We're about you

Roll-Over benefit claim instructions

tel 061 285 5400
fax 061 223 904
email claims@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 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

D D M M 2 0 Y Y

Date