

De Beers Benefit Society

M1a Resignation by Employee

To be completed by members upon resignation of Benefit Society membership



Note: Employees may only resign from the Benefit Society if it was NOT an original or subsequent condition of employment that they become members of the Benefit Society.

SECTION A – MEMBER’S PERSONAL DETAILS			
SURNAME		POLICY NUMBER	
FIRST NAMES		OPERATION	
ID NUMBER		DATE OF BIRTH	
TELEPHONE NUMBER		CELL NUMBER	
PRESENT POSTAL ADDRESS		CODE	
FORWARDING EMAIL ADDRESS			
LAST DATE OF COVERAGE REQUIRED			
REASON FOR CANCELLATION			

SIGNATURES

CERTIFICATE BY MEMBER:

I hereby certify that I am aware of and agree to the under mentioned conditions concerning my request to resign as a member of the De Beers Benefit Society:

- All persons registered as dependants of the member will have their membership terminated at the same time
- All unpaid contributions together with any amount owing to the Society by the member or his/her dependants must be settled in full.

MEMBER	DATE	
	SIGNATURE	

CERTIFICATE BY EMPLOYER:

I hereby certify that the employee is a voluntary member of the De Beers Benefit Society and that it never was or is currently a company condition of employment that he/she be a member.

HR OFFICER	NAME	
	DATE	
	SIGNATURE	