



# PARKSMED HEALTH FUND

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Causeway, Harare



## MEMBERSHIP NUMBER

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E C No.....

### BENEFICIARY OVER 18 YEARS EXTENSION OF MEDICAL COVER NOTICE

Dear Sir/Madam

It is noted that ----- will be turning 18 years of age in ----- and in terms of the rules ,his/her beneficiary ship should be reviewed. If s/he is attending formal school, college or university full time please supply us with the necessary proof. If s/he suffers from physical or mental disability which render them fully dependant on you please submit a specialist doctor's report to this effect.

**PLEASE ATTACH THE TEAR OFF BELOW TO YOUR RESPONSE**

Yours faithfully

### FOR GENERAL MANAGER PARKSMED

**NB: IF NO RESPONSE IS RECEIVED BY -----, COVER WILL CONTINUE WITH 100% OF THE SUBSCRIPTION BEING DEDUCTED FROM YOUR ALARY**

The GM Parksmed

Att: Membership Section

Dear Sir /madam

I wish to apply for an extension of beneficiary ship of \_\_\_\_\_ for the following reason

- Attending -----School/College/university full time

**Attach proof from School/ College/ University**

- Suffers from a physical or mental disability, which renders him fully dependant on me.

**Please submit Doctors report.**

Signed -----

Date-----

### Official Use

Date: \_\_\_\_\_

Approved/Not Approved:\_\_\_\_\_