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## **2025 APPLICATION TO EXERCISE OPTION CHANGE**

| Surname   |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   | $\mathbb{L}$ |       | $\prod$ |  |  |  |
|---|--|--|----------|----------|--------|---|-----|---------|--------|--|--------|----|---------------|-----|-----|--|------|------------|--|--|-----|------------|--|-----------|--------------|----------|--|--|-------|-------|-------|-------|------------|---|--------------|-------|---------|--|--|--|
| Initials  | nitials  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              | I     |         |  |  |  |
| Membership No.  |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              | I     |         |  |  |  |
| E-mail  |  |  |          |          |        | T |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   | T            | T     | T       |  |  |  |
| Cell  | Cell   |  |          |          |        | T |     |         |        |  |        |    |               |     | T   |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       | T     |            |   | T            | T     | T       |  |  |  |
| CURRENT OPTION: 2024 Indicate with an X:  |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| Topaz Topaz Plus  |  |  | Opal Jad |          |        |   | ade | de Ruby |        |  |        | by | y Sapphi      |     |     |  | ire  | ire Diamor |  |  | ond | nd Emerald |  |           | Emerald Plus |          |  |  | S     | Amber |       |       | Amber Plus |   |              | us    |         |  |  |  |
|   |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| Indicate with   | NEW OPTION: 2025  ndicate with an X:   |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| Topaz   | z Topaz Plus   |  |          | Opal     |        |   |     | Jade    |        |  |        |    |               | Rub | uby |  |      | Sapphire   |  |  |     | Emerald    |  |           | Emerald Plus |          |  |  |       |       | Amber |       |            | I | Amber Plus   |       |         |  |  |  |
|   |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| Indicate with   | VOLUNTARY CONTRIBUTIONS  ndicate with an X:  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| Monthly Voluntary Contribution  |  |  |          |          | N\$300 |   |     |         |        |  | N\$600 |    |               |     |     |  | N\$9 |            |  |  |     | 00         |  |           |              | N\$1,200 |  |  |       |       |       | N\$1, |            |   |              | L,500 |         |  |  |  |
| Extended Benefit Per Year   |  |  |          | N\$3,600 |        |   |     |         | N\$7,2 |  |        |    | 200           | :00 |     |  |      | N\$10,800  |  |  |     |            |  | N\$14,400 |              |          |  |  | N\$18 |       |       | 8,000 |            |   |              |       |         |  |  |  |
| email).<br>2. Membe   | 2. 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.  3. Please take note, should NMC not receive your application for option change on or before 15 January 2025, it will be assumed that you remain on the same option as 2024 |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
|   | the same option as 2024.  4. Please complete the EFT application form as well  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| 5. Would  |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
|   | NB: Ensure your e-mail address is correct on the EFT form. You have until 15 January 2025 to make your decision. The change becomes effective on 1 January 2025. |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| Member's Signature Date   |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
| Employer's Approval   |  |  |          |          |        |   |     |         |        |  |        |    | COMPANY STAMP |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
|   | (Signature of Company Official)  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |
|   |  |  |          |          |        |   |     |         |        |  |        |    |               |     |     |  |      |            |  |  |     |            |  |           |              |          |  |  |       |       |       |       |            |   |              |       |         |  |  |  |