



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
Erf 1319, Grove 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"/>
Surname	<input type="text"/>		
First name(s)	<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
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