

ELECTION OF CONTINUATION MEMBERSHIP FORM (M3.10)



Who must complete this form?

The member and Employer must complete this form when a member resigns, is dismissed, retrenched, retires or dies in service.



What documents should accompany this form?

If the member will become a cash-paying member, Form M6.5B - Funds Collection mandate, must be completed.

Please return this form via email to registrations@dbbs.co.za.

SECTION A: MEMBER'S PERSONAL DETAILS (TO BE COMPLETED BY MEMBER)

Surname			
First names			
Member number		Operation	
Identity number		Date of birth	
Passport number (if available)		Country of issue	
Contact details	Tel	Cell	
Forwarding email address*			
*If supplied, all Society communication will be sent to this email address.			
Forwarding postal address			Code
Physical address			Code

SECTION B (TO BE COMPLETED BY THE EMPLOYER)

Member's policy number		REASON FOR TERMINATION: Resignation Dismissal Retrenchment <i>(Complete Section C below)</i> Transfer to an associated company Retirement <i>(Complete Section C below)</i> Death in service <i>(Complete Section C below)</i> Other <i>(please specify)</i>
Employee number		
Date employed		
Date joined the society		
Last day worked		
Operation		
This member is eligible to receive a post-retirement medical aid contribution from the Employer: %		
This member is not eligible to receive a post-retirement medical aid contribution from the Employer		

INITIAL:

MEMBER

HR

SECTION C – CONTINUATION OF MEMBERSHIP

In terms of the Rules, all members of the Society are entitled to retain their membership:

- On retirement or when employment is terminated by the Employer or Associated Employer on account of age, ill-health or other disability and, in a similar manner widows of deceased retired members may elect to continue their membership of the Society.
- A member who is retrenched from the service of the Employer or Associated Employer may continue their membership of the Society provided there is no break in service of membership.

You are therefore invited to exercise your rights by choosing either Option 1 or Option 2 below:

OPTION 1 (Continuation)

I elect to continue as a member of the Society and request that membership for all my registered dependants be retained.

OPTION 2 (Termination)

I elect to terminate my membership of the Society in the understanding that I will not be eligible for re-admission to the Society. Membership of all my registered dependants will also be terminated.

CONTRIBUTIONS / MEDICAL EXCESS PAYABLE

OPTION 1 (De Beers Pension Fund)

I will be receiving a monthly pension from the De Beers Pension Fund and I hereby authorise the De Beers Benefit Society to make deductions from any pension/annuity due to me by the De Beers Pension Fund of any amount whatsoever which may become payable by me, in terms of the Rules of the Society.

OPTION 2 (Cash Payer)

I will settle any amount which may become payable by me, in terms of the Rules of the De Beers Benefit Society via a monthly debit order. *(Please complete form M6.5B – mandatory)*

I authorise the De Beers Benefit Society to pay any medical expenses for me or my dependants in line with the Society's rules. I agree to repay these amounts to the Society, without interest and accept that a statement signed by the Society Manager will serve as proof of any amount I owe.

Member's signature _____

Date

HR Officer's signature _____

Date

Witness' signature _____

Date