



Physical Address: WCMAS Building, Cnr O.R. Tambo Road & Susanna Street, Witbank
 Tel: (013) 656 1407 / Fax: 086 627 7795
 Postal Address: P O Box 26, Emalaheni (Witbank), 1035
 Email: wcmas@wcmas.co.za / Web: www.wcmas.co.za
 Witbank Coalfields Medical Aid Scheme

INDIVIDUAL MEMBER CONTRIBUTIONS RELIEF APPLICATION FORM

A member may choose to utilise his/her positive accumulated savings balance to fund his/her contributions:

- Members who have accumulated savings balances (excluding current) that exceeds 3 months contributions can use that balance to fund 1 months contribution.
- Members who have accumulated savings balances (excluding current) that exceeds 6 months contributions can use that balance to fund 2 months contributions.
- Members who have accumulated savings balances (excluding current) than exceeds 12 months contributions can use that balance to fund 3 months contributions.
- Please email your form to membership@wcmas.co.za

Section 1: Please assist us by answering the following questions:

1. Have you been negatively impacted financially due to COVID-19 and related global crisis? YES NO
2. Do you give us consent to utilize your available accumulated savings balances to fund your premium contribution? YES NO

Section 2: Details of main member

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:	Surname:	
First names:		
Identity number:	Date of birth:	
Membership number:		
Cellphone:	Telephone (h):	
Telephone (w):		
Email:		
Postal address:		
	Code:	
Street address:		
	Code:	

Section 4: Premium Relief Option

Please select a premium relief option by indication with an "X"

- Members who have accumulated savings balances (excluding current) that exceeds 3 months contributions can use that balance to fund 1 months contribution.
- Members who have accumulated savings balances (excluding current) that exceeds 6 months contributions can use that balance to fund 2 months contributions.
- Members who have accumulated savings balances (excluding current) than exceeds 12 months contributions can use that balance to fund 3 months contributions.

Section 5: Application and Declaration

I understand and accept the implication of my chosen relief option on my savings balance.

Confirmed Period Month to Month

Signature of main member:

Date:
