i i i i i i i i i i i i i i i i i					
Section 2: Member ba	anking details					
Please deduct contributions from the following banking account:						
Name of account holder						
Bank account number						
Name of bank						
Branch name	Branch code					
Type of account	Cheque Savings Transmission					
Account holder's signature	Date DDMMYYY					
l understand that the su	ubsidy portion of my contribution will only be refunded to me upon receipt of my					

I understand that the subsidy portion of my contribution will only be refunded to me upon receipt of my subsidy from National Treasury. I understand that it is my responsibility to ensure that the full contribution is received by GEMS on the payment due date.

Please pay any refunds due to me into the following account:

Name of account holder					
Bank account number					
Name of bank					
Branch name	Branch code				
Type of account	Cheque Savings Transmission				
Account holder's signature _		Date	DDM	MY	(Y Y

Private bag X782 Cape Town • Call Centre: 0800 00 GEMS (4367) • Fax: 0861 00 GEMS (4367) Email enquiries@gems.gov.za • Fraud Line 0800 21 2202 • HIV Aids Helpline 0860 436 736 • www.gems.gov.za

The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)