

# Membership Continuation Form

zzgengagementofficemembership@platinumhealth.co.za



**All continuation members have to pay the monthly contributions upfront**

Identity/Passport Number		Coy No	
Current Employer			
Date of last shift			
SARS (Tax) Reference number			
Reason for change	Retirement	Medical Board	Disability
Confirmation of option	Platcomp	Platcap	Platfree

## Confirmation of dependents to continue on scheme

Main Member 00	DOB	
Dependent 01	DOB	
Dependent 02	DOB	

## Documentation require to process the application

Debit order	Form needs to be completed
Bank confirmation Letter	Bank confirmation letter required or bank statements not older than 3 months
ITA34	Required to determine income band
Proof of upfront payment	Proof of deposit to accompany application
Copy of Identity/Passport	Of main member and dependents
Marriage Certificate	If applicable
Death Certificate	Full application and supporting documentation required
Adding of dependents	Full application and supporting documentation required
Termination of dependents	Change form required

## Member Contact Details

E-mail address	
Postal address	
Residential address	
Cell phone number	
WhatsApp number	

Signature	Date of Signature
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Platinum Health Medical Scheme  
Standard Bank  
Cheque account no 033074739  
Branch code 052646  
**Reference: Identity or Passport no**

This application is utilized as a change form due to status of employment as indicated above and does not discard or override the initial applicaton form signed and remains subject to section 12 of the initial application form