

De Beers Benefit Society

M436: Membership of Society – Cash Payers

To be completed by retrenched members

SECTION A – MEMBER'S PERSONAL DETAILS			
SURNAME			
FIRST NAMES		OPERATION	
ID NUMBER		DATE OF BIRTH	
TELEPHONE NUMBER		CELLPHONE NUMBER	
POLICY NUMBER		BENEFIT SOCIETY START DATE	
START DATE WITH APPROVED ORGANISATION/ COMPANY			
GROSS MONTHLY EARNINGS			

PLEASE NOTE:

MEMBERSHIP REQUIREMENTS

- THE MEMBER IS NOT ENTITLED TO MEMBERSHIP OF ANOTHER MEDICAL SCHEME BY VIRTUE OF HIS EMPLOYMENT
- THE MEMBER SHALL BE LIABLE FOR PAYMENT OF THE FULL CONTRIBUTION ACCORDING TO HIS INCOME (GROSS MONTHLY EARNINGS Rule 6.4.2)

CONTRIBUTIONS

- THESE ARE PAYABLE *MONTHLY, IN ADVANCE BY NO LATER THAN THE 1ST DAY OF EVERY MONTH*
- SHOULD CONTRIBUTIONS BE IN ARREARS FOR MORE THAN 15 DAYS, MEMEBERSHIP OF THE SOCIETY WILL BE SUSPENDED.
- SHOULD THE SUBSCRIPTIONS NOT BE BROUGHT UP TO DATE WITHIN 60 DAYS OF FALLING DUE, MEMBERSHIP COULD BE TERMINATED.

MEDICAL ACCOUNTS

- THE SOCIETY WILL ONLY SETTLE IT'S LIABILITIES WITH THE SERVICE PROVIDERS
- MEMBER WILL BE RESPONSIBLE FOR SETTLING ALL CO-PAYMENTS AND LEVIES DIRECTLY WITH THE SERVICE PROVIDERS

SECTION B – MEMBERSHIP OF THE BENEFIT SOCIETY			
OPTION 1	I elect to continue as a member of the Society	YES	<input type="checkbox"/>
OR			
OPTION 2	I elect to terminate my membership of the Society in the understanding that I will not be eligible for re-admission to the Society at any future date.	YES	<input type="checkbox"/>
MEMBER	DATE		
	SIGNATURE		
WITNESS	NAME		
	DATE		
	SIGNATURE		

SECTION C – TO BE COMPLETED BY EMPLOYER		
HR OFFICER	NAME	
	DESIGNATION	
	DATE	
	SIGNATURE	