

Primary Care Declaration __ (name and surname) wish to cancel my ______Medical Scheme membership _____ (membership or ID number) effective _/____/2023_____(DD/MM/YYYY). (Section to be completed if applicable, if not, please ignore). I have opted to join Sanlam Primary Care _____/___/2024_____ (DD/MM/YYYY) and hereby declare, acknowledge and understand that Sanlam Primary Care is NOT a Medical Scheme in terms of the Medical Schemes Act. I also acknowledge that should I wish to join a Medical Scheme at a later stage, the Medical Scheme may impose underwriting as per section 29A of the Medical Schemes Act: **Underwriting:** A 3 month General Waiting period A 12 month Condition specific waiting period on pre-existing medical conditions A monthly late joining penalty fee that range between 5% - 75% onto of my monthly contributions I read and understood the above. I, further acknowledge, that I will have no recourse to my employer/intermediaries, if Sanlam Primary Care does not fully cater to my requirements, nor in the event that I am subjected to Underwriting when applying to join a medical aid scheme in future. By signing this declaration, I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd ("Aon") to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it's reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with

Date

Member's Signature