



Member / Dependent Deletion Form

DELETION REQUEST

Request Type	Effective Date (DD/MM/YYYY)
<input type="checkbox"/> Member Deletion <input type="checkbox"/> Dependent Deletion	

Reason for Deletion:

<input type="checkbox"/> Left Employment	<input type="checkbox"/> Divorce
<input type="checkbox"/> Lay Off	<input type="checkbox"/> Others (Please Explain)
<input type="checkbox"/> Death	
<input type="checkbox"/> Others (Please Explain)	

Deleted Member / Dependent Information

No.	Full Name	Membership No.	Number of Dependents
1			
2			
3			
4			
5			

Section to be Filled by Organization

Employee Signature	
Authorizer Signature	
Date (DD/MM/YYYY)	
Official Stamp	

Section to be Filled by Sahan Insurance

Finance Department <input type="checkbox"/> Confirmed	Medical Underwriting Department <input type="checkbox"/> Deletion Confirmed
Signature:	Signature:
Date: ___ / ___ / ___	Date: ___ / ___ / ___