

STOP ORDER FOR MEDICAL SCHEME

Employees Surname

Full Name:

Tel No: C _____ W _____ H _____

Department:

Paypoint No: DEPT CODE:

Identity Number

Salary Ref No Persal Persol Other:

Amending New

Name of Scheme

AUTHORISATION TO RECOVER SUBSCRIPTION FROM MY SALARY

I hereby authorise Department and the Province _____
to deduct my portions of the full monthly contribution and any arrears for the option and to pay it to the
Administrator.

I acknowledge that any arrears will be recovered by way of double deductions until fully recovered.
This authorisation will remain valid until written authority is received from the Medical Scheme.

MEMBERS SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

Membership Number Date of Admission

Contribution