

# BENEFIT BUILDER TERMINATION FORM



**RMA**  
Renaissance Health  
Medical Aid Fund

Tel: +264 83 2999 000

E-mail copy of completed form to: rma@prosperitynam.com

Kindly do not use Tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.

## Office Use Only

Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

## Section A - Principal Member Details

Private		Company	
Member Number			
First Name & Surname			
Cellphone Number			
Employee Number			
Company Name			

## Section B - Benefit Builders *(Kindly tick your current selection to be terminated.)*

Family Benefit	Monthly Contribution	Termination Date						Family Benefit	Monthly Contribution	Termination Date					
N\$ 3,000	N\$ 225	D	D	M	M	Y	Y	N\$ 15,000	N\$ 1,125	D	D	M	M	Y	Y
N\$ 5,000	N\$ 375	D	D	M	M	Y	Y	N\$ 17,000	N\$ 1,275	D	D	M	M	Y	Y
N\$ 7,000	N\$ 525	D	D	M	M	Y	Y	N\$ 20,000	N\$ 1,500	D	D	M	M	Y	Y
N\$ 10,000	N\$ 750	D	D	M	M	Y	Y	N\$ 22,000	N\$ 1,650	D	D	M	M	Y	Y
N\$ 12,000	N\$ 900	D	D	M	M	Y	Y	N\$ 25,000	N\$ 1,875	D	D	M	M	Y	Y
Principal Member Signature								Date							

## Section C - Employer Warranty

### Compulsory for members belonging to an Employer Group

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
<b>Management Representation</b>		Company Stamp								
Name										
Designation										
Authorised Signatory Signature										