

MEMBER / DEPENDANT PERSONAL EMERGENCY INFORMATION



FUND / OPTION : _____
 MEMBER&DEPENDANT: _____ GROUP NO : _____ USN : _____
 BIRTH DATE : _____
 SURNAME / NAMES : _____
 ID/NATIONALITY : _____
 ID/Nationality (correction): _____

SECTION A:

Check if our records reflect your correct information. If not, kindly complete the necessary changes in capital letters

POSTAL ADDRESS INFO

ADDRESS 1 : _____
 Address 1 (correction) : _____
 ADDRESS 2 : _____
 Address 2 (correction) : _____
 ADDRESS 3 & 4 : _____
 Address 3 & 4 (corr.) : _____

PHYSICAL (HOME) ADDRESS INFO (Please ensure you provide us with your correct detail)

REGION : _____
 Region (correction) : _____
 TOWN : _____
 Town (correction) : _____
 SUBURB : _____
 Suburb (correction) : _____
 ADDRESS : _____
 Address (correction) : _____

CONTACT DETAILS

PHONE (Work) : _____ PHONE (Home) : _____
 Phone (W) (correction) : _____ Phone (H) (corr.) : _____
 FAX : _____ CELL No : _____
 Fax (correction) : _____ Cell No (correction) : _____
 E-MAIL : _____
 E-mail (correction) : _____

SECTION B:

Please provide us with your NEXT OF KIN detail (who to contact in case of an emergency)

SURNAME & NAMES : _____
 Surname/Names (corr.) : _____
 RELATIONSHIP : _____
 Relationship (correction) : _____
 CONTACT No (H) or (W): _____ CELL No : _____
 Contact No (correction) : _____ Cell No (correction) : _____
 STREET ADDRESS : _____
 Street Address (corr.) : _____

Date _____

Signature _____

After completion, please deposit the completed form into competition box, or fax it to 061-2876101/2/3, or post it to Methealth Namibia Administrators, PO Box 24792, Windhoek, Namibia. Indemnity clause: Whilst acknowledging that Methealth Namibia Administrators (Pty) LTD and/or NMC will take all reasonable steps to safeguard and ensure correctness of me and my dependant's Health SmartCard information, I hereby indemnify Methealth Namibia Administrators (Pty) LTD and/or NMC against any claims of whatsoever nature arising in the event of my Health SmartCard information being disseminated or otherwise distributed to unauthorized persons/service providers/third parties and/or incorrect medical data being provided to service providers/third parties.



Health SmartCard Competition

N\$100 000 up for grabs!



Methealth Namibia Administrators is giving you the opportunity to win one of 400 cash prizes to the value of N\$ 250!

How to enter....

It's so simple, just activate your **Health SmartCard** at a participating Practice / Methealth Client Service Office and attach the enrolment slip to this entry form.

1. Complete the Personal Emergency Form at the back.
2. Attach your enrolment slip from the **Health SmartCard** Terminal.
3. Place this form in the competition box at the Practice / Methealth Client Service Office.

Each member of your family who activates their **Health SmartCard** can enter this competition.

Our Office will contact you should you be one of the lucky winners.

Entry Form

Take this form with you when you visit a participating pharmacy or optometrist or any of our Methealth Client Service Offices countrywide to enroll for your **Health SmartCard**.

Complete the Personal Emergency Information form at the back and deposit it into the competition box, or fax it (the backside) to 061-2876101/2/3, or post it to Methealth Namibia Administrators, PO Box 24792, Windhoek, Namibia.

Section A: Check if our records reflect your correct information & change where necessary.

Section B: Please provide us with the name & contact detail of your next of kin (who to contact in case of an emergency).

Practice / Methealth Client Service Office

Practice Number

Stamp

Want to win a cash prize?
Simply activate your **Health SmartCard** and complete this Entry Form.
It's so easy!
Activate your **Health SmartCard** and save your life.

Save Minutes And Rescue The Critical Patient who Requires Desperate
.....MEDICAL ATTENTION