

CONTINUATION MEMBERSHIP FORM

SECTION 1: DETAILS OF MEMBER																												
I, (Name of Member)																												
ID no:																												
Membership No:																												
Apply for continuation membership of AECI Medical Aid Society.																		Effective date change:	d	d	m	m	y	y	y	y		

Member Signature _____

Date _____

<p>IMPORTANT: Kindly complete and forward this form and supporting documentation within 30 days of retirement or when the main member passes away. AECI Membership Department. E-mail: aecisocietyfinance@medscheme.co.za</p>
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SECTION 2: CONTACT DETAILS																																		
Physical Address:																													Postal code					
Postal Address:																													Postal code					
Telephone (H):																													Cellular No:					
E-Mail address:																																		

SECTION 3: BANK DETAILS																												
I hereby instruct Medscheme to electronically collect contributions and to deposit claim refunds via the Electropay system. I understand that transfers cannot be done to and from credit card accounts. I also irrevocably authorise Medscheme to adjust any incorrect transactions and/or correct any electronic transfer of funds error without prior notice. (Please tick the appropriate block)																												
Use this account for contribution collections and for claim refunds:																												
Use this account for contribution collections only:																												
Bank Name:																												
Branch Name:																												
Branch Code:																												
Account Name:																												
Account Number:																												
Kindly submit proof of verified banking details.																												

Account Holder's Signature: _____

Date _____

SECTION 4: SUPPORTING DOCUMENTATION																											
Contributions are applied according to income ranges. The applicable contributions are calculated based on "income from all sources" as defined by the South African Revenue Services ("SARS"). Thus, your application will be subject to an income verification process.																											
The following documentation are required to be provided with your application:																											
<ul style="list-style-type: none"> - Copy of death certificate (if main member passed away) - If you are registered for tax with SARS: <ul style="list-style-type: none"> * Copy of latest Income Tax Assessment (ITA34) - If you are not registered for tax with SARS: <ul style="list-style-type: none"> * Affidavit stating that your income is below the income tax threshold and that you are not registered for income tax with SARS. * 3 Months bank statements. 																											