



Repatriation, transportation, premium waiver claim

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Erf 1319, Grove 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

