



Real value speaks for itself

KeyHealth
MEDICAL SCHEME

PO Box 14145, Lyttelton, 0140 | Client Service Centre: 0860 671 050 | E-mail: info@keyhealthmedical.co.za

APPLICATION TO DE-REGISTER A DEPENDANT

Membership Number

Instructions

1. Please complete every section below in full. If not applicable, please write N/A in the appropriate field.
2. Copy of ID must be attached.
3. Any incomplete or illegible information will result in further enquiries, which could delay your request.
4. This dependant resignation form is to be completed by and signed on behalf of the Dependant, by the Principal Member.

Section 1: Details of Principal Member

Member number

Title Initials First name

Surname

ID number

Telephone number

Section 2: Details of Dependant to be De-registered

First name

Surname

ID number of Dependant

Effective date of de-registration

Reason for termination

Signature of Principal Member

Date

Section 3: Employer Consent and Support

As the Employer of the above Principal Member, we support this application to de-register the Dependant under Section 2 and undertake to deduct and pay over to the Scheme the altered member's portion and employer's portion of contributions, where applicable

SIGNATURE AND STAMP OF EMPLOYER

DESIGNATION

Date