

## Health Cover Bank Details Form

### Important:

- Please write clearly using capital and block letters.
- Please complete all required fields in this form.
- Please submit the completed form by email to [finance.medical@heritage.co.ke](mailto:finance.medical@heritage.co.ke), or to your HR Department, or to our Heritage Insurance office.

### 1. DETAILS OF PRINCIPAL MEMBER

Last name

First name(s)  Title

Initials  Date of birth

Identification Document/Passport Number (Optional)

Employee number  Policy number

Employer/Scheme name

Country

### 2. BANKING DETAILS

- Please make sure we have your correct bank account details for electronic payment of your claim refunds.
- If you add or change your bank account details to which we should refund your claims, please send us ALL of the following documents:
  - This Banking Details Form, completed and signed by the Principal Member.
  - Certified copy of the account holder's identity document, or passport.
  - A cancelled cheque, stamped bank statement, or stamped letter from the bank confirming you are the account holder. These documents should not be older than three months.

Account holder name

Account number

Account type  Savings  Cheque  Transmission  Other

Bank

Branch name  Branch code

NIB (if applicable)  Swift code

IBAN (if applicable)  Preferred currency code for employees residing outside Kenya

IFS (if applicable)

### 3. DECLARATION BY PRINCIPAL MEMBER

#### Banking Details

- I agree to advise the Insurer in writing of any changes to my banking details.
- I understand that failure to do so will result in me being liable for any subsequent banking charges or other costs / losses incurred due to the use of the incorrect banking details.

Signature of Principal Member

Date