

TERMINATION FORM

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	<input type="checkbox"/>	Company	<input type="checkbox"/>						
Member Number									
First Name & Surname									
Cellphone Number									
Employee Number									
Company Name									
Effective Date of Termination	0	1	M	M	Y	Y	Y	Y	Note: One calendar month notice in advance required.

Reason for Termination (Compulsory)

Resigned from Employer	<input type="checkbox"/>	Joined spouse's medical aid fund	<input type="checkbox"/>
Dismissed	<input type="checkbox"/>	Deceased (attach copy of death certificate)	<input type="checkbox"/>
Retrenched	<input type="checkbox"/>	Premiums not affordable *	<input type="checkbox"/>
Retired	<input type="checkbox"/>	*Were you offered an alternative option	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benefits	<input type="checkbox"/>	Service	<input type="checkbox"/>
Other (Kindly stipulate reason below)	<input type="checkbox"/>		

Principal Member Signature		Date	D	D	M	M	Y	Y	Y	Y
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Section B - Employer Warranty

Compulsory for members belonging to an Employer Group

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation		Company Stamp								
Name										
Designation										
Authorised Signatory Signature										