



International travel insurance

tel 061 285 5400

fax 061 223 904

email nhptravel@nhp.com.na

website www.nhp.com.na

Unit 2, Demushuwa Suites, Corner of Grove and Ombika 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 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. You cannot get or extend your international travel insurance for more than 90 days should you decide to stay longer.

Prerequisites (compulsory)

Please provide a copy of:

- Your passport(s) for you and all dependants who have to be covered
- A copy of the flight itinerary

Your NHP membership entitles you to 90 days travel insurance per journey. It will insure you and your dependants against emergency medical expenses you may incur whilst travelling abroad.

1. An excess of N\$500 applies for out-patient treatment.
2. Pre-authorisation is required for expenses estimated to be over N\$10,000.
3. To activate this benefit when travelling outside the borders of Namibia, please complete the form below and fax it through to 061 223 904 or email it to nhptravel@nhp.com.na.
4. Alternatively call NHP Call Centre on 061 285 5400 for assistance.

NHP medical aid fund membership number

Particulars of travellers (must be completed)

No	First name(s) in full	Surname <i>(If different from principal member)</i>	Passport number	Nationality of passport	Relationship <i>(to principal member)</i>
1.					
2.					
3.					
4.					
5.					

Other details

Tel(H)

Tel (W)

Cell

Fax

Email

Country of residence

Current doctor Name and surname

Tel(W)

Fax

Travel details

List travel destination(s)

Date of departure

Date of return

Please answer the following financial needs analyses

1. Do you understand that this is a short-term travel insurance policy and TIC is a license Financial Services Provider, FSP 3419? Yes No
2. Do you have a similar product? If yes, please stipulate Yes No
3. Do you understand that there is no cost associated with this policy? Yes No
4. Do you understand the onus is on you to familiarise yourself with all the terms and conditions and exclusions detailed in the policy wording which you will be receiving? We draw your attention to the specific exclusions of pre-existing conditions, vascular, cardiovascular and cerebrovascular conditions if you are over the age of 69 years? Yes No
5. Do you request that we issue this policy to you? Yes No

Principal members acknowledgment and declaration

I warrant that the information provided is true and accurate.

Signature of principal member

Date

Things to remember in case of an emergency

1. Always contact the 24 hour emergency medical assistance helpline on the following number +44 1273 739 274.
2. Keep all the reference numbers issued to you by the contact centre.
3. Do not change the itinerary, as you are only covered as per the international travel insurance cover communication, issued by the Fund.
4. Should you change your original travelling plans, you will not be covered for any other destination not indicated on the international travel insurance cover letter.
5. If you paid for the claim, please keep all the claims and proof of payment.
6. Please ensure that the following is on the claim:
 - Diagnosis
 - Amount paid
 - Healthcare Provider name
7. In case of unforeseen circumstances and you have to stay longer, please submit a motivation letter as well as the request for extension of the international travel insurance.

