



We're about you

Member Continuation Form

tel 061 285 5400

fax 061 230 465

email members@nhp.com.na

website www.nhp.com.na

Unit 2, Demushuwa Suites, Corner of Grove and Ombika Street,

Kleine Kuppe, Windhoek

PO Box 23064, Windhoek, Namibia

Reg No: MOHSS 003

Please note: This form is only applicable to existing Namibia Health Plan members. Supporting documents not on the system will be requested. Members are to ensure that this form is fully completed before submission. Existing members continue their Fund membership on the same terms and conditions.

Please tick where applicable

Group to Group

Private to Group

Group to Private

Group to Pensioner

Dependant to Private

Particulars of principal member (must be completed)

Membership number				Current Benefit option			
Title		Initials		First name(s)			
Surname							
Tel (H)					Tel (W)		
Cell					Fax		
Postal address					Postal code		
Physical address							

Banking details (please complete if details have changed)

Use this bank account for contribution collections and claim refunds Use this bank account for refunds only

Name of account holder	Title		Initials		First name(s)		
Surname							
Bank				Branch			
Branch code				Type of account			
Account number							

New benefit option

Gold Platinum Titanium Silver Bronze Hospital Blue Diamond Litunga

Signature of principal member

Compulsory
Bank stamp

Particulars of employer (if applicable)

Name of employer							
Group pay point number				Salary Payroll number			
Tel					Fax		
Employment Date	D D M M Y Y Y Y		Eligibility Start Date		D D M M Y Y Y Y		

Employment acknowledgement and declaration

We confirm that the applicant is employed by us and is eligible for membership on the above date. Contributions will be deducted according to the Fund rules and benefit option chosen.

Signature of company official

D D M M 2 0 Y Y

Compulsory
company stamp