RESIGNATION LETTER FROM CURRENT MEDICAL AID SCHEME

I am an Eskom employee/pensioner and would like to resign from:

Name of current Medical Aid Scheme: _____

Current Medical Aid Number: _____

Date of Resignation: _____-_____- 201_____

DETAILS OF THE MAIN MEMBER

Initials: _____

Surname: _____

Unique Number: _____

Contact Number: _____

E-mail: _____

_____ _____

Main Member's Signature *Date*

NEW MEDICAL AID SCHEME TO BE JOINED

Name of the new Medical Aid Scheme: _____

Medical Aid Scheme Option: _____

Effective Date: _____

ESKOM HUMAN RESOURCES DEPARTMENT

Name of Practitioner: _____

Processed Date: _____ Signature: _____

HR *Human Resources Stamp*