



# Repatriation, transportation, premium waiver claim

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** In order for the administrator to deliver efficient service to you, it is imperative that all sections of this application form to be completed in full. Failing this may cause delay in the processing of the application. Print clearly using capital letters. Only one character per block. Leave open one block between words. Mark with an X where necessary.

### Your checklist

- Death certificate
- NHP member certificate
- A copy of 3x months premium statement from NHP
- Certified copy of ID/Passport
- Repatriation quote

### Particulars of principal member (must be completed)

Membership number  Benefit option

Title  Initials  First name(s)

Surname

Tel (H)           Tel (W)

Cell           Fax

Email Address

### Repatriation (if applicable)

**Please note** Attach quotation.

Case number  Evacuation details  Place  to  Place

Repatriated from  Place  to  Place

Mode of repatriation  Commercial  Private  Mercy flight  Memorial transportation

### Memorial service transportation (if applicable)

**Please note** Preferred provider: Professional Funeral Services cc. Only covered within the borders of Namibia. Please provide a copy of the death certificate.

Place of death

Place of burial

Date of burial             Date for transportation

### Premium protector (if applicable)

Full name of deceased Title  Initials  First(s)

Surname (if different from principal member)

Date deceased

\_\_\_\_\_  
Authorised signature

Date

