

CANCELLATION FORM GAP COVER

INSTRUCTION

Please complete the form in writing and print, sign, scan and email the completed form to **omservice@insuremed.co.za**

1. PERSONAL DETAILS OF PRINCIPAL MEMBER

Title:	<input type="text"/>	Initials:	<input type="text"/>	Surname:	<input type="text"/>
Policy No:	<input type="text"/>			ID No:	<input type="text"/>
Telephone (H):	<input type="text"/>			Cell No:	<input type="text"/>
Email Address:	<input type="text"/>				

2. PLEASE INDICATE YOUR REASON FOR CANCELLATION

- Affordability
- Benefits (Please supply details in the comments field below)
- Deceased (Please note that if the principal member is deceased, the spouse can still continue with the cover)
- Emigration
- Joining a different Gap Cover product
- Joining company/closed scheme
- Joining spouse's cover
- No medical scheme cover
- Retrenchment/resigned
- Service (Please supply details in the comments field below)

Comments:

3. SIGNATURE OF POLICY HOLDER

I, the undersigned, hereby give notice to cancel my Old Mutual Gap Cover policy. My last benefit date should be:

(Cancellation notice period: One Calendar month)

Full Name:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		