



Contact us

Tel: 0860 103 933, PO Box 652509, Benmore, 2010, www.lahealth.co.za

Transfer from active to retiree status form

How to complete this form

1. This form is to be used for principal members, when they move onto retiree status, to make contributions or payments to the Scheme directly.
2. Please use one letter per block, complete with black ink and print clearly.
3. To avoid administration delays, please ensure this application is completed in full.
4. Please contact the Scheme on 0860 103 933 for any queries.

1. About yourself (main applicant)

Membership number (compulsory)	<input type="text"/>	Date of commencement for the change	<input type="text"/>
Employee number (compulsory)	<input type="text"/>		
First name(s)	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
Preferred name	<input type="text"/>	Sex	<input type="text"/>
Marital status	<input type="text"/>		
Previous/maiden name	<input type="text"/>		
ID or passport number	<input type="text"/>		
Country of issue	<input type="text"/>		
Telephone (Home)	<input type="text"/>	(Work)	<input type="text"/>
Fax	<input type="text"/>	Cellphone	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

