

Termination of dependant(s) form

Submit the completed Termination of dependant(s) form to GEMS in any of the following manners:

- Via email to enquiries@gems.gov.za, or
- Via fax to 0861 100 4367, or
- Post to GEMS, Private Bag X782, Cape Town, 8000.

Please ensure that all sections are completed in full.

DISCLAIMER: Main member may deregister any of his/her dependant(s) by giving GEMS at least one (1) calendar months' written notice for the last day of that (if notice is given on the first day of said month) or the following calendar month, which will terminate the dependants' cover by the Scheme as elected by the main member.

Membership No.	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
Full name	<input type="text"/>		

Section B: Dependants you wish to terminate

Dependant 1

Initials	<input type="text"/>
Surname	<input type="text"/>
Full name	<input type="text"/>
ID/ Passport No.	<input type="text"/>
Date of birth	<input type="text"/>

Reason for terminating

<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Retrenchment / Retirement
<input type="checkbox"/> Benefits (Insufficient benefits / cover / co-payment)	<input type="checkbox"/> Joining spouse's medical aid
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Deceased (attach death certificate)
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Joining other Scheme
<input type="checkbox"/> Emigration	<input type="checkbox"/> Child rates no longer applicable/not financially or factually dependent on main member
<input type="checkbox"/> Other	<input type="text"/>

Dependant 2

Initials	<input type="text"/>
Surname	<input type="text"/>
Full name	<input type="text"/>
ID/ Passport No.	<input type="text"/>
Date of birth	<input type="text"/>

Reason for terminating

<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Retrenchment / Retirement
<input type="checkbox"/> Benefits (Insufficient benefits / cover / co-payment)	<input type="checkbox"/> Joining spouse's medical aid
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Deceased (attach death certificate)
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Joining other Scheme
<input type="checkbox"/> Emigration	<input type="checkbox"/> Child rates no longer applicable/not financially or factually dependent on main member
<input type="checkbox"/> Other	<input type="text"/>

Dependant 3

Initials

Surname

Full name

ID/ Passport No. Date of birth

Reason for terminating

<input type="checkbox"/> Affordability (Contributions too high / Cannot afford)	<input type="checkbox"/> Retrenchment / Retirement
<input type="checkbox"/> Benefits (Insufficient benefits / cover / co-payment)	<input type="checkbox"/> Joining spouse's medical aid
<input type="checkbox"/> Administration (service related / process related / lack of communication)	<input type="checkbox"/> Deceased (attach death certificate)
<input type="checkbox"/> Access to service providers	<input type="checkbox"/> Joining other Scheme
<input type="checkbox"/> Emigration	<input type="checkbox"/> Child rates no longer applicable/not financially or factually dependent on main member
<input type="checkbox"/> Other <input type="text"/>	

Section C: Declaration

I ID/ Passport No. declare that the information is true and correct.

Signature of main member _____ Date

Make use of the multi-function GEMS Member App to interact with the Scheme at home or on the go to make your life easier.

Use the QR Code to download the GEMS Member App

