Liberty Health Cover
Banking Details Form

LIBERTY

LIFE INVESTMENTS INSURANCE **HEALTH** PROPERTIES ADVICE

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 membership@libertyhealth.net, or to your HR Department, or to our Liberty Health Cover in-country office.

1. DETAILS OF PRINCIPAL MEMBER

Last name

First name(s) Title

Initials Date of birth Y Y Y Y M M D D

Identification Document/Passport Number (Optional)

Employee number Policy number

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, passport or valid driver's license.
  - 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.
  - If the account holder is not the member of Liberty Health Cover, a signed letter is required from the principal member giving consent to pay the refund into the third party's bank account.

Account holder name

Account number

Account type ☐ Savings ☐ Cheque ☐ Transmission Other

Bank

Branch name Branch code

NIB (if applicable) Swift code

3. DECLARATION BY PRINCIPAL MEMBER

Banking Details

a. I agree to advise the Insurer in writing of any changes to my banking details.

b. 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 Y Y Y Y M M D D