Change in membership records form

gems
Government Employees Medical Scheme

Ensure that all applicable sections are completed in full, and that you provide all necessary supplementary documentation. Submit the completed form to GEMS via any of the following channels:

0861 00 4367 **enquiries@gems.gov.za** **GEMS, Private Bag X782, Cape Town 8000**

Section A: Member details

Initials Surname

Membership no

Section B: Change in personal details

Telephone no (H) ( ) (W) ( )

Cell phone no Fax no ( )

Email address

Postal address (post collected from post box, suite or private bag) - Tick appropriate option:

☐ PO Box ☐ Private Bag X Number (*complete the number*)

☐ Postnet Suite ☐ Apartment Number (*complete the number*)

Suburb City Postal code

Section C: Change of banking details

To update your banking details, we require a certified copy of your identity document (ID); bank statement, crossed cheque or letter from the bank either signed or stamped (not older than three months); and proof of residential address, which can be in the form of your utility bill i.e. municipal account (not older than three months).

Name of bank

Name of account holder

Bank account

Branch name

Branch code Type of account Current ☐ Savings ☐ Transmission ☐

Account holder's signature _____ Date of signature D D M M Y Y Y Y

Section D: Cancellation of dependant(s)

Full first name	Surname	Date of cancellation	**Reason for cancellation** Reason codes: DI = divorce, DEC = deceased, OA = over aged, FIN = financial. In the event of divorce or death, please provide copy of the certificate.

Note: Should you reinstate the dependant(s) again at a later stage, waiting periods may apply.

Section E: Declaration

I, _____ ID number

declare that the information submitted is true and correct.

Signature of main member _____ Date D D M M Y Y Y Y