



Namibia Medical Care  
 P.O. Box 24792  
 Windhoek, Namibia  
 Tel. (061) 287 6040  
 Fax (061) 287 6059

E-mail: [FinReception@methealth.com.na](mailto:FinReception@methealth.com.na)

## 2021 APPLICATION TO EXERCISE OPTION CHANGE

Surname

Initials

Membership No.

E-mail

Cell

### CURRENT OPTION: 2020

Indicate with an X:

Topaz	Topaz Plus	Opal	Jade	Ruby	Sapphire	Diamond	Emerald	Emerald Plus	Amber	Amber Plus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NEW OPTION: 2021

Indicate with an X:

Topaz	Topaz Plus	Opal	Jade	Ruby	Sapphire	Emerald	Emerald Plus	Amber	Amber Plus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Should you be registered as an individual member, this application form must reach our offices on or before 15 January 2021 (either by post, fax or email).
- Members who are registered under a group scheme must forward the option change form to their Human Resources Department, where changes must be recorded and then forwarded to NMC.
- Please take note, should NMC not receive your application for option change on or before 15 January 2021, it will be assumed that you remain on the same option as 2020.
- Please complete the EFT application form as well**
- Would you prefer to receive your remittance statement via e-mail?  Yes  No

NB: Ensure your e-mail address is correct on the EFT form.  
 You have until 15/01/2021 to make your decision. The change becomes effective on 1 January 2021.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Approval \_\_\_\_\_  
 (Signature of Company Official)





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## EFT APPLICATION FORM

### Your Bank Account Details

Membership No.	<input type="text"/>
Account Holder's Surname	<input type="text"/>
Initials	<input type="text"/>
Account No.	<input type="text"/>
Bank	<input type="text"/>
Branch Name	<input type="text"/>
Branch Code	<input type="text"/>
Type of Account	Current <input type="checkbox"/> Savings <input type="checkbox"/>

### Your Personal Details

P.O. Box	<input type="text"/>
Street Address	<input type="text"/>
Telephone:	Work <input type="text"/>
	Home <input type="text"/>
Facsimile:	Work <input type="text"/>
	Home <input type="text"/>
Cell No.	<input type="text"/>
Email:	<input type="text"/>
Account Holder's Signature	_____ Date <input type="text"/>
Member's Signature	_____ Date <input type="text"/>

### For Bank Use

I hereby confirm that the information provided herein is accurate, correct and complete.

Bank Official's Signature \_\_\_\_\_ Date

BANK STAMP