



Wise Financial Thinking for Life

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Dear Customer:

Please complete this form as an indication of your willingness to participate in our service to pay health claims by Electronic Funds Transfer (EFT). This EFT facility will allow us to electronically send claim payments directly to your accounts.

The distinct advantages of this method of claims payment are:

- It reduces the waiting period to receive payment.
- It eliminates the need visit your bank to encash or lodge claim cheques
- An Explanation of Benefits (EOB) statement will provide the usual details of the claim payment.

PERSONAL DATA	
<i>Name of Policyholder:</i>	
<i>Mailing Address:</i>	
<i>Tax Registration No.(TRN)</i>	
<i>Phone No(s):</i>	
<i>E-mail:</i>	
<b>Policy Number:</b>	

BANK DATA	
<i>Bank/Financial Institution:</i>	
<i>Branch:</i>	
<i>Address:</i>	
<i>Account No.:</i>	
<i>Type of Account</i>	Savings: _____; Chequing: _____
<i>Name of Account holder:</i>	

The bank information provided above will be used solely for the purpose of health claims payment.

Member's Signature: ..... Date : .....