

# Confirmation of medical form



Identity/Passport Number		Coy No	
Current Employer			
Date of last shift			
Reason for change:	Retirement	Medical Board	Disability
Member Contact Details:			
E-mail address:			
Postal address:			
Residential address:			
Phone numbers			

**Clearly mark your selection with an X and sign in the relevant box**

Signature		
Continue with membership		Should you continue, kindly note that you need to contact our Client Liaison department for assistance with the necessary paperwork and note that you will be an upfront paying member. Their contact number is 014- 590 1700
Terminate membership		Should you terminate your membership, kindly note that you will not be able to join Platinum Health Medical Scheme post termination

DATE	
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