



CARE FOR CAREGIVER (“C4C”) MEDICAL SCHEME

APPLICATION FORM

Personal Details (Principal Scheme Holder):

Surname: _____ Title: _____
First Name: _____ Gender: Male Female
Work Station: _____ Specialty: _____
Residential Address: _____
Tel (W) : _____ Tel (M) : _____ E-mail: _____
Date of birth: _____ NRC/Passport Number: _____
Preferred communication: Call E-mail WhatsApp ALL

Next of Kin

Surname: _____ Title: _____
First Name: _____ Gender: Male Female
Relationship: _____
Residential Address: _____
Tel (W) : _____ Tel (M) obile: _____ Email: _____

Benefits Package Limits:

Package	Monthly Premium Per Life (ZMW)	Out-patient (ZMW)	In-Patient (ZMW)	Optical (ZMW)	Dental (ZMW)
Silver	250	10,000.00	25,000.00	3,000.00	3,000.00
Gold	350	15,000.00	35,000.00	3,500.00	4,000.00
Gold Plus	500	20,000.00	50,000.00	4,000.00	5,000.00
Diamond	750	25,000.00	70,000.00	5,000.00	7,000.00

Beneficiaries:

1. Principal Member (No age limit)

Print Name:.....

Package: Silver Gold Gold Plus Diamond

2. Beneficiary 1 (Less 70 years old)

Print Name:.....

Package: Silver Gold Gold Plus Diamond

3. Beneficiary 2 (Less than 21 years old)

Print Name:.....

Package: Silver Gold Gold Plus Diamond

4. Beneficiary 3 (Less than 21 years old)

Print Name:.....

Package: Silver Gold Gold Plus Diamond

5. Beneficiary 4 (Less than 21 years old)

Print Name:.....

Package: Silver Gold Gold Plus Diamond

6. Beneficiary 5 (Less than 21 years old)

Print Name:.....

Package: Silver Gold Gold Plus Diamond

ATTACHMENTS

1. Copy of ID (NRC or Passport)
2. Portrait Photo
3. Completed Application Form
4. Proof of Payment – Three (3) Months upfront*

Bank Account Details

Name: Zambia Medical Association Savings

Bank: ABSA

Branch: Longacres

Account Number: 017-1570220

Sort Code: 020017

Swift Code: BARCZMLX

***NB. Remember to use your name as narration on ALL transactions and to email the proof of payment to c4c@zma.co.zm**

Member Declaration

I acknowledge that I have read the terms and conditions of the C4C medical scheme. I have understood my obligations and those of the scheme providers and decided to subscribe to this scheme out of my own volition. I further declare that the information provided herein this application is accurate and has not been altered in any way.

Applicant Signature:

Date:

Correspondence

+260 977 486 800

c4c@zma.co.zm
