Contact centre: 0860 002 101
General enquiries: service@alliancemidmed.co.za
Authorisation enquiries: auths@alliancemidmed.co.za
Clinical enquiries: clinical@alliancemidmed.co.za
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ALLIANCE-MIDMED MEDICAL SCHEME

INSTRUCTION TO TERMINATE A DEPENDANT

I, Member name _____ , member number _____ , hereby instruct the Alliance-MidMed Medical Scheme to remove the following person(s) as my dependant(s) effective from _____ (date).

Full names	Identity number	Dependant number	Reason for terminaton

I hereby declare that this instruction is irrevocable and that I am aware of that:

1. Any/all the above persons could have a claim against me for medical scheme cover in terms of legislation, an agreement, a court order or the likes and the Scheme will not be liable for the medical or legal expenses.
2. No refund of any assets of the Scheme or any portion of a contribution shall be paid to any person where cover in respect of any dependant terminates during a month in accordance with the Scheme Rules.
3. Should I wish to re-register the dependant on the Scheme, full underwriting will apply in accordance to the Scheme Rules.
4. A copy of this document will be provided to the applicable individual/s who has been terminated upon his/her request.

I hereby indemnify the Alliance-Midmed Medical Scheme, its Board, Officers and employees from any liability whatsoever and shall not hold them liable for any losses or damages of any kind whatsoever including for direct, indirect, incidental, punitive, special and/or consequential damages, arising from this instruction.

Signed on this _____ day of _____ 20 ____ at _____ in the presence of the below witness.

_____
Signed: Member

Date _____

_____
Signed: Witness

Date _____