We're about you

Termination Form

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Kleine Kuppe, Windhoek
P.O. Box 23064, Windhoek, Namibia
Reg No: MOHSS 0003

Please note:
In order for the administrator to deliver efficient service to you, it is important that you provide and complete all information as required. Print clearly using capital letters. Only one character per block. Leave open one block between words. Mark with an X where necessary.

Particulars of principal member (must be completed)

NHP Membership Number (11 digits) *Benefit Option*

Title *Initials* *First name(s)*

Surname

Termination of membership (if applicable)

I hereby wish to terminate the above membership effective from DD/MM/YYYY

Termination of dependant(s) (if applicable)

I hereby wish to terminate the following dependant effective from DD/MM/YYYY *Dependant code*

Relationship to principal member ○ *Spouse* ○ *Partner* ○ *Additional adult* ○ *Child*

Title *Initials* *First name(s)*

Surname

Reason for termination

○ *Dependant is over 25 years* ○ *Dependant is over 21 years* ○ *Affordability/Financial constraints*

○ *Unsatisfactory service* ○ *Unsatisfactory benefits* ○ *Change of employment* ○ *Deceased*

○ *Joining spouse's/partner's medical aid fund* *Fund name*

○ *Joining another medical aid fund* *Fund name*

○ *Other (please specify)*

Acknowledgment and declaration

I hereby give one calendar month notice period by signing this termination form and certify that the information provided herein is true and correct.

Signature of principal member

DD/MM/YYYY
Date

Company stamp