AECI MEDICAL AID SOCIETY

AECI Finance
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To be completed by Human Resources/ Payroll ONLY

Distribution of Advice.
Completed document to be emailed to:
aecisocietyfinance@medscheme.co.za

TERMINATION/ TRANSFER ADVICE

SECTION 1: TERMINATION OR TRANSFER OF MEMBERSHIP

CODES:	05 = Employment Terminated	06 = Transfer Out/Disability	07 = Death	08 = Retirement/Early Retirement (Minimum age 55 years)

CODE	MEMBER DETAILS		EFFECTIVE DATE	FORWARDING ADDRESS (05 AND 08) OR COMPANY TO WHICH EMPLOYEE TRANSFERRED (06)
	Name & Initials:			
	Membership No:			
	Payroll No:			
	PRMA Subsidy:			
	Name & Initials:			
	Membership No:			
	Payroll No:			
	PRMA Subsidy:			
	Name & Initials:			
	Membership No:			
	Payroll No:			
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	Name & Initials:			
	Membership No:			
	Payroll No:			
	PRMA Subsidy:			
	Name & Initials:			
	Membership No:			
	Payroll No:			
	PRMA Subsidy:			

SECTION 2: DECLARATION BY EMPLOYER

We confirm that the above information is true and correct

Signed: ______________________ Designation: ______________________ Date: ______________________