



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

Email: FinReception@methealth.com.na

2022 APPLICATION TO EXERCISE OPTION CHANGE

Surname	<input type="text"/>
Initials	<input type="text"/>
Membership No.	<input type="text"/>
E-mail	<input type="text"/>
Cell	<input type="text"/>

CURRENT OPTION: 2021

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: 2022

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 14 January 2022 (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 14 January 2022, it will be assumed that you remain on the same option as 2021.
- Please complete the EFT application form as well**
- Would you prefer to receive your remittance statement via e-mail?

NB: Ensure your e-mail address is correct on the EFT form.

You have until 14/01/2022 to make your decision. The change becomes effective on 1 January 2022.

Member's Signature _____ Date _____

Employer's Approval _____
(Signature of Company Official)

COMPANY STAMP