

ADD ON MEDICATION FORM

Tel: +264612012462 / +264832999000

E-mail a copy of the completed form to: napotelmember@prosperitynam.com

Please do not use Tippex in the completion of this form - kindly initial where errors have been made and complete accordingly.

NAPOTEL
MEDICAL AID FUND
 NAMIBIA POST AND TELECOM HOLDINGS LTD



Section A - Principal Member Details

Member Number		Employee Number													
First Name															
Surname															
Company															
Beneficiary Name															
Telephone Number															
Cellphone Number															
E-mail address															

Section B - Benefit Selection or Cancellation

Please indicate with an (X) in the appropriate block which cover you wish to select. Please choose one option per selected benefit only. Note that benefits are pro-rated as from joining date.

Effective Date	D	D	M	M	Y	Y	Y	Y	Cancellation Date	D	D	M	M	Y	Y	Y	Y
Medication																	
Annual Benefit	3,760	5,640	8,150	10,030	12,540	15,680	20,060	25,080	27,590	32,600	39,710						
Monthly Premium	210	315	455	560	700	875	1,120	1,400	1,540	1,820	2,240						
Day-To-Day																	
Annual Benefit	3,140	5,230	8,360	10,450	12,540	15,680	19,860	25,080	28,220	31,350							
Monthly Premium	215	360	575	720	860	1,075	1,365	1,720	1,940	2,155							

Section C - Declaration by Principal Member

Section C - Declaration by Principal Member I, the undersigned hereby authorize the Napotel Medical Aid Fund to charge the above selected contribution, in addition to my current monthly member contribution. I further authorize my Employer to subtract the contribution from my monthly salary and to pay it over on my behalf to the Fund if still employed or from my bank if I am a continuation member. **Please note that no premiums are refunded if Add-On Benefit is not utilized.**

Signed at		on the		day of	
Signature		Print Name			

Section D - Employer Warranty / Human Resource Department

Name of Company		Effective Date	D	D	M	M	Y	Y	Y	Y
Name	Company Stamp									
Designation										
Signature of company representative										

*Please be advised that due to certain legal provisions we may be required to remain in possession of personal information as prescribed by law.

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