TRAVEL DECLARATION FORM

for NMC members

Your Medical Scheme membership entitles you to International Travel Insurance. This policy will insure you and your dependants as listed under your Medical Aid membership against emergency medical expenses that may be incurred while traveling abroad for trips of up to 90 days at a time.

In order to activate this benefit, please complete the form below.

Once the form has been completed, please fax to +264 61 287 6091 or email to enquiries@methealth.com.na. A policy document confirming your emergency medical cover will be issued and sent to you.

Please note:
Should you have any queries, or in case of emergencies please contact the Travel Guard Chartis 24 hour emergency & medical assistance call centre on +44 1273 739 274 or the South African number: + 27 11 525 3109

Application For International Emergency Medical Expenses Cover

Scheme: _____

Membership Number: _____

Please complete main member & dependant details below:

Title	Firstname	Lastname	Date of birth	Passport Nr

Telephone No: _____

Fax No: _____

Email address: _____

Departure Date (from home): _____

Return Date (Return to home): _____

Countries to be visited: _____

House Doctor Name and tel: _____

Next of Kin: _____

Telephone number: _____

Please indicate with an asterisk (*) to which e-mail/fax the Travel Protection Certificate must be sent

Fax to: ……. or Email to:……

Please refer to the Policy wording for full benefit details and definitions.