MEMBER RECORD AMENDMENT



Email: polmedmembership@medscheme.co.za • Fax: 0861 888 110

PLEASE NOTE: It is compulsory to complete ALL sections of the application form, especially those marked with an asterisk (*). If all compulsory sections are not completed, your application may not be processed.

TO BE COMPLETED IN BLOCK LETTERS AND SENT TO MEMBERSHIP AND CREDIT CONTROL DEPARTMENT.

If you require assistance in completing this form, please contact the POLMED Client Service Call Centre on 0860 765 633.

Personal Membership Details*

| Membership Number* | | | |
|---------------------------|----------------------------|-----------------------------------------------|-----------------|
| Initials | Title/Rank (Mr, Mrs, Miss) | ID Number | |
| Surname | | | |
| First Name (in full) | | | |
| Contact Details* | | | |
| New Postal Address (wh | ere mail is received) | | |
| | | Code | |
| | | | |
| Cellphone | | Fax | |
| Email | | Date on which change will become effective | |
| Change of Unit | | | |
| Station | | Unit | |
| Postal Code where Station | on/Unit is Located | Effective Date | |
| SAPS Area | | Province | |
| Member - Advi | ice of Change of Marital S | itatus | |
| Please mark the app | propriate box with an "X". | | wrced Widow(er) |

| If Married: Spouse: Initials | Title/Rank (Mr, Mrs or Miss) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| New Surname (if applicable) | |
| Date of Marriage/Divorce/Death | |
| Spouse ID Number | |
| My spouse is not a member of another medical scheme | My spouse is employed |
| Name of Company | |
| My spouse is a member of a registered medical scheme | Name of medical scheme |
| Membership Number | |
| Please supply this office with the following documents in case of: | |
| Marriage: Certified copy of membership certificate issued by the Department Divorce: Certified copy of decree of divorce and a complete copy of settleme Death: Certified copy of death certificate. | 13 |

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Deletion of Dependants Please note: In the case of divorce, legal documentation is required. 1. Surname of Dependant Relationship _____ Initials Title (Mr, Mrs, Miss) ID Number Effective Date Reason 2. Surname of Dependant _ Relationship ____ Initials _ Title (Mr, Mrs, Miss) ID Number Effective Date Reason

Death of Member

Please note: An application form for continuation membership must be completed by widow/er/orphan.

| Date of Death DDMMYYYY Plea | ase supply this office with a certified copy of the death certificate. |
|------------------------------------------------------|------------------------------------------------------------------------|
| Termination | |
| Reason | |
| Postal Address | |
| | |
| | Code |
| Telephone (Home) | Fax |
| Cellphone | Date of Resignation/ DDMMYYYY Retrenchment |
| Would you like to continue your membership with POLM | MED? YES NO |

Declaration and Authorisation

I hereby declare that the statements are true and correct, and that no information has been wilfully withheld. I accept that the nominated dependant(s) will be bound by the rules of the Scheme.

Signature of Applicant

