

Liberty Health Cover Banking Details Form



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	<input type="text"/>																																			
First name(s)	<input type="text"/>																								Title	<input type="text"/>										
Initials	<input type="text"/>			Date of birth	<input type="text"/>																															
Identification Document/Passport Number (Optional)					<input type="text"/>																															
Employee number	<input type="text"/>												Policy number	<input type="text"/>																						
Country	<input type="text"/>																																			

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	<input type="text"/>																																			
Account number	<input type="text"/>																																			
Account type	<input type="checkbox"/> Savings			<input type="checkbox"/> Cheque			<input type="checkbox"/> Transmission			Other			<input type="text"/>																							
Bank	<input type="text"/>																																			
Branch name	<input type="text"/>												Branch code	<input type="text"/>																						
NIB (if applicable)	<input type="text"/>												Swift code	<input type="text"/>																						

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	<input type="text"/>
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Date