

PULA MEMBER TERMINATION FORM



PULA MEDICAL AID FUND Administered by Associated Fund Administrators Botswana (Pty) Ltd.
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www.pulamed.co.bw

Medical Aid Fund

We care for your health!

***please complete in block letters, tick appropriate blocks unless otherwise indicated**

About yourself (principal member)

Title Initials Surname

First name(s)

Membership Number

Cell Tel (H) Tel (W) Fax

Email

Postal Address

REASONS FOR TERMINATION (Tick where applicable)

1. Financial Constraints
2. Joining Spouse Cover
3. Joining New Medical AID
4. Resigned/Change of Employer
5. Divorced
6. Deceased
7. Other

please specify: _____

NB: Please return membership card

Employer Signature _____

Signature of the Principal Member: _____ Date: _____

Termination Date _____

