Stratum Benefits

2022 HEALTH INSURANCE | MEMBER CANCELLATION REQUEST FORM

1. PRINCIPAL INSURED DETAILS

Policy Number

Title | Name

Surname

Cancellation Date – –

2. CANCELLATION REQUEST

Reason for Cancellation

Is your cancellation request for the entire family, or for specific dependants? ◯ Entire Family ◯ Specific Dependant

List the relevant dependant(s) below if cancellation applies to a dependant only.

Name

Surname

ID/Passport | Dependant Code

Name

Surname

ID/Passport | Dependant Code

Name

Surname

ID/Passport | Dependant Code

Name

Surname

ID/Passport | Dependant Code

3. DECLARATION ACCEPTANCE

I understand that:

1. a **calendar months' notice** is required to cancel my policy.
2. cancellation of my policy will be effective on the **last day** of the cancellation month.
3. treatment for a claimable event will qualify if the claimable event occurred before the date of cancellation, and provided that the claimable event meets the qualifying criteria of my health insurance policy.
4. all outstanding claims must be submitted within **4 months** from the date of the claimable event to: health@stratumbenefits.co.za

Name

Surname

ID/Passport

Principal Insured Signature

Date – –

Email **cancellations@stratumbenefits.co.za**

UNITYHEALTH

Administered by Unity Health, a division of Ambledown Financial Services (Pty) Ltd, an authorised FSP 10287. In partnership with Stratum Benefits (Pty) Ltd, an authorised FSP 2111, underwritten by Constantia Insurance Company Limited, an authorised FSP 31111. Terms and conditions apply.

CONSTANTIA Insurance made personal

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