nammed
MEDICAL AID FUND

Option Change Form

PLEASE NOTE:
Option changes must reach the Fund by no later than 28 February the following year

Yes I would like to change to the following option (please tick)

- ◯ Comprehensive
- ◯ Standard
- ◯ Essential
- ◯ Trauma
- ◯ Active
- ◯ Basic (please provide recent payslip)

For office use

Phone +264 61 374 600
Email info@nammed.org.na
Web www.nammed.com.na
Address 1 John Ludwig str, Klein Windhoek

As a Nammed member I hereby apply to the Fund for an Option change.

PRINCIPAL MEMBER DETAILS:

Surname

First names

Initials

Date of birth D D / M M / Y Y Y Y

Member number

REASON FOR OPTION CHANGE:

1. Insufficient benefits due to possible medical needs based on family size? Y N
2. Not in a financial position to afford current level contribution Y N
3. Are you and/or any dependant currently hospitalized? If yes, please specify... Y N
4. Are you and/or any dependant expecting to undergo any procedure, operation, confinement or receive any major dental treatment during the next 12 months? If yes, please specify... Y N
5. Were you and/or any dependant diagnosed with any of the following: Cancer, growth or tumor of any kind? If yes, please specify... Y N
6. Do you and/or any dependant suffer from any ailment or disease at present? If yes, please specify... Y N
7. Any other medical reason not mentioned in the list above If yes, please specify... Y N

I, the undersigned declare that the information is true and correct:

Principal Member _____ Date D D / M M / Y Y Y Y