



Roll-Over benefit claim instructions

tel 061 285 5400
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 website www.nhp.com.na
 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.

It is important to comply with the following requirements:

1. Pay for the item that you would like to have reimbursed from your Roll-Over benefit, only at the doctor or pharmacy.
2. Attach a copy of the claim receipt to this form.
3. Clearly indicate Roll-Over benefit on the claim receipt.

Particulars of principal member (must be completed)

Membership number Benefit option

Title Initials First name(s)

Surname

Tel (H) Tel (W)

Cell Fax

Claim instructions

_____ Signature of principal member

2 0 Y Y
 _____ Date

