

Termination letter - Dependant

To whom it may concern

Membership department

Membership no

Date

Persal/employee/pension no

Dear Sir/Madam

Termination of membership of dependant

I,

the undersigned member with membership no , hereby terminate my membership of my dependant/s, with effect from

Reason for terminating

Please advise Persal timeously of the termination of my membership with the Scheme.

Please furnish me with a membership certificate that will serve as proof of the termination at the following address:

Postal address

Code

Fax no ()

Email address

Yours faithfully

Full name _____

Signature _____

Date

We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website at www.gems.gov.za.