

DISTRIBUTION OF ADVICE – ORIGINAL TO SIZWE MEDICAL FUND – COPY TO BE RETAINED BY COMPANY

PAYPOINT NUMBER/CODE

CODES:	05 = Member dissatisfied with service	11 = Dismissed from employment
01 = Company closed down/ liquidated	06 = Death	12 = Member dissatisfied with benefits
02 = Scheme change within company	07 = On pension	13 = Retrenched
03 = Transfer from company to Direct Paying Member (DPM)	08 = Resigned from company	14 = Coverage costs too expensive
04 = Joined spouse's medical aid	09 = Transferred to new employer group	15 = Emigrating
	10 = Company policy	

## SECTION 1

## TERMINATION OR TRANSFER OF MEMBERSHIP

CODE	EFFECTIVE DATE	NAME AND INITIALS
MEMBER'S MEDICAL AID NUMBER		PAYROLL NUMBER

FORWARDING ADDRESS OR COMPANY TO WHICH EMPLOYEE TRANSFERRED

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MEMBER'S MEDICAL AID NUMBER		PAYROLL NUMBER

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MEMBER'S MEDICAL AID NUMBER		PAYROLL NUMBER

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## SECTION 2

## DECLARATION BY EMPLOYER

We confirm that the information is true and correct and that the relevant contribution adjustment will be effected on the appropriate contribution remittance.

SIGNED	DESIGNATION
DATE	E-MAIL ADDRESS

**Please note:** Company must inform Sizwe of resignations on the date that the member resigns.

EMPLOYER'S STAMP

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