



MEDICAL BENEFITS SCHEME

NOTICE OF DISCONTINUATION OF BUSINESS

Important, Read Carefully

You need to notify the Medical Benefits Scheme when you close your business. This allows the Scheme to close your account. Failure to properly notify the Scheme may cause unwanted correspondence and/or additional contacts for estimated arrears as your business may be viewed as owing outstanding contributions.

You need to be specific and accurate in providing the relevant information, as it is a criminal offence, subject to penalties under the MBS Act, for failure to pay your contributions.

1. Registration Number: _____ 2. Business Name: _____

3. Business Address: _____ 4. Business Telephone Number: _____

5. Owner's/Officer's Name: _____ 6. Current Address: _____

7. Telephone Number: _____ 8. Cell Number: _____

9. On _____, 20_____, this business will discontinue operations:

Permanently Temporarily: Period Start Date: _____ Period End Date: _____
dd/mm/yyyy dd/mm/yyyy

10. The undersign requests:

The registration is cancelled and the account closed. The account is temporarily closed.

If closure (permanent end of business) complete # 11 & 12 or skip to # 13:

11. Does the business currently have employees?

Yes No If yes, the effective date the employees will be severed: _____
dd/mm/yyyy

12. Has there been a transfer or a change of ownership? Yes No If yes, state below:

Trade name of new business: _____

New owner's name: _____

Starting date of new business: _____
dd/mm/yyyy

13. If this is a consolidated registration, are all locations being closed? Yes No If no, list specific locations to be closed:

Signature of Employer: _____ Title: _____ Date: _____

Prepared by: _____ Date: _____

For Official Use

Was the date that the business was discontinued estimated?

Yes

No

Accounts receivable and records remain to be collected?

Yes

No

A warrant is recommended?

Yes

No

Comments: _____

Prepared By (Invigilator): _____

Date: _____

Account Status Changed By (Registration Clerk): _____

Date: _____