



We're about you

## Member Continuation Form

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email members@nhp.com.na

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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	<input type="text"/>	Current Benefit option	<input type="text"/>
Title	<input type="text"/>	Initials	<input type="text"/>
	First name(s) <input type="text"/>		
Surname	<input type="text"/>		
Tel (H)	<input type="text"/>	Tel (W)	<input type="text"/>
Cell	<input type="text"/>	Fax	<input type="text"/>
Postal address	<input type="text"/>		Postal code <input type="text"/>
Physical address	<input type="text"/>		

### 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	<input type="text"/>	Initials	<input type="text"/>	First name(s)	<input type="text"/>
Surname	<input type="text"/>					
Bank	<input type="text"/>	Branch	<input type="text"/>			
Branch code	<input type="text"/>	Type of account	<input type="text"/>			
Account number	<input type="text"/>					

### 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	<input type="text"/>		
Group pay point number	<input type="text"/>	Salary Payroll number	<input type="text"/>
Tel	<input type="text"/>	Fax	<input type="text"/>
Employment Date	<input type="text"/>	Eligibility Start Date	<input type="text"/>

### 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

Compulsory  
company stamp