

Member Details:

Full Name: _____

ID Number: _____

Contact Number: _____

Email Address: _____

Date: _____**To:**

Sizwe Hosmed Medical Scheme
Membership Department

Re: Cancellation of Medical Scheme Membership

I, _____ with ID number _____ hereby request the cancellation of my medical scheme membership with Sizwe Hosmed Medical Scheme.

The reason for this termination is that we have experienced poor service levels from Sizwe Hosmed that have left us without confidence that we are adequately covered or able to access healthcare services when required. As a result, we have no alternative but to resign our membership.

I hereby request that the membership termination be backdated to be effective from **31 January 2026**. No further contributions or payments will be made to Sizwe Hosmed from **1 February 2026** onwards.

We further request:

1. Formal written acknowledgement of this termination, and
2. A copy of our certificate of membership reflecting an end date of **31 January 2026**.

Please treat this matter as urgent and confirm the above in writing at your earliest convenience.

Member Signature: _____**Full Name:** _____**Date:** _____